

## HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**number\*\***) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: _____ / _____ / _____	4. Interviewer number: _____
5. Name of head of household: _____	
6. Area: Urban ..... 1 Rural ..... 2	7. <b>Region:**</b> North..... 1 East ..... 2 South ..... 3 West ..... 4
8. Material of dwelling floor:** Wood/tile ..... 1 Planks/concrete ..... 2 Dirt/straw ..... 3 Other( <i>specify</i> ) ..... 4 <b>Sample question to ascertain household socioeconomic status.</b>	9. Number of rooms in dwelling:** _____  <b>Sample question to ascertain household socioeconomic status.</b>
10. Result of HH interview: Completed ..... 1 Refused..... 2 Not at home ..... 3 HH not found/destroyed..... 4 Other ( <i>specify</i> ) ..... 5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	

**\*\* This section to be adapted for country-specific use.**

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

# HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.

(Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

				Eligible for:			For persons age 15 or over ask Qs. 8 and 9		For children under age 15 years ask Qs. 10-13			
				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES						
1. Line no.	2. Name	3. Is (name) MALE OR FEMALE ?	4. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years 99=DK*	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?  1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?**  1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO
LINE	NAME	M F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1 2	_____	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1 2	_____	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1 2	_____	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1 2	_____	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1 2	_____	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1 2	_____	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1 2	_____	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?  
INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

\* See instructions: to be used only for elderly household members (code meaning “do not know/over age 50”).

Cluster no. \_\_\_\_ Household no. \_\_\_\_

EDUCATION MODULE												
If interview takes place between two school years, use alternative wording found in Appendix 1.												
For persons <b>age 5 or over</b> ask Qs. 15 and 16				For children <b>age 5 through 17 years</b> , continue on, asking Qs. 17-22								
14. Line no.	15. HAS (name) EVER ATTENDED SCHOOL?  1 YES ⇒ Q.16  2 NO ⇒ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK If less than 1 grade, enter 00.	17. IS (name) CURRENTLY ATTENDING SCHOOL?  1 YES ⇒ Q.19  2 NO	18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME?  1 YES  2 NO ⇒ Q.21	19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?  Insert number of days in space below.	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK	21. DID (name) ATTEND SCHOOL LAST YEAR?  1 YES  2 NO ⇒ NEXT LINE 9 DK ⇒ NEXT LINE	22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK				
LINE	Y NO	LEVEL	GRADE	YES NO	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE	
01	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
02	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
03	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
04	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
05	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
06	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
07	1 2⇒NEXT LINE	1 2 3 4 9	___	1 2	1 2	___	1 2 3 4 9	___	1 2 9	1 2 3 4 9	___	
Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.												
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.												
You should now have a separate questionnaire for each eligible woman and child in the household.												

Q.4

Cluster no. \_\_\_\_ Household no. \_\_\_\_

CHILD LABOUR MODULE																						
To be administered to caretaker of each child resident in the household age 5 through 14 years. ** Country-specific adaptation may change age range through to age 17.																						
Copy line number of each eligible child from household listing.																						
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.																						
1. Line no.	2. Name	3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes: FOR PAY?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5			4. If yes: 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?  If more than one job, include all hours at all jobs.  Record response then ⇒ Q.6			5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes: FOR PAY?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO Q.8			7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?			8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)?  1 YES 2 NO ⇒ NEXT LINE			9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		
LINE NO.	NAME	YES PAID UNPAID NO			NO. HOURS			YES PAID UNPAID NO			YES NO			NO. HOURS			YES NO			NO. HOURS		
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____
____		1	2	3	____	____	____	1	2	3	1	2	____	____	1	2	____	____	1	2	____	____

When all children in the age range have been covered, GO TO WATER AND SANITATION MODULE ⇒

Cluster no. \_\_\_\_ Household no. \_\_\_\_

## WATER AND SANITATION MODULE

*This module is to be administered once for each household visited.*

*Record only one response for each question.*

*If more than one response is given, record the most usual source or facility.*

1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped into dwelling ..... 01 Piped into yard or plot ..... 02 Public tap ..... 03 Tubewell/borehole with pump ..... 04 Protected dug well ..... 05 Protected spring..... 06 Rainwater collection..... 07 Bottled water ..... 08 Unprotected dug well ..... 09 Unprotected spring..... 10 Pond, river or stream ..... 11 Tanker-truck, vendor..... 12  Other (specify) ..... 13 No answer or DK..... 99	
2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... ____  Water on premises..... 888  DK ..... 999	
3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?	Flush to sewage system or septic tank..... 1 Pour flush latrine (water seal type) ..... 2 Improved pit latrine (e.g., VIP) ..... 3 Traditional pit latrine..... 4 Open pit..... 5 Bucket ..... 6  Other (specify) ..... 7  No facilities or bush or field..... 8	8⇒Q.5
4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?*	Yes, in dwelling/yard/compound ..... 1 No, outside dwelling/yard/compound..... 2  DK ..... 9	
5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine ..... 1 Thrown into toilet or latrine..... 2 Thrown outside the yard ..... 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5  Other (specify) ..... 6  No young children in household ..... 8	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_\_ Household no. \_\_\_\_

SALT IODIZATION MODULE		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p><b>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</b></p>	<p>Not iodized 0 PPM (no colour) ..... 1  Less than 15 PPM (weak colour) ..... 2  15 PPM or more (strong colour) ..... 3</p> <p>No salt in home ..... 8  Salt not tested ..... 9</p>	

GO TO WOMEN'S QUESTIONNAIRE ➡