

State Name:

Cluster Number:

Household Number:

## SUDAN HOUSEHOLD HEALTH SECOND SURVEY 2010

## HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Codes: ..... State Cluster No. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	HH2. HOUSEHOLD NUMBER: ..... <input type="text"/> <input type="text"/>	
HH3.: Interviewer number: <input type="text"/> <input type="text"/> Interviewer Name: .....	HH4 Supervisor number: <input type="text"/> <input type="text"/> Supervisor Name: .....	
HH5. Day/Month/Year of interview	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HH6. Area:  Urban.....1  Rural.....2	HH7. Location County/Mahaliya ..... <input type="text"/> <input type="text"/> Payam/ Administrative Unit (AU).. <input type="text"/> <input type="text"/> Boma/ Popular AU..... <input type="text"/> <input type="text"/> <input type="text"/> Enumeration Area ..... <input type="text"/> <input type="text"/> <input type="text"/> Town/Village name .....	
<p>We are from the Sudan Household Health Survey 2<sup>nd</sup> round which is concerned with family health and socioeconomic indicators. I would like to talk to you about these subjects. 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 other than our project team. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.</p> <p>May I start now?</p> <p><input type="checkbox"/> YES, PERMISSION IS GIVEN ⇒ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.</p> <p><input type="checkbox"/> NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.</p>		
HH8. Name of head of household: ..... HH Tel. Number (optional).....		
After all questionnaires for the household have been completed, fill in the following information:		
HH9. Result of HH interview:  <i>Circle the appropriate code</i> <b>First visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6	HH9a. Result of HH interview:  <i>Circle the appropriate code</i> <b>Second visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6	HH9b. Result of HH interview:  <i>Circle the appropriate code</i> <b>Third visit</b> Completed.....1 Not at home.....2 Refused .....3 Partly completed.....4 Other(SPECIFY).....6
HH10. Respondent to HH questionnaire:  Household Line No. (from HL1): <input type="text"/> <input type="text"/> Name: .....	HH11. Total # of household members: <input type="text"/> <input type="text"/>	
HH12. # of women age 15-49 years: <input type="text"/> <input type="text"/>	HH13. # of women questionnaires completed: <input type="text"/> <input type="text"/>	
HH13a. # of men age 15-49 years: <input type="text"/> <input type="text"/>	HH13b. # of men questionnaires completed: <input type="text"/> <input type="text"/>	
HH14. # of children under age 5: <input type="text"/> <input type="text"/>	HH15. # of child questionnaires completed: <input type="text"/> <input type="text"/>	
HH16. Field Editor name and number:  Name <input type="text"/> <input type="text"/>	HH17. Data entry clerk name and number:  Name <input type="text"/> <input type="text"/>	



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07		<div></div>	1 2	<div></div>	<div></div>	07	07	<div></div>	1 2	1 2 8	<div></div>	1 2 8	<div></div>	<div></div>	07	1 2 8	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>
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17		<div></div>	1 2	<div></div>	<div></div>	17	17	<div></div>	1 2	1 2 8	<div></div>	1 2 8	<div></div>	<div></div>	17	1 2 8	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>
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20		<div></div>	1 2	<div></div>	<div></div>	20	20	<div></div>	1 2	1 2 8	<div></div>	1 2 8	<div></div>	<div></div>	20	1 2 8	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>	1 2 8	<div></div>	<div></div>

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

- 01 Head

02 Wife / Husband

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 by blood

12 Other relative

13 Adopted / Foster / Stepchild

14 Not related

15 partner

16 Niece / Nephew by marriage

98 Don't know

Check HL7. Enter the number of women age 15-49 here

 (copy to **HH12**)

Check HL7A. Enter the number of men age 15-49 here

 (copy to **HH13a**)

Check HL9. Enter the number of children under age 5 here

 (copy to **HH14**)

Female Genital Mutilation/Cutting  
FGM/C

This module is applied to all females in the household

FGM/C1 has (name) been  
circumcised /cut?

1. YES

2. NO

8. Don't know

⇒ NEXT MODULE

⇒ NEXT MODULE

Circle the number  
of the answer below

FGM/C2 Who has done the circumcision/  
cutting for (name)?

