

HOUSEHOLD INFORMATION PANEL				HH
HH1. Locality Name Cluster No.: _____		HH2. Household Number: _____		
HH3. Interviewer name and number: _____		HH4. Supervisor name and number: _____		
HH5. Date of interview: (DD/ MM / YYYY) _____ / _____ /2011		HH5A: Is the household selected for the male survey? Yes.....1 No2		
HH6. Area: Urban.....1 Rural.....2		HH7. Region _____	HH7A. District _____	HH7B. Dist-type _____
HH7D. Structure Address:		HH7E: Contact No of HH:		

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 HH10 to get signature, then HH18 to record time, then begin 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 (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ _____ <i>(Respondent's signature or thumbprint)</i> Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH14. Number of children under age 5: _____	HH13. Number of women's questionnaires completed: _____
HH15A. Number of men aged 15-59 years _____	HH15. Number of under-5 questionnaires completed: _____
<i>IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH5A=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 _____
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HH18.
Record the time.

Hour..... _ _

Minutes..... _ _

HOUSEHOLD LISTING FORM											HL
<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> Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN CURRENTLY IN SCHOOL OR AT WORK). <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 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 HH5A=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	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	DK	Y	N	DK	Father	
01		0 1	1	2	__	_____	__	01	01	__	__	1	2		1	2	8	__	__
02		__	1	2	__	_____	__	02	02	__	__	1	2		1	2	8	__	__
03		__	1	2	__	_____	__	03	03	__	__	1	2		1	2	8	__	__
04		__	1	2	__	_____	__	04	04	__	__	1	2		1	2	8	__	__
05		__	1	2	__	_____	__	05	05	__	__	1	2		1	2	8	__	__
06		__	1	2	__	_____	__	06	06	__	__	1	2		1	2	8	__	__
07		__	1	2	__	_____	__	07	07	__	__	1	2		1	2	8	__	__
08		__	1	2	__	_____	__	08	08	__	__	1	2		1	2	8	__	__

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7A.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?
			1 Male 2 Female		98 DK	9998 DK	<i>Record in completed years. If age is 95 or above, record '95'</i>	<i>Circle line number if woman is age 15-49</i>	<i>Circle line number if man is age 15-59</i>	<i>Record line number of mother/ caretaker</i>	<i>Record line number of mother/ caretaker</i>	1 Yes 2 No	1 Yes 2 No 8 DK HL13 HL13	<i>Record line number of mother or 00 for "No"</i>	1 Yes 2 No 8 DK Next Line	<i>Record line number of father or 00 for "No"</i>
Line	Name	Relation*	M	F	Month	Year	Age	15-49	15-59	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
09		___ ___	1	2	___	___	___	09	09	___	___	1 2	1 2 8	___	1 2 8	___
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 is 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/Cohabiting partner	07 Parent-In-Law	12 Other relative (specify)
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 <i>Copy from Household Listing Form, HL2 and HL6</i>		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?*		ED4B. WHAT IS THE HIGHEST CLASS/YEAR (name) COMPLETED AT THIS LEVEL?*		ED5. DURING THE 2011-2012 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR IS/WAS (name) ATTENDING?*		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR DID (name) ATTEND?*	
	Yes	No	Level*	Class/Year	Yes	No	Level*	Class/Year	Y	N	DK	Level*	Class/Year				
01	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
02	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
03	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
04	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
05	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
06	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
07	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
08	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
09	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
10	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
11	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
12	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
13	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
14	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	
15	___	___	1	2	___	___	___	___	1	2	___	___	___	___	___	___	

* Codes for Educational Level: ED4A, ED6, ED8

0 Pre-school	2 Middle/JSS/JHS	4 Voc/Comm/Tech	6 Tertiary
1 Primary	3 Secondary/SSS/SHS	5 Post Secondary (Nursing/Teacher Training)	8 DK

