

HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. Region: WESTERN..... 11 CENTRAL..... 12 GREATER ACCRA 13 VOLTA..... 14 EASTERN 15 ASHANTI..... 16 BRONG AHAFO..... 17 NORTHERN..... 18 UPPER EAST 19 UPPER WEST 20		
HH6. Area:	URBAN1 RURAL.....2			
HH8. Is the household selected for Questionnaire for Men?	YES.....1 NO2			
HH9. Is the household selected for Water Quality Testing?	YES.....1 NO2	HH10. Is the household selected for blank testing?	YES 1 NO 2	
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				HH11. Record the time. HOURS : MINUTES ____ : ____
HH12. Hello, my name is (<i>your name</i>). We are from GHANA STATISTICAL SERVICES . We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 40 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES, PERMISSION IS GIVEN.....1 NO, PERMISSION IS NOT GIVEN2		1 ⇨ LIST OF HOUSEHOLD MEMBERS 2 ⇨ HH46		
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING 05 DWELLING DESTROYED..... 06 DWELLING NOT FOUND 07 OTHER (specify) 96			
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____		To be filled after the Household Questionnaire is completed TOTAL NUMBER		To be filled after <u>all</u> the questionnaires are completed COMPLETED NUMBER
HOUSEHOLD MEMBERS		HH48 ____		HH53 ____
WOMEN AGE 15-49		HH49 ____		HH54 ____
If household is selected for Questionnaire for Men: MEN AGE 15-49		HH50 ____		HH55 ____
CHILDREN UNDER AGE 5		HH51 ____		HH56 ZERO..... 0 ONE..... 1
CHILDREN AGE 5-17		HH52 ____		

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members:
Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.
Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: ☐

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. <i>Probe for additional household members.</i>	HL3. What is the relationship of <i>(name)</i> to <i>(name of the head of household)</i> ?	HL4. Is <i>(name)</i> male or female? 1 MALE 2 FEMALE	HL5. What is <i>(name)</i> 's date of birth?	HL6. How old is <i>(name)</i> ? <i>Record in completed years.</i> <i>If age is 95 or above, record '95'.</i>	HL7. Did <i>(name)</i> stay here last night?	HL8. <i>Record line number if woman and age 15-49.</i>	HL9. <i>Record line number if man, age 15- 49 and HH8 is yes.</i>	HL10. <i>Record line number if age 0-4.</i>	HL11. Age 0-17?	HL12. Is <i>(name)</i> 's natural mother alive?	HL13. Does <i>(name)</i> 's natural mother live in this household?	HL14. <i>Record the line number of mother and go to HL16.</i>	HL15. Where does <i>(name)</i> 's natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is <i>(name)</i> 's natural father alive? 1 YES 2 NO \rightarrow HL20 8 DK \rightarrow HL20	HL17. Does <i>(name)</i> 's natural father live in this household? 1 YES 2 NO \rightarrow HL19	HL18. <i>Record the line number of father and go to HL20.</i>	HL19. Where does <i>(name)</i> 's natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. <i>Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of <i>(name)</i>? If 'No one' for a child age 15-17, record '90'.</i>
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER		
01		0 1	1 2				1 2	01	01	01	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
02			1 2				1 2	02	02	02	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
03			1 2				1 2	03	03	03	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
04			1 2				1 2	04	04	04	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
05			1 2				1 2	05	05	05	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
06			1 2				1 2	06	06	06	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
07			1 2				1 2	07	07	07	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
08			1 2				1 2	08	08	08	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
09			1 2				1 2	09	09	09	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
10			1 2				1 2	10	10	10	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
11			1 2				1 2	11	11	11	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
12			1 2				1 2	12	12	12	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
13			1 2				1 2	13	13	13	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
14			1 2				1 2	14	14	14	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8
15			1 2				1 2	15	15	15	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8

* Codes for HL3:

Relationship to head of household:

01 HEAD
02 SPOUSE / PARTNER
03 SON / DAUGHTER
04 SON-IN-LAW / DAUGHTER-IN-LAW

05 GRANDCHILD
06 PARENT
07 PARENT-IN-LAW
08 BROTHER / SISTER

09 BROTHER-IN-LAW / SISTER-IN-LAW
10 UNCLE/AUNT
11 NIECE / NEPHEW
12 OTHER RELATIVE

13 ADOPTED / FOSTER / STEPCHILD
14 SERVANT (LIVE-IN)
96 OTHER (NOT RELATED)
98 DK

EDUCATION 1											ED									
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ⇄ Next Line		ED4. Has (<i>name</i>) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ⇄ Next Line		ED5. What is the highest level and grade or year of school (<i>name</i>) has ever <u>attended</u> ? LEVEL: 0 ECE/PRE-PRIMARY ⇄ ED7 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY 5 SSS/SHS 6 HIGHER 8 DK				GRADE/YEAR: 98 DK ⇄ ED7		ED6. Did (<i>name</i>) ever <u>complete</u> that (grade/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ⇄ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ⇄ Next Line					
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL				GRADE/YEAR	Y	N	DK	YES	NO	YES	NO		
01		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
11		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
12		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
13		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
14		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
15		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2

EDUCATION 2												ED
ED1. Line number	ED2. Name and age.		ED9. At any time during the 2017/2018 school year did (<i>name</i>) attend school or any Early Childhood Education programme?	ED10. During 2017/2018 school year, which level and grade or year is (<i>name</i>) attending?		ED11. Is (<i>name</i>) attending a public school? <i>If "Yes", record '1'. If "No", probe to code who controls and manages the school.</i>	ED12. In the 2017/2018 school year, has (<i>name</i>) received any school tuition support? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>	ED13. Who provided the tuition support? <i>Record all mentioned.</i>	ED14. For the 2017/2018 school year, has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>	ED15. At any time during the 2016/2017 school year did (<i>name</i>) attend school or any Early Childhood Education programme?	ED16. During 2016/2017 school year, which level and grade or year did (<i>name</i>) attend?	
			1 YES 2 NO ☹ <i>ED15</i>	LEVEL: 0 ECE/PRE-PRIMARY ☹ <i>ED15</i> 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY 5 SSS/SHS 6 HIGHER 8 DK	GRADE/YEAR: 98 DK	1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	1 YES 2 NO ☹ <i>ED14</i> 8 DK ☹ <i>ED14</i>	A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	1 YES 2 NO 8 DK	1 YES 2 NO ☹ <i>Next Line</i> 8 DK ☹ <i>Next Line</i>	LEVEL: 0 ECE/PRE-PRIMARY ☹ <i>Next Line</i> 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY 5 SSS/SHS 6 HIGHER 8 DK	GRADE/YEAR: 98 DK
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
02		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
03		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
04		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
05		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
06		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
07		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
08		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
09		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
10		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
11		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
12		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
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14		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
15		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	CATHOLIC 11 ANGLICAN 12 METHODIST 13 PRESBY 14 PENTECOSTAL/CHARISMATIC 15 OTHER CHRISTIANS 16 ISLAM 17 TRADITIONAL/SPRITUAL 18 OTHER RELIGION (<i>specify</i>) 96 NO RELIGION 97	
HC1B. What is the mother tongue/native language of (<i>name of the head of the household from HL2</i>)?	ENGLISH 11 AKAN 12 GA 13 TWI 14 EWE 15 NZEMA 16 DAGBANI 17 KASEM 18 GONJA 19 OTHER LANGUAGE (<i>specify</i>) 96	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	AKAN 11 GA/DAMGME 12 EWE 13 GUAN 14 GRUMA 15 MOLE DAGBANI 21 GRUSI 22 MANDE 23 NON-GHANAIA 24 OTHER (<i>specify</i>) 96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS _ _	