Traditional personnel :  
Traditional midwives ..... 11  
Others..... 16

Health professionals :  
Doctor ..... 21  
Nurse or midwife ..... 22  
Other health professionals (Specify) ..... 26  
..... 26

Don't know ..... 98

Record the number  
of the answer in the box below

Yes

No

Dk

PERSON

1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			
1	2	8			

Disability Module (2-9 years)

DA

DA1

IS (*name*) SUFFERING  
FROM ANY  
DISABILITY THAT  
HINDERS HIM/HER  
FROM PERFORMING  
NORMAL DAILY  
ACTIVITIES?  
1. Yes  
2. No ⇒ NEXT  
MODULE  
8. DK ⇒ NEXT  
MODULE

DA2

WHICH OF THE FOLLOWING TYPES OF DISABILITY  
THE (name) IS SUFFERING FROM?  
(circle all that apply)  
A. Difficulty in seeing  
B. Blindness  
C. Difficulty in hearing  
D. Deafness  
E. Difficulty in speaking  
F. Mute/Dumb  
G. Physical disability  
H. Mental retardation  
I. Epilepsy  
Z Others (specify in the same row)

Yes

No.

Dk

Circle all applied

1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....
1	2	8	A B C D E F G H I Z .....

Household Questionnaire 4

State Name:

Cluster Number:

Household Number:

WATER AND SANITATION MODULE		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p> <p>IF MORE THAN ONE SOURCE; RECORD <b>THE MAIN SOURCE</b> THAT IS MAINLY USED</p>	<p><b>Piped water (network):</b></p> <p>Piped into dwelling.....11</p> <p>Piped into yard or plot.....12</p> <p>Public tap/standpipe .....14</p> <p><b>Water yard/hand pump.....21</b></p> <p><b>Dug well:</b></p> <p>Protected/covered well .....31</p> <p>Unprotected well .....32</p> <p><b>Spring:</b></p> <p>Protected spring.....41</p> <p>Unprotected spring .....42</p> <p><b>Surface water:</b></p> <p>Filtered (river, stream, dam, hafir, lake, pond, canal or <b>rain water</b>)..... 51</p> <p>Unfiltered (river, stream, dam, hafir, lake, pond, canal or <b>rain water</b>) .....52</p> <p><b>Transported water by tankers/carts:</b></p> <p>From the water sources with the following codes (11,12,14, 21, 31, 41, 51) .....61</p> <p>From the water sources with the following codes (32, 42, 52)..... 62</p> <p>Bottled water.....91</p> <p><b>Other(specify) .....96</b></p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>⇒WS4</p> <p>61⇒WS6</p> <p>62⇒WS6</p> <p>91 ⇒WS2</p> <p>96 ⇒WS4</p>
<p>WS2. WHAT IS THE <b>MAIN SOURCE OF WATER</b> USED BY YOUR HOUSEHOLD FOR COOKING AND OTHER PURPOSES SUCH AS HAND WASHING?</p> <p>IF MORE THAN ONE SOURCE; RECORD <b>THE MAIN SOURCE</b> THAT IS MAINLY USED</p>	<p><b>Piped water</b></p> <p>Piped into dwelling.....11</p> <p>Piped into compound, yard or plot.....12</p> <p>Public tap / standpipe .....14</p> <p>Tube Well, Borehole .....21</p> <p><b>Dug well</b></p> <p>Protected well .....31</p> <p>Unprotected well.....32</p> <p><b>Water from spring</b></p> <p>Protected spring.....41</p> <p>Unprotected spring .....42</p> <p><b>Surface water:</b></p> <p>Filtered rainwater, hafir, dam, river water.....51</p> <p>Unfiltered rainwater, hafir, dam, river, stream,</p>	<p>11⇒WS6</p> <p>12⇒WS6</p>

State Name:

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	lake, pond, channel water .....52 <b>Transported water by tankers/carts:</b> From the water sources with the following codes (11,12,14, 21, 31, 41, 51).....61 From the water sources with the following codes (32, 42, 52)..... 62 Other ( <i>specify</i> ) ..... 96	61⇒WS6 62⇒WS6			
WS4. BY FOOT, HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DK.....998				
WS4A. WHAT IS THE DISTANCE TO THE WATER SOURCE FROM YOUR RESIDENCE?	Distance to water source: Less than or equal 1 km.....1 More than 1 km.....2 DK.....8				
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT 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				
WS6. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1 No .....2 DK.....8	2⇒WS8 8⇒WS8			
WS7. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	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  Other ( <i>specify</i> ) ..... X DK..... Z				
WS8. WHAT KIND OF FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE TO EASE THEMSELVES / DISPOSE OF HUMAN WASTE?  <i>If “flush” or “pour flush”, probe:</i> Where does it flush to?  <i>If necessary, ask permission to observe the facility.</i>	Flush / pour flush Flush to piped sewer system .....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK ....15  Ventilated Improved Pit latrine (VIP) .....21 Pit latrine with slab.....22 Pit latrine without slab / open pit.....23  Composite toilet.....31 Bucket.....41 Hanging toilet/hanging latrine .....51  No facilities or bush or field .....95	95⇒WS11A			

