

① HOUSEHOLD QUESTIONNAIRE ①

WE ARE FROM THE STATE COMMITTEE ON STATISTICS AND CONDUCTING SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. 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		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: Dushanbe 1 Khatlon 2 Sugd 3 DRD..... 4 GBAO 5	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (specify) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH11. Total number of household members: _____		
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
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>		
HH16A. Name and line of editor: Name _____	Editing date and signature: _____	
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM											HL
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. <i>List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).</i> <i>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.</i> <i>Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used <input type="checkbox"/></i></p>											
					Eligible for: WOMEN'S INTERVIEW CHILD LABOUR MODULE UNDER-5 INTERVIEW			For children age 0-17 years <i>ask HL9-HL12</i>			
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i>
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	___	01	___	___	1 2 8	___	1 2 8	___
02		___	1 2	___	02	___	___	1 2 8	___	1 2 8	___
03		___	1 2	___	03	___	___	1 2 8	___	1 2 8	___
04		___	1 2	___	04	___	___	1 2 8	___	1 2 8	___
05		___	1 2	___	05	___	___	1 2 8	___	1 2 8	___
06		___	1 2	___	06	___	___	1 2 8	___	1 2 8	___
07		___	1 2	___	07	___	___	1 2 8	___	1 2 8	___
08		___	1 2	___	08	___	___	1 2 8	___	1 2 8	___
09		___	1 2	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1 2	___	10	___	___	1 2 8	___	1 2 8	___
11		___	1 2	___	11	___	___	1 2 8	___	1 2 8	___

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
12		___	1 2	___	12	___	___	1 2 8	___	1 2 8	___
13		___	1 2	___	13	___	___	1 2 8	___	1 2 8	___
14		___	1 2	___	14	___	___	1 2 8	___	1 2 8	___
15		___	1 2	___	15	___	___	1 2 8	___	1 2 8	___
16		___	1 2	___	16	___	___	1 2 8	___	1 2 8	___
17		___	1 2	___	17	___	___	1 2 8	___	1 2 8	___
18		___	1 2	___	18	___	___	1 2 8	___	1 2 8	___
19		___	1 2	___	19	___	___	1 2 8	___	1 2 8	___
20		___	1 2	___	20	___	___	1 2 8	___	1 2 8	___
21		___	1 2	___	21	___	___	1 2 8	___	1 2 8	___
22		___	1 2	___	22	___	___	1 2 8	___	1 2 8	___
23		___	1 2	___	23	___	___	1 2 8	___	1 2 8	___
24		___	1 2	___	24	___	___	1 2 8	___	1 2 8	___
ARE THERE ANY OTHER PERSONS 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? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>											
					Women 15-49	Children 5-14	Under-5s				
Totals					___	___	___				

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of 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 in the information panel of the Questionnaire for Children Under Five.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 = Head

02 = Wife or Husband

03 = Son or Daughter

04 = Son or Daughter In-Law

05 = Grandchild

06 = Parent

07 = Parent-In-Law

08 = Brother or Sister

09 = Brother or Sister-In-Law

10 = Uncle/Aunt

11 = Niece/Nephew by Blood

12 = Niece/Nephew by Marriage

13 = Other Relative

14 = Adopted/Foster/Stepchild

15 = Not Related

98 = Don't Know

EDUCATION MODULE										ED			
For household members age 5 and above					For household members age 5-24 years								
ED1. Line no.	ED1A. Name	ED1B Age	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇒ ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days. If not all week was school days, write "9"</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	
LINE		AGE	YES NO	LEVEL	GRADE/ COURSE	YES NO	DAYS	LEVEL	GRADE/ COURSE	Y N DK	LEVEL	GRADE/ COURSE	
01			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
02			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
03			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
04			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
05			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
06			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
07			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
08			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
09			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
10			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
11			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	