WATER AND SANITATION

WS

<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14</p> <p>Tube Well, Borehole..... 21</p> <p>Dug well Protected well 31 Unprotected well..... 32</p> <p>Protected spring..... 41 Unprotected spring..... 42</p> <p>Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum..... 71</p> <p>Surface water River/ stream 81 (Dam, lake, pond, canal, irrigation channel) 82</p> <p>Bottled water 91 Sachet water 92</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3</p> <p>21⇨WS3</p> <p>31⇨WS3 32⇨WS3</p> <p>41⇨WS3 42⇨WS3</p> <p>51⇨WS3 61⇨WS6 71⇨WS6</p> <p>81⇨WS3 82⇨WS3</p> <p>96⇨WS3</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?</p>	<p>Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14</p> <p>Tube Well, Borehole..... 21</p> <p>Dug well Protected well 31 Unprotected well..... 32</p> <p>Water from spring Protected spring 41 Unprotected spring 42</p> <p>Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum..... 71</p> <p>Surface water River/ stream 81 (Dam, lake, pond, canal, irrigation channel) 82</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS4</p> <p>21</p> <p>31⇨WS6 32⇨WS6</p> <p>41⇨WS6 42⇨WS6</p> <p>51⇨WS6 61⇨WS6 71⇨WS6</p> <p>81⇨WS6 82⇨WS6</p> <p>96</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3</p>	<p>1⇨WS6 2⇨WS6</p>

<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes..... _ _ _ _ DK 998</p>	
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><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>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⇒WS7A 8⇒WS7A</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Add camphor/naphthalene G Add water tablet H Other (<i>specify</i>)..... X DK Z</p>	
<p>WS7A. <i>Check WS1</i></p> <p><input type="checkbox"/> WS1 = 11 to 14 ⇒ Continue with WS7B</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 3 to 5 days a week 2 Once a week..... 3 Less than once a week 4 Twice a month 5 Less than twice a month..... 6 DK..... 8</p>	<p>1⇒WS8 2⇒WS8 3⇒WS8 4⇒WS8 5⇒WS8 6⇒WS8 8⇒WS8</p>
<p>WS7C. WHEN WAS THE LAST TIME THE WATER FACILITY BROKE DOWN?</p>	<p>During last week 1 One month ago..... 2 Three months ago 3 More than 3 month ago 4 Never broke down 5 DK..... 8</p>	<p>5 ⇒WS8 8 ⇒WS8</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 One week2 During the same month3 More than one month.....4 Not fixed yet.....5 DK.....8</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine)..... 13 Flush to somewhere else 14 Flush, don't know where 15</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab / Open pit.....23</p> <p>Composting toilet.....31 Bucket.....41 Hanging toilet, Hanging latrine51 Mobile Toilet61</p> <p>No facility, Bush, Field, Beach95 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 No2</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>	

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 for Ethnic classifications</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 titles/Asphalt strips 32 Ceramic tiles/marble tiles/porcelain 33 Cement/Concrete..... 34 Terrazzo..... 36 Burnt Bricks 37 Other (<i>specify</i>) _____ 96	