**State Name:**

**Cluster Number:**

**Household Number:**

	Other ( <i>specify</i> ) ..... 96	
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes.....1 No .....2	2⇒ WS11A
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?	Other households only (not public).....1 Public facility .....2	2⇒ WS11A
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS FACILITY?	No. of households (if less than 10)...0 <input type="text"/> <input type="text"/> Ten or more households.....10 DK.....98	
WS11A WHAT DO YOU DO TO GET RID OF HOUSEHOLD GARBAGE?	Through garbage collection trucks.....1 Throwing outside the whole residential area.2 Throwing outside the house.....3 Burning.....4 Dumping .....5 Other ( <i>specify</i> ).....96	

**Household Number:**

HOUSEHOLD CHARACTERISTICS MODULE				HC
HC02. HOW MANY ROOMS/VERANDAS/ TUKULS BELONG TO THIS HOUSEHOLD?		No. of rooms/ tukuls Belong to this household.....		<div><div></div><div></div></div>
HC2. HOW MANY ROOMS/VERANDAS/ TUKULS ARE USED FOR SLEEPING?		Used for sleeping.....		<div><div></div><div></div></div>
HC2A. WHAT TYPE OF DWELLING DOES THIS HOUSEHOLD LIVE IN?  <i>Record observation.</i>		Tent .....01 Dwelling of straw mats.....02 Tukul/gottiya – mud.....03 Tukul/gottiya – sticks.....04 Flat or apartment.....05 Villa.....06 House of one floor – mud.....07 House of one floor – brick.....08 House of one floor – concrete.....09 House constructed of wood.....10 Multi-storey house.....11 Incomplete.....12 Other ( <i>specify</i> ).....96		
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <b>MAINLY</b> USE FOR COOKING?		Electricity .....01 Gas .....03 Biogas.....04 Kerosene .....05 Charcoal .....07 Wood .....08 Straw/shrubs/grass.....09 Animal dung.....10 Agricultural crop residue.....11  No food cooked in household.....95  Other ( <i>specify</i> ) .....96		01⇒HC8          95⇒HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE ROOM/TUKUL, OR OUTDOORS? <i>If ‘In the house’, probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>		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		
HC8. DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING: (READ ALOUD, AND CIRCLE EITHER “1” FOR YES OR “2” FOR NO FOR EACH ITEM?)  [A] Electricity? [B] A radio? [C] A television? [D] A non-mobile telephone? [E] A refrigerator? [F] A Computer? [G] Internet? [H] A Digital Receiver?		<div>YesNo</div> <div>HC8A. Electricity.....12</div> <div>HC8B. Radio.....12</div> <div>HC8C. Television.....12</div> <div>HC8D. Non-mobile telephone .....12</div> <div>HC8E. Refrigerator .....12</div> <div>HC8F. A Computer.....12</div> <div>HC8G. Internet.....12</div> <div>HC8H. Digital Receiver.....12</div>		
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: READ ALOUD, AND CIRCLE EITHER “1” FOR YES OR “2” FOR NO FOR EACH ITEM.  [A] A watch? [B] A mobile telephone?		<div>YesNo</div> <div>HC9A. Watch.....12</div> <div>HC9B. Mobile telephone.....12</div> <div>HC9C. Bicycle .....12</div>		



State Name:

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[C] A bicycle? [D] A motorcycle or scooter? [E] An animal-drawn cart? [F] A car or truck? [G] A boat with a motor?	HC9D. Motorcycle / Scooter ..... 1      2 HC9E. Animal drawn-cart ..... 1      2 HC9F. Car / Truck ..... 1      2 HC9G. Boat with motor ..... 1      2																																										
<b>HC10. Do you or someone living in this household own this dwelling?</b> <i>If "No", then ask:</i> Do you rent this dwelling from someone not living in this household?  <i>If "Rented from someone else", circle "2". For other responses, circle "3".</i>	Own ..... 1 Rent ..... 2 Other; specify (Not owned or rented) ..... 3																																										
<b>HC11. Does any member of this household own land for farming, grazing, or fishing?</b>	Yes ..... 1 No ..... 2		2 ⇒ HC 13																																								
<b>HC12. How many faddans of agricultural land do members of this household own?</b> <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	FADANS .....																																										
<b>HC13. Does this household own or have any livestock, herds, or farm animals?</b>	Yes ..... 1 No ..... 2		2 ⇒ NEXT MODULE																																								
<b>HC14. How many of the following does this household have?</b>  [A] CATTLE? [C] GOATS? [D] SHEEP? [E] CHICKENS, PIGEONS AND DUCKS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS / BIRDS</th> <th>0</th> <th>1 - 10</th> <th>11 - 20</th> <th>21 - 50</th> <th>50 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CATTLE</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>GOATS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>SHEEP</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CHICKENS/PIG ONS/DUCKS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>							ANIMALS / BIRDS	0	1 - 10	11 - 20	21 - 50	50 +	DK	CATTLE	0	1	2	3	4	98	GOATS	0	1	2	3	4	98	SHEEP	0	1	2	3	4	98	CHICKENS/PIG ONS/DUCKS	0	1	2	3	4	98	
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CHICKENS/PIG ONS/DUCKS	0	1	2	3	4	98																																					
<b>HC14A. How many of the following animals does this household have?</b>  [A] MILK COWS [B] HORSES, DONKEYS, OR MULES? [G] CAMELS? [F] PIGS? <i>Circle the corresponding answer</i>	<table border="1"> <thead> <tr> <th>ANIMALS</th> <th>0</th> <th>1 - 4</th> <th>5 - 9</th> <th>10 - 14</th> <th>15 +</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MILK COWS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>HORSES, DONKEYS, OR MULES</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>CAMELS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> <tr> <td>PIGS</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>98</td> </tr> </tbody> </table>							ANIMALS	0	1 - 4	5 - 9	10 - 14	15 +	DK	MILK COWS	0	1	2	3	4	98	HORSES, DONKEYS, OR MULES	0	1	2	3	4	98	CAMELS	0	1	2	3	4	98	PIGS	0	1	2	3	4	98	
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PIGS	0	1	2	3	4	98																																					

\_\_\_\_\_

Household Questionnaire 10

State Name: \_\_\_\_\_

Cluster Number: \_\_\_\_\_

Household Number: \_\_\_\_\_

HH19. <i>Record the time.</i>	Hour and minutes ..... : ..	⇒ NEXT MODULE
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SALT IODIZATION MODULE		SI
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  Salt not tested ..... 4 No salt in home ..... 5	5 ⇒ NEXT MODULE
SI2. WHERE DID YOU ACQUIRE THIS SALT?	Local market ..... 1 Food Aid..... 2 Other or indigenous ( <i>specify</i> )..... 6 DK ..... 8	

HH20. *Does any eligible woman age 15-49 reside in the household?*  
*Check HL7. You should have entered the total number of women in the household who are between the ages of 15 and 49 years old. Begin a separate questionnaire for each eligible woman (check HL7) by filling in the Information Panel.*

☐ Yes. ⇒ Go to WOMAN'S QUESTIONNAIRE  
*to administer the questionnaire to the first eligible woman.*

☐ No. ⇒ Continue.

HH21. *Does any child under the age of 5 reside in the household?*  
*Check household listing, column HL9. You should have a questionnaire with the Information Panel filled in for each eligible child.*

☐ Yes. ⇒ Go to UNDER 5 QUESTIONNAIRE  
*to administer the questionnaire to caretaker of the first eligible child.*

☐ No. ⇒ Continue

HH21A. *Does any eligible man age 15-49 reside in the household?*  
*Check household listing, 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 MEN  
*to administer the questionnaire to the first eligible man.*

☐ No. ⇒ End the interview by thanking the respondent for his/her cooperation.  
*Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.*

**State Name:**

\_\_\_\_\_

**Cluster Number:**

\_\_\_\_ - \_\_\_\_

**Household Number:**

\_\_\_\_

**State Name:**

\_\_\_\_\_

**Cluster Number:**

\_\_\_\_ - \_\_\_\_

**Household Number:**

\_\_\_\_

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**