<p>HC4. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND 11</p> <p>DUNG..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM / BAMBOO..... 22</p> <p>STONE 23</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD..... 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT..... 34</p> <p>CARPET..... 35</p> <p>TERRAZZO 36</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NATURAL ROOFING</p> <p>NO ROOF..... 11</p> <p>THATCH / PALM LEAF/RAFIA..... 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM / BAMBOO..... 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD/POLYTHENE SHEET 24</p> <p>MUD/MUD BRICK/EARTH..... 25</p> <p>FINISHED ROOFING</p> <p>METAL / TIN..... 31</p> <p>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>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NATURAL WALLS</p> <p>NO WALLS..... 11</p> <p>CANE / PALM / TRUNKS 12</p> <p>DIRT/EARTH/MUD/MUD BRICKS 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD..... 22</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT..... 31</p> <p>STONE WITH LIME / CEMENT..... 32</p> <p>BRICKS..... 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS 36</p> <p>SLATES/ASBESTOS..... 37</p> <p>OTHER (<i>specify</i>) 96</p>																																																	
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Wall Clock</p> <p>[D] Photo Camera (Not on phone)</p> <p>[E] Sewing machine</p> <p>[F] Bed</p> <p>[G] Table</p> <p>[H] Dining table</p> <p>[I] Chairs</p> <p>[J] Sofa set</p> <p>[K] Cabinet/Cupboard</p> <p>[L] Storage box/trunk</p> <p>[M] Piano</p> <p>[N] Keyboard</p> <p>[O] Guitar</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE 1</td> <td>2</td> <td></td> </tr> <tr> <td>RADIO 1</td> <td>2</td> <td></td> </tr> <tr> <td>WALL CLOCK 1</td> <td>2</td> <td></td> </tr> <tr> <td>PHOTO CAMERA..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>SEWING MACHINE 1</td> <td>2</td> <td></td> </tr> <tr> <td>BED 1</td> <td>2</td> <td></td> </tr> <tr> <td>TABLE 1</td> <td>2</td> <td></td> </tr> <tr> <td>DINING TABLE 1</td> <td>2</td> <td></td> </tr> <tr> <td>CHAIRS 1</td> <td>2</td> <td></td> </tr> <tr> <td>SOFA SET..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>CABINET/CUPBOARD 1</td> <td>2</td> <td></td> </tr> <tr> <td>STORAGE BOX/TRUNK 1</td> <td>2</td> <td></td> </tr> <tr> <td>PIANO..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>KEYBOARD..... 1</td> <td>2</td> <td></td> </tr> <tr> <td>GUITAR..... 1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE 1	2		RADIO 1	2		WALL CLOCK 1	2		PHOTO CAMERA..... 1	2		SEWING MACHINE 1	2		BED 1	2		TABLE 1	2		DINING TABLE 1	2		CHAIRS 1	2		SOFA SET..... 1	2		CABINET/CUPBOARD 1	2		STORAGE BOX/TRUNK 1	2		PIANO..... 1	2		KEYBOARD..... 1	2		GUITAR..... 1	2		
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HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2 NO 3	3 ⇒ HC10
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION 1 2	
[B] A refrigerator?	REFRIGERATOR 1 2	
[C] A freezer?	FREEZER 1 2	
[D] A black and white television?	BALCK AND WHITE TELEVISION .. 1 2	
[E] A color television? (traditional)	COLOR TELEVISION 1 2	
[F] A LCD/LED/Plasma or smart television?	LCD/LED/PLASMA OR SMART TV.. 1 2	
[G] An electric generator/UPS invertor?	ELECTRIC GENERATOR/INV- 1 2	
[H] A washing machine?	WASHING MACHINE..... 1 2	
[I] An audio player/stereo/deck?	AUDIO PLAYER/DECK..... 1 2	
[J] A DVD/VCD/VCR/Blue ray?	DVD/VCD/VCR/BLUE RAY..... 1 2	
[K] A water cooler?	WATER COOLDER 1 2	
[L] A water pump?	WATER PUMP 1 2	
[M] An electric/table/pedestal fan?	ELECTRIC FAN 1 2	
[N] An air cooler?	AIR COOLDER 1 2	
HC10. Does any member of your household own:	YES NO	
[A] A watch?	WATCH 1 2	
[B] A bicycle?	BICYCLE..... 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART 1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN..... 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR 1 2	
[G] A boat without motor?	BOAT WITHOUT MOTOR 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES 1 NO 2	
HC12. Does any member of your household have a mobile telephone?	YES 1 NO 2	

HC13. Does your household have access to internet at home?	YES 1 NO 2	
HC14. Do you or someone living in this household own this dwelling? <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN 1 RENT..... 2 OTHER (<i>specify</i>) 6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	2⇒HC17
HC16. How many hectares or acres or poles or plots of agricultural land do members of this household own? <i>If less than 1 hectare, or less than 1 acre, or less than 1 pole or less than 1 plot, record "00" in the category.</i> <i>If reported land ownership is in decimal units above one unit of measure, round down or round up to the nearest unit of measure. For any category of size, if ownership is 95 or more, record 95.</i>	HECTARES 1 ____ ACRES 2 ____ POLES..... 3 ____ PLOTS..... 4 ____ DK 998	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	2⇒HC19
HC18. How many of the following animals does this household have? [A] Milk cows or bulls? [B] Other cattle? [C] Horses, donkeys or mules? [D] Goats? [E] Sheep? [F] Chickens/Ducks/other poultry? [G] Pigs? [H] Rabbits [K] Grass cutter [L] Other <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	MILK COWS OR BULLS ____ OTHER CATTLE..... ____ HORSES, DONKEYS OR MULES..... ____ GOATS..... ____ SHEEP ____ CHICKENS/DUCKS/O-POULTRY ____ PIGS ____ RABBITS ____ GRASS CUTTER..... ____ OTHER..... ____	
HC19. Does any member of this household have a bank account?	YES 1 NO 2	