<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural Roof Thatch / Palm leaf/Raffia 12</p> <p>Rudimentary Roof Palm/Bamboo 22 Wood planks 23 Cardboard/Polythene sheets 24 Mud/mud bricks/earth 25</p> <p>Finished Roof Metal Sheet 31 Parquet/Polished Wood 32 Ceramic tiles 34 Cement 35 Roofing tiles 36 Slate/asbestos 37 Other (<i>specify</i>) 96</p>	
<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural Wall Cane / Palm / Trunks 12 Earth/mud/mud bricks 13</p> <p>Rudimentary Wall Palm/Bamboo with mud 21 Stone with mud 22 Plywood 24 Cardboard 25 Re-used wood 26</p> <p>Finished Wall Stone with lime / cement 32 Burned Bricks 33 Cement blocks/concrete 34 Wood planks 36 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 Liquefied Petroleum Gas (LPG) 02 Biogas 04 Kerosene 05 Charcoal 07 Wood/Firewood 08 Straw / Shrubs / Grass 09 Animal waste 10 Agricultural crop residue/sawdust 11 No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8</p>
<p>HC6A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, A COAL POT OR A CLOSED STOVE?</p>	<p>Open fire 1 Coal pot 2 Closed stove 3 Other (<i>specify</i>) 6</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 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?</p> <p>[B] A RADIO?</p> <p>[C] A BLACK AND WHITE TELEVISION?</p> <p>[C1] A COLOUR TELEVISION?</p> <p>[D] A LAND/FIXED TELEPHONE?</p> <p>[E] A REFRIGERATOR/FREEZER?</p> <p>[F] A WASHING MACHINE?</p> <p>[G] A LAPTOP COMPUTER?</p> <p>[H] A DESKTOP COMPUTER?</p> <p>[I] A VIDEO DECK?</p> <p>[J] A DVD/VCD PLAYER?</p> <p>[K] A SEWING MACHINE?</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>A. Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Black and white television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C1.Colour Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Land/Fixed Telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Refrigerator/freezer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Washing Machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. Laptop Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. Desktop Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. Video Deck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. DVD/VCD Player.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. Sewing Machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A CANOE/BOAT WITH A MOTOR?</p> <p>[H] A CANOE/BOAT WITHOUT A MOTOR?</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>A. A watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Mobile Telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Motorcycle or Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Animal drawn-cart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Car / Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. Canoe/Boat with motor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. Canoe/Boat without a motor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Own.....</td> <td style="text-align: right;">01</td> </tr> <tr> <td>Rent</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Squatting</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Caretaker</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Perching.....</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Rent Free</td> <td style="text-align: right;">06</td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td style="text-align: right;">96</td> </tr> </tbody> </table>	Own.....	01	Rent	02	Squatting	03	Caretaker	04	Perching.....	05	Rent Free	06	Other (<i>specify</i>)	96																										
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR AGRICULTURE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	Yes.....	1	No	2	2⇒HC12A																																			
Yes.....	1																																								
No	2																																								
<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, record '98' for Number.</i></p> <p><i>If Unit is not known, circle "998".</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Unit</th> <th style="width: 10%; text-align: center;">Number</th> </tr> </thead> <tbody> <tr> <td>Hectares</td> <td style="text-align: center;">1</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Poles.....</td> <td style="text-align: center;">2</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Acres</td> <td style="text-align: center;">3</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Plot.....</td> <td style="text-align: center;">4</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Ropes</td> <td style="text-align: center;">5</td> <td style="text-align: center;">___</td> </tr> <tr> <td>DK</td> <td style="text-align: center;">998</td> <td></td> </tr> </tbody> </table>		Unit	Number	Hectares	1	___	Poles.....	2	___	Acres	3	___	Plot.....	4	___	Ropes	5	___	DK	998																				
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<p>HC12A. APART FROM THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>No</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	Yes.....	1	No	2	2⇒HC13																																			
Yes.....	1																																								
No	2																																								

<p>HC12B. HOW MANY (HECTARES POLES/ACRES/PLOT/ROPES) OF RESIDENTIAL PLOTS DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98' for Number.</i></p> <p><i>If Unit is not known, circle "998".</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>Ropes 5 ___</p> <p>DK 998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒HC15</p>
<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] OTHERS (SPECIFY)</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>Other (<i>specify</i>) ___</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>	<p>2⇒HC19</p> <p>8⇒HC19</p>
<p>HC18. FROM WHICH SOURCE DID THE HOUSEHOLD MEMBER(S) RECEIVE THIS FORM OF SUPPORT?</p> <p><i>Circle all that apply.</i></p>	<p>LEAP.....A</p> <p>District Assembly.....B</p> <p>NGO.....C</p> <p>Religious groupD</p> <p>Social group.....E</p> <p>Other (<i>specify</i>)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 st Net	2 nd Net	3 rd 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 16 Other (specify)..... 17 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 16 Other (specify)..... 17 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 16 Other (specify)..... 17 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?	Public Sector Govt. Hospital/Clinic..... 11 Govt. Health Centre..... 12 Govt. Health Post/CHPS. 13 Fieldworker/Outreach /Peer Education 14 Campaign..... 15 Other public..... 16 Private Medical Sector Private Hosp/Clinic..... 21 Pharmacy/Chemical/ Drug store/shop..... 22 Other private medical..... 26 Other Source NGO/CBAs..... 31 Shop/Market..... 32 Street Vendor..... 33 Other Institution..... 34 Other..... 36 Don't know..... 98	Public Sector Govt. Hospital/Clinic..... 11 Govt. Health Centre..... 12 Govt. Health Post/CHPS. 13 Fieldworker/Outreach /Peer Education..... 14 Campaign..... 15 Other public..... 16 Private Medical Sector Private Hosp/Clinic..... 21 Pharmacy/Chemical/ Drug store/shop..... 22 Other private medical..... 26 Other Source NGO/CBAs..... 31 Shop/Market..... 32 Street Vendor..... 33 Other Institution..... 34 Other..... 36 Don't know..... 98	Public Sector Govt. Hospital/Clinic..... 11 Govt. Health Centre..... 12 Govt. Health Post/CHPS. 13 Fieldworker/Outreach /Peer Education..... 14 Campaign..... 15 Other public..... 16 Private Medical Sector Private Hosp/Clinic..... 21 Pharmacy/Chemical/ Drug store/shop..... 22 Other private medical..... 26 Other Source NGO/CBAs..... 31 Shop/Market..... 32 Street Vendor..... 33 Other Institution..... 34 Other..... 36 Don't know..... 98
TN6. HOW MANY MONTHS AGO DID YOU OBTAIN THIS NET? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 94 mo ago 95 DK / Not sure..... 98	Months ago..... ____ ____ More than 94 mo ago 95 DK / Not sure..... 98	Months ago ____ ____ More than 94 mo ago 95 DK / Not sure 98