For household members age 5 and above						For household members age 5-24 years							
ED1. Line NO	ED1A. Name	ED1B Age	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00.	ED4. DURING THE (2005- 2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOO L AT ANY TIME? 1 YES 2 NO ⇒ ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? INSERT NUMBER OF DAYS .If NOT ALL WEEK WAS SCHOOL DAYS, WRITE "g"	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	ED7. Did (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)? 1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK				
LINE		AGE	YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE	
12			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
13			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
14			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
15			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
16			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
17			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
18			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
19			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
20			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
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22			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
23			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
24			1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe..... 13 Tubewell/borehole..... 21 Dug well Protected well..... 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring..... 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water 91 <i>Other (specify)</i> 96	11⇒WS5 12⇒WS5 <div style="border-left: 1px solid black; height: 100px; margin: 0 auto;"></div> ⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe..... 13 Tubewell/borehole..... 21 Dug well Protected well..... 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring..... 42 Rainwater collection 51 Tanker-truck..... 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 <i>Other (specify)</i> 96	11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes _ _ _ Water on premises 995 DK 998	995⇒WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1 Adult man..... 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes 1 No..... 2 DK 8	2⇒WS7 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i></p> <p>WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Bucket 41</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Tajik..... 1 Uzbek 2 Russian 3 Kyrgyz 4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms — —	
HC3. Main material of the dwelling floor: Record observation.	Natural floor Earth/sand 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Linoleum/ vinyl tiles.....32 Ceramic tiles 33 Cement/concrete..... 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing Straw/reed..... 12 Dirt..... 14 Rudimentary Roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood..... 32 Calamine 33 Cement/concrete..... 35 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls Dirt..... 13 Rudimentary walls Stone with mud 22 Uncovered adobe..... 23 Plywood..... 24 Reused wood 26 Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks 33 Cement blocks 34 Covered adobe..... 35 Wood planks/shingles 36 Other (<i>specify</i>) 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG)..... 02 Natural gas..... 03 Kerosene..... 05 Coal 06 Wood..... 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8																																																
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire 1 Open stove..... 2 Closed stove 3 Other (<i>specify</i>) 6																																																	
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes 1 No..... 2																																																	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building..... 2 Outdoors 3 Other (<i>specify</i>) 6																																																	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? AN ELECTRIC WATER HEATER? TABLE? CHAIR? MIRROR? WASHING MACHINE? VACUUM CLEANER? VCR? CUPBOARD? FURNITURE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>Radio.....</td><td>1</td><td>2</td></tr> <tr><td>Television.....</td><td>1</td><td>2</td></tr> <tr><td>Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Non-Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Electric water heater.....</td><td>1</td><td>2</td></tr> <tr><td>Table.....</td><td>1</td><td>2</td></tr> <tr><td>Chair.....</td><td>1</td><td>2</td></tr> <tr><td>Mirror.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Vacuum cleaner.....</td><td>1</td><td>2</td></tr> <tr><td>VCR.....</td><td>1</td><td>2</td></tr> <tr><td>Cupboard.....</td><td>1</td><td>2</td></tr> <tr><td>Furniture.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile Telephone.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	Electric water heater.....	1	2	Table.....	1	2	Chair.....	1	2	Mirror.....	1	2	Washing machine.....	1	2	Vacuum cleaner.....	1	2	VCR.....	1	2	Cupboard.....	1	2	Furniture.....	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? COMPUTER? TRACTOR/COMBINE	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Watch.....</td><td>1</td><td>2</td></tr> <tr><td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle/Scooter.....</td><td>1</td><td>2</td></tr> <tr><td>Animal drawn-cart.....</td><td>1</td><td>2</td></tr> <tr><td>Car/Truck.....</td><td>1</td><td>2</td></tr> <tr><td>Computer.....</td><td>1</td><td>2</td></tr> <tr><td>Tractor/combine.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/Scooter.....	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Computer.....	1	2	Tractor/combine.....	1	2																									
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ADDITIONAL HOUSEHOLD CHARACTERISTICS