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE 01	01 ⇒ EU5
	SOLAR COOKER 02	02 ⇒ EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03 ⇒ EU5
	PIPED NATURAL GAS STOVE 04	04 ⇒ EU5
	BIOGAS STOVE 05	05 ⇒ EU5
	LIQUID FUEL STOVE 06	06 ⇒ EU4
	MANUFACTURED SOLID FUEL STOVE 07	
	TRADITIONAL SOLID FUEL STOVE 08	
	THREE STONE STOVE / OPEN FIRE 09	09 ⇒ EU4
	OTHER (<i>specify</i>) 96	96 ⇒ EU4
	NO FOOD COOKED IN HOUSEHOLD 97	97 ⇒ EU6
EU2. Does it have a chimney?	YES 1	
	NO 2	
	DK 8	
EU3. Does it have a fan?	YES 1	
	NO 2	
	DK 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL 01	
	GASOLINE / DIESEL 02	
	KEROSENE / PARAFFIN 03	
	COAL / LIGNITE 04	
	CHARCOAL 05	
	WOOD 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS 07	
	ANIMAL DUNG / WASTE 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 09	
	GARBAGE / PLASTIC 10	
	SAWDUST 11	
	OTHER (<i>specify</i>) 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH 5	
	OTHER (<i>specify</i>) 6	

<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE 05</p> <p>THREE STONE STOVE / OPEN FIRE..... 06</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p>	<p>01 ⇒EU8</p> <p>06 ⇒EU8</p> <p>96 ⇒EU8</p> <p>97 ⇒EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER..... 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL 06</p> <p>GASOLINE / DIESEL..... 07</p> <p>KEROSENE / PARAFFIN 08</p> <p>COAL / LIGNITE..... 09</p> <p>CHARCOAL 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 14</p> <p>GARBAGE / PLASTIC..... 15</p> <p>SAWDUST 16</p> <p>OTHER (<i>specify</i>) 96</p>	

EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY	01
	SOLAR LANTERN.....	02
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN	03
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN	04
	BIOGAS LAMP	05
	GASOLINE LAMP	06
	KEROSENE OR PARAFFIN LAMP.....	07
	CHARCOAL	08
	WOOD	09
	CROP RESIDUE / GRASS / STRAW / SHRUBS	10
	ANIMAL DUNG / WASTE	11
	OIL LAMP.....	12
	CANDLE	13
	OTHER (<i>specify</i>)	96
	NO LIGHTING IN HOUSEHOLD	97

INSECTICIDE TREATED NETS		TN
TN1. Does your household have any mosquito nets?	YES 1 NO 2	2 ⇒ End
TN2. How many mosquito nets does your household have?	NUMBER OF NETS ____	

	1 ST NET	2 ND NET	3 RD NET
TN3. Ask the respondent to show you all the nets in the household.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
TN4. How many months ago did your household get the mosquito net? <i>If less than one month, record '00'.</i>	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PARMANET 12 INTERCEPTOR 13 NETPROTECT 14 DURANET 15 LIFE NET 17 OTHER BRAND (specify) 16 DK BRAND 18 DAWA 21 DAWA PLUS 22 MOH/NGO TRE- NET 23 OTHER PRE-TRE-NET ... 26 DK BRAND OF P-T-NET 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PARMANET 12 INTERCEPTOR 13 NETPROTECT 14 DURANET 15 ICON LIFE 17 OTHER BRAND (specify) 16 DK BRAND 18 DAWA 21 DAWA PLUS 22 MOH/NGO TRE- NET 23 OTHER PRE-TRE-NET ... 26 DK BRAND OF P-T-NET 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PARMANET 12 INTERCEPTOR 13 NETPROTECT 14 DURANET 15 ICON LIFE 17 OTHER BRAND (specify) 16 DK BRAND 18 DAWA 21 DAWA PLUS 22 MOH/NGO TRE- NET 23 OTHER PRE-TRE-NET ... 26 DK BRAND OF P-T-NET 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98
TN6. Is net type LLIN (TN5=11-18)?	YES 1 ♡ TN10 NO 2	YES 1 ♡ TN10 NO 2	YES 1 ♡ TN10 NO 2
TN7. Since you got the net, was it ever soaked or dipped in a liquid 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
TN8. Was the net soaked or dipped (TN7=1)?	YES 1 NO 2 ♡ TN10	YES 1 NO 2 ♡ TN10	YES 1 NO 2 ♡ TN10

