

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 2nd 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> First visit Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6	HH9a. Result of HH interview: <i>Circle the appropriate code</i> Second visit Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6	HH9b. Result of HH interview: <i>Circle the appropriate code</i> Third visit Completed.....1 Not at home.....2 Refused3 Partly completed.....4 Other(SPECIFY).....6
HH10. Respondent to HH questionnaire: Household Line No. (from HL1): <input type="text"/> <input type="text"/> Name: _____		H11. 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"/>

HH18. HOUSEHOLD LISTING FORM & EDUCATION MODULE

RECORD THE TIME: FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. *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). For each question, use the appropriate code for answer.*

HOUR 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. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Add a continuation sheet if there are more than 20 household members.*

MINUTES Tick here if continuation sheet used:

Then, ask questions starting with HL6 for each person at a time.

For all HH members					HH AGE 12 YEARS OR OVER	Eligible for:			For all household members					If 15 years and over, ask HL15.	HH 2-9	For household members age 5 and above			For household members age 5-24 years						
HL1.	HL2.	HL3.	HL4.	HL6.	HL6A	HL7.	HL7A.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.	HL15.	HL15A	ED0.	ED3.	ED4.		ED5.	ED6.		ED7.	ED8.	
Household Line No.	Name	WHAT IS THE RELATIONSHIP OF (NAME) TO THE HEAD OF THE HOUSEHOLD? <i>* See the key list</i>	IS (NAME) MALE OR FEMALE? 1 MALE 2 Female	HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years; if age less than one year record as 00</i> <i>if age 96 years or older, record as 96.</i>	WHAT IS THE MARITAL STATUS OF (name)? 1 NEVER MARRIED 2 MARRIED 3 WITH PARTNER 4 WIDOWED 5 DIVORCED 6 SEPARATED <i>Record the number of the answer in the box</i>	<i>If woman is 15-49 years,</i>	<i>If Man is 15-49 years,</i>	<i>If child is under 5 years:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line number of mother/caretaker.</i>	DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO ⇒ HL13 8 DK ⇒ HL13	<i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO ⇒ HL15 8 DK ⇒ HL15	IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO ⇒ HL15 8 DK ⇒ HL15	<i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If yes, record Line no. of father</i> <i>If no, write "00".</i>	HOW HAS (name) SPENT (his/her) TIME DURING THE PAST 3 MONTHS? WAS (name): 01. WORKING FOR PAY 02. WORKING FOR SUBSISTENCE ONLY 03. WORKING FOR PAY AND SUBSISTENCE 04. WORKING AS A VOLUNTEER 05. WORKING FOR FOOD 06. NOT WORKING 07. IN SCHOOL 08. SELF-EMPLOYED 09. RETIRED 10. HOUSEWIFE 98..DK	<i>If child is 2-9 years:</i> <i>If Yes</i> <i>Circle Line number of this child</i>	CAN THIS PERSON READ AND WRITE IN ANY LANGUAGE? 1 YES 2 NO 8 DK	HAS (name) EVER ATTENDED SCHOOL OR ANY OTHER EDUCATIONAL INSTITUTION AT ANY TIME? 1 YES 2 NO ⇒ NEXT MODULE 8 DK ⇒ NEXT MODULE	WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? Level: 00.Preschool 01. Primary 02. Intermediate 03. Secondary 04. Post secondary diploma 05. University 06. Post university 07. Khalwa 08. adult education 98..DK IF LEVEL = 0, 4, 5, 6, 7, 8 OR 98 ⇒ ED5 RECORD THE NUMBER OF THE ANSWER IN THE BOX	IF LEVEL = 1, 2 OR 3: WHAT IS THE HIGHEST GRADE (NAME) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade, enter 00.</i>	DURING THE SCHOOL YEAR (2009-2010) THAT ENDED IN FEBRUARY 2010 DID (name) ATTEND SCHOOL OR ANY OTHER EDUCATIONAL INSTITUTION AT ANY TIME? 1 YES 2 NO ⇒ ED7 8 DK ⇒ ED7 <i>Circle the number below</i>	DURING THAT SCHOOL YEAR (2009-2010), WHICH LEVEL WAS (name) ATTENDING? Level: 0.Preschool 1.Primary 2.Secondary 3.Post secondary diploma 4.University 5. Post university 6.Khalwa 7.adult education 8.DK IF LEVEL = 0, 3, 4, 5, 6, 7 OR 8 ⇒ ED7 RECORD THE NUMBER OF THE ANSWER IN THE BOX	IF LEVEL = 1 OR 2: WHAT IS THE HIGHEST GRADE (NAME) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade, enter 00.00.</i>	DURING THE PREVIOUS SCHOOL YEAR (2008-2009) THAT ENDED IN FEB 2009, DID (name) ATTEND SCHOOL OR ANY OTHER EDUCATIONAL INSTITUTION AT ANY TIME? 1 YES 2 NO ⇒ NEXT MODULE 8 DK ⇒ NEXT MODULE <i>Circle the number of the answer below</i>	DURING THAT PREVIOUS SCHOOL YEAR, (2008-2009) WHICH LEVEL (name) ATTEND? Level: 0.Preschool 1.Primary 2.Secondary 3.Post secondary diploma 4.University 5. Post university 6.Khalwa 7.adult education 8.DK IF level = 0, 3, 4, 5, 6, 7 or 8 ⇒ NEXT MODULE RECORD THE NUMBER OF THE ANSWER IN THE BOX	IF LEVEL = 1 OR 2: WHAT IS THE HIGHEST GRADE (NAME) ATTENDED AT THIS LEVEL? Grade: 98 DK <i>If less than 1 grade, enter 00.</i>
LINE	NAME	REL.	M F	AGE	MARITAL STATUS	WOMEN 15-49	MEN 15-49	MOTHER/CARETAKER	Y N	Y N DK	MOTHER	Y N DK	FATHER	EMPLOYMENT STATUS	CHILD	Y N DK	Y N DK	LEVEL	GRADE	Y N DK	LEVEL	GRADE	Y N DK	LEVEL	GRADE
01		01	1 2			01	01		1 2	1 2 8		1 2 8			01	1 2 8	1 2 8			1 2 8			1 2 8		
02			1 2			02	02		1 2	1 2 8		1 2 8			02	1 2 8	1 2 8			1 2 8			1 2 8		
03			1 2			03	03		1 2	1 2 8		1 2 8			03	1 2 8	1 2 8			1 2 8			1 2 8		
04			1 2			04	04		1 2	1 2 8		1 2 8			04	1 2 8	1 2 8			1 2 8			1 2 8		
05			1 2			05	05		1 2	1 2 8		1 2 8			05	1 2 8	1 2 8			1 2 8			1 2 8		
06			1 2			06	06		1 2	1 2 8		1 2 8			06	1 2 8	1 2 8			1 2 8			1 2 8		