INSECTICIDE TREATED NETS			TN
TN6A. HOW MUCH DID IT COST YOU TO ACQUIRE THIS NET (GH¢)? <i>If received free of charge, record "00"</i>	Cedis _____.____ DK9998	Cedis _____.____ DK9998	Cedis _____.____ DK9998
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?	Yes1 No.....2 DK / Not sure.....8	Yes1 No.....2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure8
TN9. SINCE YOU GOT THE NET, HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes1 No.....2⇒ TN11 DK / Not sure.....8⇒ TN11	Yes1 No.....2⇒ TN11 DK / Not sure.....8⇒ TN11	Yes.....1 No2⇒ TN11 DK / Not sure8⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ____ More than 24 mo. ago ...95 DK / Not sure.....98	Months ago..... ____ More than 24 mo. ago ...95 DK / Not sure98	Months ago ____ More than 24 mo. ago... 95 DK / Not sure 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes1 No.....2⇒ TN13 DK / Not sure.....8⇒ TN13	Yes1 No.....2⇒ TN13 DK / Not sure.....8⇒ TN13	Yes.....1 No2⇒ TN13 DK / Not sure8⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i>	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 ____ Name Line number ____ Name Line number ____ Name Line number ____
TN13.	<i>Go back to TN4 for next net. If no more nets, go to TN14</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 TN14</i>
			Check box 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 NETS?	Yes..... 1 No 2 DK..... 8	2⇒Next Module 8⇒Next Module
TN15. NOW I WANT TO TALK ABOUT THE LAST TREATED NET THAT YOU DISPOSED 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 (<i>specify</i>) 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 mosquitoes anymore..... 2 Got a new one 3 Other (<i>specify</i>) 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 No2 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 companyB Non-governmental organization.....C Private individual.....D Other (<i>specify</i>) _____X DK..... Z	

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

- If there is no child aged 2-14 years in the household, skip to Next Module.
- 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	_0_7_	Kwame	1	2	_1__3__
2	_0_8_	Kofi	1	2	_1__0__
3	_1_0_	Adwoa	1	2	_0__8__
4	_1_1_	Afi	1	2	_0__5__
5	_1_6_	Fortune	1	2	_1__1__
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __
CD6.	Total children age 2-14 years				_0_5_

- If there is only one child age 2-14 years in the household, 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_5_

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, CANE, 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	

HAND WASHING		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 hand washing.</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 or other traditional detergents are present at the specific place for hand washing.</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, D, E or X) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Washing Soap (e.g. Key soap) A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid hand washing soap C</p> <p>Ash D</p> <p>Toilet Soap (e.g. Lux) E</p> <p>Other (<i>specify</i>) X</p> <p>None Y</p>	<p>A ⇨ HH19</p> <p>B ⇨ HH19</p> <p>C ⇨ HH19</p> <p>D ⇨ HH19</p> <p>E ⇨ HH19</p> <p>X ⇨ HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ANY OTHER TRADITIONAL DETERGENTS IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇨ HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Washing Soap (e.g. Key soap) A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid handwashing soap C</p> <p>Toilet Soap (e.g. Lux) E</p> <p>Ash D</p> <p>Other (<i>specify</i>) X</p> <p>Not able / Does not want to show Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes :	
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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 TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle the number that corresponds to the test outcome.</i></p>	Not iodized 0 PPM	1	<p>6⇒HH20</p>
	More than 0 PPM & less than 15 PPM.....	2	
	15 PPM or more	3	
	No salt in the house.....	6	
	Salt not tested	7	

SI1A. *Has the household been selected for male questionnaire?*

Check HH5A=1

Yes ⇒ Collect salt sample from the household for further testing.

No ⇒ Skip to HH20

<p>SI2. HAS THE SALT SAMPLE BEEN COLLECTED FROM THIS HOUSEHOLD?</p>	Yes	1
	No	2
	Refused	3

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
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
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
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