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No..... 2	2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE? IF 1 OR MORE HECTARES, CYCLE “1” AND RECORD HECTARES IF LESS 1 HECTARES, CYCLE “2” AND RECORD NUMBER OF SOTS <i>If more than 97, record ‘97’.</i> <i>If unknown, cycle ‘98’.</i>	If >= 1 Hectares 1. ____ ____ If < 1 Hectares, sots 2. ____ ____ Unknown.....998	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes 1 No..... 2	2⇒NEXT MODULE
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? CATTLE? MILK COWS OR BULLS? HORSES, DONKEYS, OR MULES? GOATS? SHEEP? CHICKENS? RABBITS? PIGS? <i>If none, record ‘00’.</i> <i>If more than 97, record ‘97’.</i> <i>If unknown, record ‘98’.</i>	Cattle..... ____ ____ Milk cows or bulls..... ____ ____ Horses, donkeys, or mules ____ ____ Goats..... ____ ____ Sheep..... ____ ____ Chickens ____ ____ Rabbits..... ____ ____ Pigs..... ____ ____	

ITN MODULE		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? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS: <i>If possible, observe the net to verify brand.</i>		
PRE-TREATED NETS TN3P1. NETS BRAND RECEIVED FROM ACTED?	PRE-TREATED NET NETS FROM ACTED.....1 2 8	
OTHER NETS: TN3O3. OTHER NETS BRAND?	Other nets Other nets (specify).....1 2	
TN3O4. UNKNOWN NETS BRAND	Unknown brand.....1 2	
TN3A. WHERE DID YOU GET THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET? <i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i>	Public sector Govt. hospital 11 Govt. health centre..... 12 Govt. health post 13 Village health worker..... 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Humanitarian aid 34 Other (specify) 96 DK 98	

<p>TN3B. HOW MUCH DID YOU PAY FOR THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Somoni _ _ _ _</p> <p>Free 9996</p> <p>DK 9998</p>	
<p>TN4. Check TN3 for brand of net(s). Go through the above list in order until <i>one</i> box is checked and follow instructions:</p> <p>1. <input type="checkbox"/> Pre-treated net received from ACTED mentioned? ⇒ Go to TN6</p> <p>2. <input type="checkbox"/> Other net (brand E, brand F or any other net, or an unknown brand) mentioned? ⇒ Continue with TN5</p>		
<p>TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK/not sure 8</p>	
<p>TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED?</p> <p><i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago _ _</p> <p>More than 24 months ago 95</p> <p>Not sure..... 98</p>	
<p>TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago _ _</p> <p>More than 24 months ago 95</p> <p>Not sure..... 98</p>	

GO TO NEXT PAGE

CHILD LABOUR MODULE												CL
<p>To be administered to mother/caretaker of each child in the household age 5 through 14 years. Check household information panel HL7.</p> <p>Copy line numbers each eligible for interview children from household information panel.</p> <p>NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p>												
CL1. Line no.	CL2. Name	CL3. 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 IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. 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 ⇒ CL6	CL5. 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 IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. 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				
01		1 2 3	___	1 2 3	1 2	___	1 2	___				
02		1 2 3	___	1 2 3	1 2	___	1 2	___				
03		1 2 3	___	1 2 3	1 2	___	1 2	___				
04		1 2 3	___	1 2 3	1 2	___	1 2	___				
05		1 2 3	___	1 2 3	1 2	___	1 2	___				
06		1 2 3	___	1 2 3	1 2	___	1 2	___				
07		1 2 3	___	1 2 3	1 2	___	1 2	___				
08		1 2 3	___	1 2 3	1 2	___	1 2	___				
09		1 2 3	___	1 2 3	1 2	___	1 2	___				
10		1 2 3	___	1 2 3	1 2	___	1 2	___				
11		1 2 3	___	1 2 3	1 2	___	1 2	___				

CL1. <i>Line no.</i>	CL2. <i>Name</i>	CL3. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ CL6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (<i>name</i>) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (<i>name</i>) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (<i>name</i>) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), 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
12		1 2 3	___	1 2 3	1 2	___	1 2	___
13		1 2 3	___	1 2 3	1 2	___	1 2	___
14		1 2 3	___	1 2 3	1 2	___	1 2	___
15		1 2 3	___	1 2 3	1 2	___	1 2	___
16		1 2 3	___	1 2 3	1 2	___	1 2	___
17		1 2 3	___	1 2 3	1 2	___	1 2	___
18		1 2 3	___	1 2 3	1 2	___	1 2	___
19		1 2 3	___	1 2 3	1 2	___	1 2	___
20		1 2 3	___	1 2 3	1 2	___	1 2	___
21		1 2 3	___	1 2 3	1 2	___	1 2	___
22		1 2 3	___	1 2 3	1 2	___	1 2	___
23		1 2 3	___	1 2 3	1 2	___	1 2	___
24		1 2 3	___	1 2 3	1 2	___	1 2	___

CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__ __	

CD7A. Check CD7:

1. ☐ No children age 2-14 yrs in this HH
⇒ Go to Maternal Mortality Module
2. ☐ Only one child age 2-14 yrs in this HH
⇒ Go to CD11
3. ☐ Two and more children age 2-14 yrs in this HH
⇒ Go to table 2

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table 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. Look for the last digit of the household number 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 CD7 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 about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	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

CD9. Record the rank number of the selected child from table 2 above

Rank number of child __ __

CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL 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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No..... 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes 1 No..... 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No..... 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No..... 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No..... 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No..... 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No..... 2 Don't know/no opinion..... 8	

MATERNAL MORTALITY MODULE

MM

Administer to each adult household member age 19 – 59 yrs. Copy name and line number of each adult (age 15-59) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, and more then 60 yrs leave rows blank...

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HLI)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	Y N	LINE					
01		1 2	— —	— —	— —	— —	— —	— —
02		1 2	— —	— —	— —	— —	— —	— —
03		1 2	— —	— —	— —	— —	— —	— —
04		1 2	— —	— —	— —	— —	— —	— —
05		1 2	— —	— —	— —	— —	— —	— —
06		1 2	— —	— —	— —	— —	— —	— —
07		1 2	— —	— —	— —	— —	— —	— —
08		1 2	— —	— —	— —	— —	— —	— —
09		1 2	— —	— —	— —	— —	— —	— —
10		1 2	— —	— —	— —	— —	— —	— —
11		1 2	— —	— —	— —	— —	— —	— —

MM1. <i>Line no.</i>	MM2. <i>Name</i>	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. <i>Line no. of proxy respondent (from household listing HLI)</i>	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
Line	Name	Y N	Line					
12		1 2	---	---	---	---	---	---
13		1 2	---	---	---	---	---	---
14		1 2	---	---	---	---	---	---
15		1 2	---	---	---	---	---	---
16		1 2	---	---	---	---	---	---
17		1 2	---	---	---	---	---	---
18		1 2	---	---	---	---	---	---
19		1 2	---	---	---	---	---	---
20		1 2	---	---	---	---	---	---
21		1 2	---	---	---	---	---	---
22		1 2	---	---	---	---	---	---
23		1 2	---	---	---	---	---	---
24		1 2	---	---	---	---	---	---

SALT IODIZATION MODULE		SI
SI1A. DID YOU EVER HEARD ABOUT IODIZATION OF COOKING SOLT?	Yes 1 No 2 Don't know 8	
SI1B. WHY DO YOU THINK, IT IS NECESSARY TO USE IODAZIED SALT?	Prevents from goiter A Prevents disorders in the development of fetus during pregnancy B Prevents from brain damage/intellect decrement C Other(specify) X Don't know Z	
SI1C. WHAT KIND OF SALT DO YOU USUALLY USE FOR DAILY PREPARATION OF FOOD?	Iodized 1 Not iodized 2 Don't know 8	
SI1D. THE LAST TIME YOU BOUGHT SALT, WHAT KIND OF PACKAGE WAS IT IN, A BOX, A BAG OR BY THE KILO (NO PACKAGE)? <i>If bag, ask:</i> WAS IT IN AN INDUSTRIAL BAG WITH A LABEL, OR RE-PACKAGED IN A BAG WITH NO LABEL?	A box 1 Industrial bag with the label 2 Re-packaged in a bag with no label 3 by the kilo (no package) 4 Other(specify) 6	
SI1E. THE LAST TIME YOU BOUGHT SALT, IN WHAT QUANTITY DID YOU BUY IT IN?	< 1 kg 1 2 kg 2 4 - 5 kg 3 10 - 25 kg 4 > 50 kg 5	
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? <i>Once you have examined the salt, Circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3 No salt in home 6 Salt not tested 7	

<p>SI2. Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN To administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>
<p>SI3. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE To administer the questionnaire to caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>