State Name: _____ Cluster Number: _____ Household Number: _____

07		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	07	07	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	07	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	08	08	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	08	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	09	09	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	09	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	10	10	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	10	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
11		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	11	11	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	11	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	12	12	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	12	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	13	13	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	13	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	14	14	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	14	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	15	15	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	15	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	16	16	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	16	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	17	17	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	17	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
18		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	18	18	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	18	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	19	19	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	19	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>
20		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	20	20	<input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	20	1 2 8	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>

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

01 Head	06 Parent	11 Niece / Nephew by blood
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	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)

State Name: _____

Cluster Number: _____

Household Number: _____

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 ⇒ NEXT MODULE 8. Don't know ⇒ 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	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>
1	2	8	<input type="text"/>

Disability Module (2-9 years)			DA
Yes	No.	Dk	Circle all applied
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I
1	2	8	Z A B C D E F G H I

State Name: _____

Cluster Number: _____

Household Number: _____

	lake, pond, channel water52 Transported water by tankers/carts: 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 <input type="text"/> <input type="text"/> <input type="text"/> 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 No2 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 system11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK15 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 latrine51 No facilities or bush or field95	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 No2	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 Dumping5 Other (<i>specify</i>).....96	

State Name:

Segment Number:

Household Number:

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC02. HOW MANY ROOMS/VERANDAS/ TUKULS BELONG TO THIS HOUSEHOLD?	No. of rooms/ tukuls Belong to this household..... <input type="text"/> <input type="text"/>	
HC2. HOW MANY ROOMS/VERANDAS/ TUKULS ARE USED FOR SLEEPING?	Used for sleeping..... <input type="text"/> <input type="text"/>	
HC2A. WHAT TYPE OF DWELLING DOES THIS HOUSEHOLD LIVE IN? <i>Record observation.</i>	Tent01 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 MAINLY USE FOR COOKING?	Electricity01 Gas03 Biogas.....04 Kerosene05 Charcoal07 Wood08 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 house2 In a separate building3 Outdoors4 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?	Yes No HC8A. Electricity..... 1 2 HC8B. Radio.....1 2 HC8C. Television.....1 2 HC8D. Non-mobile telephone1 2 HC8E. Refrigerator1 2 HC8F. A Computer.....1 2 HC8G. Internet.....1 2 HC8H. Digital Receiver.....1 2	
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?	Yes No HC9A. Watch..... 1 2 HC9B. Mobile telephone..... 1 2 HC9C. Bicycle 1 2	

State Name:

Cluster Number:

Household Number:

<p>[C] A bicycle? [D] A motorcycle or scooter? [E] An animal-drawn cart? [F] A car or truck? [G] A boat with a motor?</p>	<p>HC9D. Motorcycle / Scooter 1 2 HC9E. Animal drawn-cart..... 1 2 HC9F. Car / Truck 1 2 HC9G. Boat with motor..... 1 2</p>																																				
<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <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></p>	<p>Own1 Rent2 Other; specify (Not owned or rented)3</p>																																				
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN LAND FOR FARMING, GRAZING, OR FISHING?</p>	<p>Yes.....1 No2</p>	<p>2 ⇒ HC 13</p>																																			
<p>HC12. HOW MANY FADDANS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>FADANS.....</p>																																				
<p>HC13. DOES THIS HOUSEHOLD OWN OR HAVE ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes.....1 No2</p>	<p>2 ⇒ NEXT MODULE</p>																																			
<p>HC14. HOW MANY OF THE FOLLOWING DOES THIS HOUSEHOLD HAVE? [A] CATTLE? [C] GOATS? [D] SHEEP? [E] CHICKENS, PIGEONS AND DUCKS? <i>Circle the corresponding answer</i></p>	<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/PIGONS/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/PIGONS/DUCKS	0	1	2	3	4	98	
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/PIGONS/DUCKS	0	1	2	3	4	98																															
<p>HC14A. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] MILK COWS [B] HORSES, DONKEYS, OR MULES? [G] CAMELS? [F] PIGS? <i>Circle the corresponding answer</i></p>	<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	
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																															

State Name: _____

Cluster Number: _____

Household Number: _____

INSECTICIDE-TREATED NET MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No2	2⇒HH19
TN2. HOW MANY AND WHAT KIND OF MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If respondent does not know whether or not net(s) have been treated, count as "other."</i>	TN2A. Number of long lasting treated nets ... <input type="text"/> <input type="text"/> DK.....98 TN2B. Number of treated nets..... <input type="text"/> <input type="text"/> DK.....98 TN2C. Number of untreated nets <input type="text"/> <input type="text"/> DK.....98 TN2D. Number of other/unknown nets <input type="text"/> <input type="text"/> DK.....98	TN2C AND/OR TN2D ONLY ⇒ TN11
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOST RECENT TREATED MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago More than 36 mo. ago 95 DK / Not sure 98	
TN11. DID ANYONE SLEEP UNDER THE MOSQUITO NET LAST NIGHT?	Yes..... 1 No 2 DK / Not sure 8	2 ⇒ HH19 8 ⇒ HH19
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT <i>Record the person's name and line number from the household listing form, Circle the type of net</i> <i>If someone not in the household list slept under the mosquito net, record "00", Circle the type of net</i>	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK	Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK Name and Line number..... _____ Type: 1 = LLIN, 2 = TN , 3 = UN TN, 4= UK

State Name: _____

Cluster Number: _____

Household Number: _____

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	⇒ NEXT MODULE
-------------------------------	------------------------------------	---------------

SALT IODIZATION MODULE		SI
<p>S11. 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>Not iodized 0 PPM 1 Less than 15 PPM..... 2 15 PPM or more..... 3 Salt not tested 4 No salt in home 5</p>	5 ⇒ NEXT MODULE
<p>S12. WHERE DID YOU ACQUIRE THIS SALT?</p>	<p>Local market 1 Food Aid..... 2 Other or indigenous (<i>specify</i>)..... 6 DK 8</p>	

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