TN9. 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 MONTHS AGO95 DK / NOT SURE.....98	MONTHS AGO.....__ __ MORE THAN 24 MONTHS AGO..... 95 DK / NOT SURE..... 98	MONTHS AGO.....__ __ MORE THAN 24 MONTHS AGO..... 95 DK / NOT SURE 98
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TN10. Did you get the net through one of the 2014-2017 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN.....1 YES, ANC.....2 YES, IMMUNIZATION3 NO4 DK.....8	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION ... 3 NO 4 DK 8	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION..... 3 NO.....4 DK.....8
TN11. Check TN10: Is TN10=4?	YES 1 NO2 ♀ TN13	YES1 NO2 ♀ TN13	YES..... 1 NO..... 2 ♀ TN13
TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION06 SCHOOL07 OTHER.....96 DK98	GOVERNMENT HEALTH FACILITY ... 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET..... 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER..... 96 DK 98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY 02 PHARMACY03 SHOP / MARKET / STREET04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION06 SCHOOL07 OTHER96 DK.....98
TN13. Did anyone sleep under this mosquito net last night?	YES1 NO2 DK / NOT SURE.....8	YES 1 NO 2 DK / NOT SURE..... 8	YES..... 1 NO..... 2 DK / NOT SURE 8
TN14. Did anyone sleep under the net (TN13=1)?	YES 1 NO2 ♀ TN16	YES1 NO2 ♀ TN16	YES..... 1 NO..... 2 ♀ TN16
TN15. Who slept under this mosquito net last night? <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 _____ LINE NUMBER..... ____ NAME #2 _____ LINE NUMBER..... ____ NAME #3 _____ LINE NUMBER..... ____ NAME #4 _____ LINE NUMBER..... ____	NAME #1 _____ LINE NUMBER ____ NAME #2 _____ LINE NUMBER ____ NAME #3 _____ LINE NUMBER ____ NAME #4 _____ LINE NUMBER ____	NAME #1 _____ LINE NUMBER ____ NAME #2 _____ LINE NUMBER ____ NAME #3 _____ LINE NUMBER ____ NAME #4 _____ LINE NUMBER ____
TN16. Is there another net?	YES 1 ♀ Next Net NO2 ♀ End	YES1 ♀ Next Net NO2 ♀ End	YES..... 1 ♀ Next Net NO..... 2 ♀ End
			Tick here if additional questionnaire used: <input type="checkbox"/>

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	2 ⇒ End
	NO2	
	DK8	
IR2. Who sprayed the dwelling? <i>Record all that apply.</i>	GOVERNMENT WORKER / PROGRAMA	
	PRIVATE COMPANYB	
	NON-GOVERNMENTAL ORGANIZATIONC	
	OTHER (<i>specify</i>) _____ X	
	DKZ	

WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING11</p> <p>PIPED TO YARD / PLOT12</p> <p>PIPED TO NEIGHBOUR13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE.....21</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING42</p> <p>RAINWATER.....51</p> <p>TANKER-TRUCK.....61</p> <p>CART WITH SMALL TANK71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER91</p> <p>SACHET WATER92</p> <p>OTHER (<i>specify</i>).....96</p>	<p>11 ⇨WS7</p> <p>12 ⇨WS7</p> <p>13 ⇨WS3</p> <p>14 ⇨WS3</p> <p>21 ⇨WS3</p> <p>31 ⇨WS3</p> <p>32 ⇨WS3</p> <p>41 ⇨WS3</p> <p>42 ⇨WS3</p> <p>51 ⇨WS3</p> <p>61 ⇨WS4</p> <p>71 ⇨WS4</p> <p>81 ⇨WS3</p> <p>96 ⇨WS3</p>
<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING11</p> <p>PIPED TO YARD / PLOT12</p> <p>PIPED TO NEIGHBOUR13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE.....21</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING42</p> <p>RAINWATER.....51</p> <p>TANKER-TRUCK.....61</p> <p>CART WITH SMALL TANK71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>OTHER (<i>specify</i>).....96</p>	<p>11 ⇨WS7</p> <p>12 ⇨WS7</p> <p>61 ⇨WS4</p> <p>71 ⇨WS4</p>
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING1</p> <p>IN OWN YARD / PLOT.....2</p> <p>ELSEWHERE.....3</p>	<p>1 ⇨WS7</p> <p>2 ⇨WS7</p>

WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES__ __ __ DK.....998	000 ⇒WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME..... LINE NUMBER__ __	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES.....__ __ DK.....98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE.....1 NO, ALWAYS SUFFICIENT2 DK.....8	2 ⇒WS9 8 ⇒WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE....1 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE.....3 OTHER (<i>specify</i>).....6 DK.....8	
WS8A. In the last month, on average how many days drinking water was not available?	NUMBER OF DAYS.....__ __	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES1 NO.....2 DK.....8	2 ⇒WS10A 8 ⇒WS10A

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	BOILA ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTHC USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D SOLAR DISINFECTIONE LET IT STAND AND SETTLEF ADD CAMPHORG ADD WATER TABLETH OTHER (<i>specify</i>) X DK Z	
<p>WS10A. Do you or your household store water for drinking?</p>	YES1 NO2 DK8	2 ⇒ WS11 8 ⇒ WS11
<p>WS10B. How does your household usually store drinking water?</p> <p><i>If not possible to determine, ask permission to observe the storage facility.</i></p>	STORAGE IS IN A SECURED AND COVERED VESSELA OPEN, EXPOSED VESSELSB STORAGE IS OUT OF REACH OF ANIMALS AND INFANTSC STORE IN REFRIGERATOR/FRIDGE/WATER DISPENSORD OTHER (<i>specify</i>) X DK Z	
<p>WS10C. How do you usually collect water to drink from storage in your household?</p> <p><i>If not possible to determine, ask permission to observe the practice.</i></p>	WITH DRINKING VESSEL OR ANY VESSEL AVAILABLEA SINGLE/ DESIGNATED COLLECTING/DISPENSING VESSELB A VESSEL WITH A SPIGOT /TAP/PERFORATED OPENING OPERATED BY A MECHANISM (E.G. “VERONICA BUCKET”)C OTHER (<i>specify</i>) X DK Z	

<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH</p> <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 OPEN DRAIN.....14</p> <p>FLUSH TO DK WHERE.....18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE.....21</p> <p>PIT LATRINE WITH SLAB22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET.....41</p> <p>HANGING TOILET / HANGING LATRINE51</p> <p>MOBILE TOILET61</p> <p>NO FACILITY / BUSH / FIELD.....95</p> <p><i>Other (Specify) _____</i> 96</p>	<p>11 ⇒WS14</p> <p>14 ⇒WS14</p> <p>18 ⇒WS14</p> <p>41 ⇒WS14</p> <p>51 ⇒WS14</p> <p>61 ⇒WS16</p> <p>95 ⇒End</p> <p>96 ⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS1</p> <p>MORE THAN 5 YEARS AGO.....2</p> <p>DON'T KNOW WHEN3</p> <p>NO, NEVER EMPTIED4</p> <p>DK.....8</p>	<p>4 ⇒WS14</p> <p>8 ⇒WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT.....1</p> <p>BURIED IN A COVERED PIT2</p> <p>TO DON'T KNOW WHERE.....3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5</p> <p><i>OTHER (specify) _____</i> 6</p> <p>DK.....8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING.....1</p> <p>IN OWN YARD / PLOT.....2</p> <p>ELSEWHERE.....3</p>	
<p>WS15. 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 ⇒End</p>
<p>WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1</p> <p>SHARED WITH GENERAL PUBLIC.....2</p>	<p>2 ⇒End</p>

WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> ____ TEN OR MORE HOUSEHOLDS10 DK.....98	
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HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT.....2</p> <p>MOBILE OBJECT OBSERVED</p> <p>(BUCKET / JUG / KETTLE)3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT.....4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>)6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE.....1</p> <p>WATER IS NOT AVAILABLE2</p>	
<p>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT.....2</p> <p>MOBILE OBJECT</p> <p>(BUCKET / JUG / KETTLE)3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT.....4</p> <p>OTHER (<i>specify</i>)6</p>	
<p>HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇨ HW7A</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN1</p> <p>NO, NOT SHOWN.....2</p>	<p>2 ⇨ HW7A</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p> <p>ASH / MUD / SAND.....C</p>	
<p>HW8. When was the last time you washed your hands with a soap during the last 24 hours?</p> <p><i>Probe:</i></p> <p>At any other time?</p> <p><i>Record all methods mentioned.</i></p>	<p>BEFORE EATINGA</p> <p>AFTER USING THE TOILET.....B</p> <p>BEFORE PREPARING FOODC</p> <p>BEFORE FEEDING A CHILD/INFANTD</p> <p>AFTER CLEANING A BABY/INFANT.....E</p> <p>AFTER EATING.....F</p> <p>BEFORE PRAYINGG</p> <p>OTHER (<i>specify</i>)X</p>	

SALT IODIZATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodized. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) 6</p>	<p>2 ⇔ HH13 3 ⇔ HH13</p> <p>4 ⇔ HH13 6 ⇔ HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p> <p><i>If no reaction observed with the use of recheck solution, repeat the test with iodide reagent and record the observation.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) 6</p>	

HH13. Record the time.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	ENGLISH 11 AKAN 12 GA 13 EWE 15 DAGBANI 17	
HH15. Language of the Interview.	ENGLISH 11 AKAN 12 GA 13 TWI 14 EWE 15 NZEMA 16 DAGBANI 17 KASEM 18 GONJA 19 OTHER LANGUAGE (specify) 96	

HH16. <i>Native language of the Respondent.</i>	ENGLISH..... 11 AKAN 12 GA 13 TWI 14 EWE 15 NZEMA..... 16 DAGBANI..... 17 KASEM 18 GONJA 19 OTHER LANGUAGE (specify) _____ 96	
HH17. <i>Was a translator used for any parts of this questionnaire?</i>	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED..... 3	

HH18. <i>Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:</i>	NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... _	0 ⇒ HH29 1 ⇒ HH27
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HH19. *List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.*

HH20. <i>Rank number</i>	HH21. <i>Line number from HL1</i>	HH22. <i>Name from HL2</i>	HH23. <i>Sex from HL4</i>	HH24. <i>Age from HL6</i>
RANK	LINE	NAME	M F	AGE
1	__ __		1 2	__ __
2	__ __		1 2	__ __
3	__ __		1 2	__ __
4	__ __		1 2	__ __
5	__ __		1 2	__ __
6	__ __		1 2	__ __
7	__ __		1 2	__ __
8	__ __		1 2	__ __

HH25. Check the last digit of the household number (HH2) from the *HOUSEHOLD INFORMATION PANEL*. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER

LINE NUMBER

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the *LIST OF HOUSEHOLD MEMBERS*.

NAME

AGE

HH28. Issue a *QUESTIONNAIRE FOR CHILDREN AGE 5-17* to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the *LIST OF HOUSEHOLD MEMBERS*: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49.....1
NO2

2⇒HH34

HH30. Issue a separate *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* for each woman age 15-49 years.

HH31. Check HL6 and HL8 in the *LIST OF HOUSEHOLD MEMBERS*: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-171
NO2

2⇒HH34

HH32. Check HL20 in the *LIST OF HOUSEHOLD MEMBERS*: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 WITH
HL20≠901
NO, HL20=90 FOR ALL GIRLS AGE 15-172

2⇒HH34

HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.

For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of female member(s) age 15-17*) later?

- ☐ 'Yes' for all girls age 15-17 ⇒ Continue with HH34.
- ☐ 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.
- ☐ 'No' for all girls age 15-17 ⇒ Record '06' in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.

HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=11 NO, HH8=0.....2	2⇒HH40
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HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-491 NO2	2⇒HH40
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HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.

HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-171 NO2	2⇒HH40
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HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL BOYS AGE 15-17.....2	2⇒HH40
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HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.

For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of male member(s) age 15-17*) later?

- ☐ 'Yes' for all boys age 15-17 ⇒ Continue with HH40.
- ☐ 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.
- ☐ 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE1 NO2	2⇒HH42
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HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=11 NO, HH9=2.....2	2⇒HH45
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HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household

HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a	YES, PERMISSION IS GIVEN 1	
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<p>simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>NO, PERMISSION IS NOT GIVEN 2</p>	<p>2 ⇒ Record '02' in WQ29 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
<p>HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,</p> <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS