

NMICS

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2067 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household serial number: _____	
HH3. Interviewer name and code number: Name _____ Code No _____	HH4. Supervisor name and code number: Name _____ Code No _____	
HH5. Day / Month / Year of interview in BS: _____ / _____ / _____		
HH6. Area: Municipality 1 Village Development Committee 2	HH7. Region: Mid West Mountain 41 Mid West Hill 42 Mid West Terai 43 Far-West Mountain 51 Far-West Hill 52 Far-West Terai 53	

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). 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 ACCORDING TO THE **STATISTICS ACT 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE START NOW ?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
 No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household (household, women and children) have been completed, fill in the following information:

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of individual woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and code number): Name _____ Code No _____	HH17. Data entry clerk (Name and code number): Name _____ Code No _____
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HH18.
Record the time.

Hour..... ___

Minutes..... ___

HOUSEHOLD LISTING FORM

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)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE ?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5-HL14 for each person in the household at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

								For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years			
HL1. Line number	HL2. Name, last name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD ? Write appropriate code	HL4. IS (name) MALE OR FEMALE ? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH ? 98 DK 9998 DK		HL6. HOW OLD IS (name) ? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE ? 1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD ? Record line number of mother or '00' for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE ? 1 Yes 2 No <input type="checkbox"/> Next Line 8 DK <input type="checkbox"/> Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD ? Record line number of father or '00' for "No"	
Line	Name	Relation*	M	F	Month	Year	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. Line number	HL2. Name, last name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD ? Write appropriate code	HL4. IS (name) MALE OR FEMALE ? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH ? 98 DK 9998 DK		HL6. HOW OLD IS (name) ? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF(name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE ? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD ? Record line number of mother or '00' for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE ? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD ? Record line number of father or '00' for "No"	
Line	Name	Relation*	M	F	Month	Year	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	___

Tick here if additional questionnaire used

Probe for additional household members.

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. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual 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 a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman age 15-49 and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew	16 Household servants
02 Wife / Husband	07 Parent-In-Law	12 Other relative	98 Don't know
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 (except Household servants)	
05 Grandchild	10 Uncle / Aunt	15 Co-wife	

WS3. WHERE IS THE WATER SOURCE FOR COOKING AND HANDWASHING LOCATED ?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, STAY IN A QUEUE, GET WATER FOR COOKING AND HANDWASHING, AND COME BACK ?	Number of minutes..... _ _ _ Not necessary to go to fetch water 997 DK 998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR FOR COOKING AND HANDWASHING IN YOUR HOUSEHOLD ? <i>Probe:</i> IS THIS PERSON UNDER AGE 15 ? WHAT SEX ?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15)..... 4 Not necessary to go to fetch water 7 DK..... 8	
WS6. DO YOU DO ANYTHING TO THE DRINKING WATER TO MAKE IT SAFER TO DRINK ?	Yes 1 No 2 DK..... 8	2⇒WS7A 8⇒WS7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK ? <i>Probe:</i> ANYTHING ELSE ? <i>Circle all the ways mentioned by the respondent.</i>	Boil..... A Add bleach / chlorine B Strain it through a cloth C Use water filter D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) _____ X DK..... Z	
WS7A. DO YOU STORE YOUR DRINKING WATER ?	Yes 1 No 2	2⇒WS8
WS7B. MAY I SEE THE MAIN CONTAINER WHERE YOU STORE DRINKING WATER ?	Allowed to observe 1 Not Allowed to observe 2	2⇒WS 7D
WS7C. <i>Based on the observations of container's mouth, spigot and lid circle the appropriate response code.</i> <i>Interviewer should observe by him/herself and circle the appropriate response codes.</i>	<u>Container's mouth</u> Wide mouth (=>10 cm) 1 Narrow mouth (<10 cm) 2 <u>Spigot</u> Yes 1 No..... 2 <u>Lid</u> Yes 1 No..... 2	

WS7D. IS THIS CONTAINER USED ONLY FOR STORING DRINKING WATER ?	Yes 1 No 2	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE ?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>Ask permission to observe the facility.</i></p>	<p><u>Flush / Pour flush (waterseal)</u> 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 where 15</p> <p><u>Pit latrine</u> Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Tin/ Bucket toilet 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	95 ⇒ NEXT MODULE
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD ?	Yes 1 No 2	2 ⇒ NEXT MODULE
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 ⇒ WS 11A
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD ?	Number of households DK 98	⇒ NEXT MODULE 98 ⇒ NEXT MODULE
WS11A. CAN YOU USE THIS FACILITY AT ALL HOURS OF THE DAY AND NIGHT ?	Yes 1 No 2	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu 01 Buddhist 02 Muslim 03 Kirat 04 Christian 05 Sikh 06 Jain 07 Other religion (<i>specify</i>) 96 No religion 97	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mother Tongue Other language (<i>specify</i>) 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG ?	Ethnic group Other ethnic group (<i>specify</i>) 996	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING ?	Number of rooms	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Earth / Sand 11 Wood planks 21 Palm / Bamboo 22 Ceramic tiles/marbles 33 Cement 34 Carpet 35 Linoleum 36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	<u>Natural roofing</u> Thatch / Palm leaf 12 Sod 13 <u>Rudimentary Roofing</u> Rustic mat 21 Wood planks 23 <u>Finished roofing</u> Metal/ CGI sheets 31 Wood 32 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p><u>Natural walls</u></p> <p>No walls 11</p> <p><u>Rudimentary walls</u></p> <p>Bamboo materials 21</p> <p>Stone /bricks with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood..... 24</p> <p>Straw and mud 27</p> <p>Plastic covered 28</p> <p>Mud 29</p> <p><u>Finished walls</u></p> <p>Cement plastered bricks or stones 31</p> <p>Cemented bricks or stones 32</p> <p>Cement blocks 34</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Fire Wood..... 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Animal dung/briquette 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE SAME HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p><u>In the house</u></p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building..... 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE (things/facilities) :		Yes	No
[A] ELECTRICITY	Electricity.....	1	2
[B] A RADIO	Radio.....	1	2
[C] A TELEVISION	Television.....	1	2
[D] A NON-MOBILE TELEPHONE	Non-mobile telephone.....	1	2
[E] A REFRIGERATOR	Refrigerator.....	1	2
[F] AN IMPROVED COOKING STOVE (ICS)	Improved Cooking Stove.....	1	2
[G] TABLE	Table.....	1	2
[H] CHAIR	Chair.....	1	2
[I] BED/COT	Bed/Cot.....	1	2
[J] SOFA	Sofa.....	1	2
[K] WARDROBE	Wardrobe.....	1	2
[L] COMPUTER	Computer.....	1	2
[M] WALL CLOCK	Wall Clock.....	1	2
[N] ELECTRIC FAN	Electric Fan.....	1	2
[O] DHIKI/JATO	Dhiki/Jato.....	1	2
[P] MICROWAVE OVEN	Microwave Oven.....	1	2
[Q] WASHING MACHINE	Washing Machine.....	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN (things) ?		Yes	No
[A] A WATCH	Watch.....	1	2
[B] A MOBILE TELEPHONE	Mobile telephone.....	1	2
[C] A BICYCLE/RICKSHAW	Bicycle/Rickshaw.....	1	2
[D] A MOTORCYCLE OR SCOOTER	Motorcycle / Scooter.....	1	2
[E] AN ANIMAL-DRAWN CART	Animal drawn-cart.....	1	2
[F] A CAR / TRUCK/ BUS/JEEP	Car / Truck/Bus/Jeep.....	1	2
[H] A TRACTOR	Tractor.....	1	2
[I] A BOAT	Boat.....	1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IS IT RENTED OR HAVE ANY OTHER ARRANGEMENT ?</p> <p><i>If own the household circle "1" if not owned, probe for wheter it is rented or under what terms and conditions is the household using this dwelling? if "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own 1 Rent..... 2 Other (Not owned or rented) 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No..... 2</p>	2⇒HC13
<p>HC12. HOW MUCH AREA OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p>	<p>Ropani (ropani/aana/paisa).....A _ _ / _ _ / _ Bigha (Bigha/katha/dhur)B _ _ / _ _ / _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1 No..... 2</p>	2⇒HC15
<p>HC14. HOW MANY (<i>livestock</i>) DOES THIS HOUSEHOLD HAVE?</p> <p>[A] Cow/Ox</p> <p>[H] YAK /NAK/ CHAURI</p> <p>[G] MALE/FEMALE BUFFALO</p> <p>[C] GOATS/TIBETIAN GOAT</p> <p>[D] SHEEP</p> <p>[F] PIGS/SWINES</p> <p>[B] HORSE, ASS, MULES</p> <p>[E] CHICKEN/DUCKS/PIGEONS</p> <p>[X] OTHERS ANIMALS</p> <p>[Y] OTHERS POULTRY</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cow/Ox _ _ _ _ Yak/Nak/Chauri _ _ _ _ Buffalo _ _ _ _ Goats,..... _ _ _ _ Sheep _ _ _ _ Pigs/swines _ _ _ _ Horse, ass or mules _ _ _ _ Chicken/ducks/pigeons _ _ _ _ Other animals (<i>specify</i>) _ _ _ _ Other Poultry (<i>specify</i>) _ _ _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN ANY BANK OR FINANCIAL INSTITUTION ?</p>	<p>Yes 1 No..... 2 Don't Know 8</p>	

CHILD LABOUR**CL**

To be administered for children in the household age 5-14 years. See household listing form and copy the name and age of the person aged 5-14 years according to the line numbers in the Household Listing Form. For household members below age 5 or above age 14, leave rows blank.

Now I would like to ask about any work children aged 5-14 years in this household may do.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST 7 DAYS, 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?			CL4. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?			CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET FOR HIS/HER FAMILY OR HIMSELF/HERSELF? Include work for a business run by the child, alone or with one or more partners.		CL8. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?	
	Copy from Household Listing Form, HL2 and HL6		1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			If more than one job, include all hours at all jobs.			1 Yes 2 No ⇒ CL7				1 Yes 2 No ⇒ CL9		1 Yes 2 No ⇒ Next Line					
Line	Name	Age	Yes Paid	No Unpaid		Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours		
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		

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	Copy from Household Listing Form, HL2 and HL6		1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			If more than one job, include all hours at all jobs.			1 Yes 2 No ⇒ CL7				1 Yes 2 No ⇒ CL9		1 Yes 2 No ⇒ Next Line					
Line	Name	Age	Yes Paid	No Unpaid	3	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours		
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
13		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
14		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		
15		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __		

DE-WORMING													DW
To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank .													
Now I would like to ask about the deworming tablets your children of age 6-11 years have received in the last one year.													
DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DEWORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR ? 1 Yes 2 No ⇒Next line/Module 8 DK ⇒Next line/ Module			DW4. FROM WHERE HAS (name) RECEIVED DEWORMING TABLET DURING THE LAST ONE YEAR ?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Healthpost Sub health post Primary Healthcare centers	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
01		__ __	1	2	8	A	B	C	D	E	F	Z	X
02		__ __	1	2	8	A	B	C	D	E	F	Z	X
03		__ __	1	2	8	A	B	C	D	E	F	Z	X
04		__ __	1	2	8	A	B	C	D	E	F	Z	X
05		__ __	1	2	8	A	B	C	D	E	F	Z	X
06		__ __	1	2	8	A	B	C	D	E	F	Z	X
07		__ __	1	2	8	A	B	C	D	E	F	Z	X
08		__ __	1	2	8	A	B	C	D	E	F	Z	X
09		__ __	1	2	8	A	B	C	D	E	F	Z	X
10		__ __	1	2	8	A	B	C	D	E	F	Z	X

DE-WORMING													DW
To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.													
Now I would like to ask about the deworming tablets your children of age 6-11 years have received in the last one year.													
DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DEWORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR ? 1 Yes 2 No ⇒Next line/Module 8 DK ⇒Next line/ Module			DW4. FROM WHERE HAS (name) RECEIVED DEWORMING TABLET DURING THE LAST ONE YEAR ?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Healthpost Sub health post Primary Healthcare centers	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
11		— —	1	2	8	A	B	C	D	E	F	Z	X
12		— —	1	2	8	A	B	C	D	E	F	Z	X
13		— —	1	2	8	A	B	C	D	E	F	Z	X
14		— —	1	2	8	A	B	C	D	E	F	Z	X
15		— —	1	2	8	A	B	C	D	E	F	Z	X

CHILD DISCIPLINE**CD****Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Male/Female from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	__ __		1	2	__ __
2	__ __		1	2	__ __
3	__ __		1	2	__ __
4	__ __		1	2	__ __
5	__ __		1	2	__ __
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __
CD6.	Total children age 2-14 years				__

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 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.
- Check the last digit of the household number (HH2) 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 CD6 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 (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	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

CD8. Record the rank number of the selected child..... _____

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _ _	
CD10. 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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST ONE MONTH.</u>		
CD11. IN THE PAST ONE MONTH, <u>TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE ?</u>	Yes..... 1 No 2	
CD12. IN THE PAST ONE MONTH, EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG ?	Yes..... 1 No 2	
CD13. IN THE PAST ONE MONTH, SHOOK (name) ?	Yes..... 1 No 2	
CD14. IN THE PAST ONE MONTH, SHOUTED, YELLED AT OR SCREAMED AT (name) ?	Yes..... 1 No 2	
CD15. IN THE PAST ONE MONTH, GAVE (name) SOMETHING ELSE TO DO ? <i>Probe:</i> THIS MEANS DISTRACTING THE CHILD OR HELPING THE CHILD PAY ATTENTION TO SOMETHING ELSE.	Yes..... 1 No 2	
CD16. IN THE PAST ONE MONTH, SPANKED, HIT OR SLAPPED (name) ON THE BOTTOM WITH BARE HAND ?	Yes..... 1 No 2	
CD17. IN THE PAST ONE MONTH, HIT (name) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT ?	Yes..... 1 No 2	
CD18. IN THE PAST ONE MONTH, CALLED (name) DUMB, LAZY, OR ANOTHER NAME LIKE THAT ?	Yes..... 1 No 2	
CD19. IN THE PAST ONE MONTH, HIT OR SLAPPED (name) ON THE FACE, HEAD OR EARS.	Yes..... 1 No 2	
CD20. IN THE PAST ONE MONTH, HIT OR SLAPPED (name) ON THE HAND, ARM, OR LEG.	Yes..... 1 No 2	
CD21. IN THE PAST ONE MONTH, BEAT (name) UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD ?	Yes..... 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED ?	Yes..... 1 No 2 Don't know / No opinion..... 8	

HANDWASHING		HW
<p>HW1A. PLEASE MENTION ALL THE OCCASSIONS WHEN IS IT IMPORTANT TO WASH YOUR HANDS.</p> <p><i>Circle all mentioned.</i></p>	<p>Before eating.....A After eating.....B Before praying.....C Before breast feeding or feeding a childD Before cooking or preparing food.....E After defeacation/urination F After cleaning a child that has defeacated/ changing child's nappy G When the hands are dirtyH After cleaning toilet or potty I</p> <p>Others (<i>Specify</i>).....X Don't knowZ</p>	
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed..... 1</p> <p>Not observed</p> <p> Not in dwelling / plot / yard..... 2 No permission to see 3 Other reason 6</p>	<p>2 ⇨HW4 3 ⇨HW4 6 ⇨HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available..... 1</p> <p>Water is not available..... 2</p>	
<p>HW2A. <i>Check the distance of the handwashing place from the toilet in paces and circle appropriate code.</i></p>	<p><u>The distance of toilet and hand washing place (in Paces)</u></p> <p> Less than 10 paces 1 10 paces or more 2</p>	
<p>HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D None.....Y</p>	<p>A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER LOCALLY USED CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1 No..... 2</p>	<p>2⇨HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D Not able / Does not want to show Y</p>	

HH19. Record the time.	Hour and minutes : ..	
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SALT IODIZATION		SI
<p>SI1A. WHAT TYPE OF SALT DO YOU USUALLY USE AT HOME? COULD YOU SHOW ME THE SALT YOU REGULARLY USE FOR COOKING ?</p> <p><i>(Observe the salt in use in the household; if packed salt is used and if packet is available at home, check if it has the mark of a girl and a boy child or not and tick the appropriate answer.</i></p>	<p>Large crystal salt 1</p> <p>Loose powder salt 2</p> <p><u>Packaged powder salt</u></p> <p>Packaged powder salt with logo..... 3</p> <p>Packaged powder salt without logo 4</p> <p>Tibetan salt..... 5</p> <p>Other types (<i>Specify</i>) 6</p>	
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Use the provided salt test kit to test the iodine content in the salt sample. Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1</p> <p>More than 0 PPM & less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in the house..... 6</p> <p>Salt not tested 7</p>	
<p>HH20. Is there any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire?</p> <p><i>Check the presence of any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire in column HL7 of the HH Listing form .</i></p> <p><i>There must be a separate questionnaire with the Woman's Information Panel (WM) for Personal Questionnaire for Women for every woman in the age group of 15-49 years in the Household.</i></p> <p><input type="checkbox"/> Yes ⇒ Fill up the Personal Questionnaire for Women by interviewing the first woman amongst 15-49 years' old women in the household.</p> <p><input type="checkbox"/> No ⇒ Move (to the next question, HH21).</p>		
<p>HH21. Is there any child in the Household below 4 years ?</p> <p><i>Check the presence of any boy/girl child below 5 years in the Household that is to be administered the questionnaire in column HL9 of the HH Listing form.</i></p> <p><i>There must be a separate questionnaire filled up with introductory information section UF for every girl/boy child below 5 years in the Household.</i></p> <p><input type="checkbox"/> Yes ⇒ Administer the questionnaire to the mother/caretaker of the first child among below 5 years old children in the Household and then fill up the personal questionnaire for below 5 years old child.</p> <p><input type="checkbox"/> No ⇒ Conclude the interview by thanking the respondent for cooperation.</p> <p><i>Compile all the questionnaires filled up in this HH and fill in HH8 to HH15 on the cover page. After filling up all information in the covering envelope, keep the filled HH questionnaire in this envelope.</i></p>		

Interviewer's Observations**Field Editor's Observations****Supervisor's Observations**