DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

KINGDOM OF CAMBODIA
THE NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) . . . .

HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES:

1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   OTHER _____
                    (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD [ ]

TOTAL ELIGIBLE WOMEN [ ]

TOTAL ELIGIBLE MEN [ ]

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ]

LANGUAGE OF QUESTIONNAIRE** **0 1**

LANGUAGE OF INTERVIEW** [ ]

NATIVE LANGUAGE OF RESPONDENT** [ ]

TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
    01 ENGLISH
    02 KHMER

TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR	
[ ]	_____	[ ]	_____	[ ]
NUMBER	NAME	NUMBER	NAME	NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Institute of Statistics. We are conducting a survey about health and other topics all over Cambodia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . .   1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . .   2 ⟶ END

| 100 | RECORD THE TIME. | | HOURS . . . . | | |
| | | | MINUTES . . . . | | |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY	
									IF AGE 15 OR OLDER	
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		☐ ☐	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS ☐☐	☐	01	01	01
02		☐ ☐	1 2	1 2	1 2	☐☐	☐	02	02	02
03		☐ ☐	1 2	1 2	1 2	☐☐	☐	03	03	03
04		☐ ☐	1 2	1 2	1 2	☐☐	☐	04	04	04
05		☐ ☐	1 2	1 2	1 2	☐☐	☐	05	05	05
06		☐ ☐	1 2	1 2	1 2	☐☐	☐	06	06	06
07		☐ ☐	1 2	1 2	1 2	☐☐	☐	07	07	07
08		☐ ☐	1 2	1 2	1 2	☐☐	☐	08	08	08
09		☐ ☐	1 2	1 2	1 2	☐☐	☐	09	09	09
10		☐ ☐	1 2	1 2	1 2	☐☐	☐	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?   YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?   YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?   YES ☐ → ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	09 = OTHER RELATIVE
02 = WIFE OR HUSBAND	10 = FOSTER
03 = SON OR DAUGHTER	11 = FORMALLY ADOPTED
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	12 = INFORMALLY ADOPTED
05 = GRANDCHILD	13 = KINSHIP CARE
06 = PARENT	14 = STEPCHILD
07 = PARENT-IN-LAW	15 = NOT RELATED
08 = BROTHER OR SISTER	98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the [2019-2020] school (4)	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = EARLY CHILDHOOD EDUCATION PROGRAM
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

Appendix E • 483

		IF AGE 5 OR OLDER				
LINE NO.		DISABILITY				
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	Y N 1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
2	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
3	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4
4	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
5	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
6	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
7	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
8	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
9	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
10	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

LINE NO.	IF AGE 5 OR OLDER			
	DISABILITY			
	32	**33**	**34**	**35**
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
6	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
7	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
9	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

LINE NO.	IF AGE 5 OR OLDER					
	DISABILITY					
	26	**27**	**28**	**29**	**30**	**31**
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
11	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
12	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
13	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
14	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
15	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
16	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
17	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
18	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
19	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
20	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

LINE NO.	IF AGE 5 OR OLDER			
	DISABILITY			
	32	**33**	**34**	**35**
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
16	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
17	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
18	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
19	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
20	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
41	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.	TOTAL NUMBER . . . . □□
42	CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN 41: ZERO □ TWO OR MORE □ ONE □	SKIP TO HOUSEHOLD CHARACTERISTICS MODULE SKIP TO 49 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE

42A LIST EACH OF THE CHILDREN AGE 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.

43. RANK NUMBER	44. HH LINE NUMBER	45. NAME FROM COL. 2	46. SEX FROM COL. 4		47. AGE FROM COL. 7
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	□□
9	□□	_____	1	2	□□

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

48	LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE CHILDREN **[41]** ON THE PREVIOUS PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD LABOUR/CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN **[43]**. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND **[41]** SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-14 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO **[43]** AND FIND THE SECOND CHILD. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSE-HOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM **[SL1]**							
	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

49	NAME OF SELECTED CHILD _____	HH LINE NUMBER OF SELECTED CHILD	☐☐
		RANK NUMBER OF SELECTED CHILD	☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD1	CHECK THE SELECTED CHILD'S AGE FROM 49: 1-14 YEARS ☐	15-17 YEARS ☐	NEXT SECT.
CD2	WRITE THE LINE NUMBER AND NAME OF THE CHILD FROM 49.	LINE NUMBER . . . . ☐☐ NAME_____	
CD3	Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in this household has used this method with (NAME) in the past month. a) Took away privileges, forbade something (NAME) b) Explained why (NAME)'s behaviour was wrong. c) Shook (him/her). d) Shouted, yelled at or screamed at (him/her). e) Gave (him/her) something else to do. f) Spanked, hit or slapped (him/her) on the bottom with bare hand. g) Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. h) Called (him/her) dumb, lazy, or another name like i) Hit or slapped (him/her) on the face, head, or ears. j) Hit or slapped (him/her) on the hand, arm, or leg. k) Beat (him/her) up, that is hit (him/her) over and over as hard as one could.	YES NO a) TOOK AWAY PRIVILEGES . . . . 1 2 b) EXPLAINED WRONG BEHAVIOUR . . 1 2 c) SHOOK HIM/HER . . . . 1 2 d) SHOUTED, YELLED, SCREAMED . . 1 2 e) GAVE SOMETHING ELSE TO DO . . . . . 1 2 f) HIT ON BOTTOM WITH BARE HAND . . 1 2 g) HIT WITH HARD OBJECT . . . . 1 2 h) CALLED NAME . . . . 1 2 i) HIT ON HEAD/FACE/EARS . . . . 1 2 j) HIT ON HAND/ARM/LEG . . . . 1 2 k) BEAT HIM/HER UP 1 2	
CD4	Do you believe that in order to bring up, raise or educate a child properly, the child needs to be	YES . . . . 1 NO 2	

DVH00	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR DV MODULE?
	YES ☐ NO ☐ ⟶ 101

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE

LAST DIGIT OF THE HOUSE-HOLD QUESTION-NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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

DVH01	NAME OF SELECTED WOMAN _____	HH LINE NUMBER OF SELECTED WOMAN	☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

101	What is the main source of drinking water for members of your household during the dry season?	**PIPED WATER**
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PIPED TO NEIGHBOR 13
		    PUBLIC TAP/STANDPIPE 14
		
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		                     (SPECIFY)
			→ 104A
			
			→ 103
			
			→ 103

102	What is the main source of water used by your household for other purposes such as cooking and handwashing during the dry season?	**PIPED WATER**
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PIPED TO NEIGHBOR 13
		    PUBLIC TAP/STANDPIPE 14
		
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 81
		
		OTHER _____ 96
		                     (SPECIFY)
			→ 104A

103	Where is that water source located during the dry season?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 104A
104	How long does it take to go there, get water, and come back during the dry season?	MINUTES . . . . ☐☐☐ DON'T KNOW 998	
104A	Is the main source of drinking water for members of your household the same during the wet season?	YES . . . . 1 NO 2	→ 105

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

104B	What is the main source of drinking water for members of your household during the wet season?	**PIPED WATER**
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PIPED TO NEIGHBOR 13
		    PUBLIC TAP/STANDPIPE 14
		
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		           (SPECIFY)
			→ 106
			
			→ 106
			
			→ 106

104C	What is the main source of water used by your household for other purposes such as cooking and handwashing during the wet season?	**PIPED WATER**
		    PIPED INTO DWELLING 11
		    PIPED TO YARD/PLOT 12
		    PIPED TO NEIGHBOR 13
		    PUBLIC TAP/STANDPIPE 14
		
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		    PROTECTED WELL 31
		    UNPROTECTED WELL 32
		WATER FROM SPRING
		    PROTECTED SPRING 41
		    UNPROTECTED SPRING 42
		
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 81
		
		OTHER _____ 96
		           (SPECIFY)
			→ 106

104D	Where is that water source located during the wet season?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 106
104E	How long does it take to go there, get water, and come back during the wet season?	MINUTES . . . . [ ][ ][ ] DON'T KNOW 998	
104F	CHECK QUESTION 101	IF CODE 11, 12, AND 13 IS CIRCLED . . . . 1 OTHERS, CONTINUE TO 105 2	→ 106

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⟶ 109

108	What do you usually do to make the water safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE . . . . B
		STRAIN THROUGH A CLOTH C
		USE WATER FILTER (CERAMIC/
		    SAND/COMPOSITE/ETC) . . . . D
		SOLAR DISINFECTION . . . . E
		LET IT STAND AND SETTLE . . . . F
		
		OTHER _____ X
		                (SPECIFY)
		DON'T KNOW . . . . Z	

109	What kind of toilet facility do members of your household usually use?
	
	IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.
		FLUSH OR POUR FLUSH TOILET
		    FLUSH TO PIPED SEWER SYSTEM 11
		    FLUSH TO SEPTIC TANK 12
		    FLUSH TO PIT LATRINE 13
		    FLUSH TO SOMEWHERE ELSE 14
		    FLUSH, DON'T KNOW WHERE 15
		PIT LATRINE
		    VENTILATED IMPROVED PIT LATRINE 21
		    PIT LATRINE WITH SLAB 22
		    PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23
		
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		                (SPECIFY)
			
			⟶ 117

110	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	⟶ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . 0 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	

113	CHECK 109:
	
	          CODES 12, 13, 21, ☐ OTHER ☐
	      22, 23, OR 31 CIRCLED ↓
			⟶ 117

114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⟶ 117
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	Where were the contents emptied to?	A TREATMENT PLANT 1
		BURIED IN A COVERED PIT 2
		UNCOVERED PIT/BUSH/FIELD/
		    OPEN GROUND 3
		SURFACE WATER (RIVER/DAM/
		    LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 4
		
		OTHER _____ 6
		            (SPECIFY)
		
		DON'T KNOW 8	

117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01
		SOLAR COOKER 02
		LIQUEFIED PETROLEUM GAS (LPG)/
		    COOKING GAS STOVE 03
		PIPED NATURAL GAS STOVE 04
		BIOGAS STOVE 05
		LIQUID FUEL STOVE 06
		MANUFACTURED SOLID FUEL STOVE 07
		TRADITIONAL SOLID FUEL STOVE 08
		THREE STONE STOVE/OPEN FIRE 09
		
		NO FOOD COOKED IN HOUSEHOLD 95
		
		OTHER _____ 96
		            (SPECIFY)
			→121
			
			→120
			
			→120
			
			→126
			
			→120

118	Does the stove have a chimney?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01
		GASOLINE/DIESEL 02
		KEROSENE/PARAFFIN 03
		COAL/LIGNITE 04
		CHARCOAL 05
		WOOD 06
		STRAW/SHRUBS/GRASS 07
		AGRICULTURAL CROP 08
		ANIMAL DUNG/WASTE 09
		PROCESSED BIOMASS (PELLETS) OR
		    WOODCHIPS 10
		GARBAGE/PLASTIC 11
		SAWDUST 12
		
		OTHER _____ 96
		            (SPECIFY)	

121	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 _____ 6 (SPECIFY)	→126
122	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

126	At night, what does your household mainly use to light the home?	ELECTRICITY 01
		SOLAR LANTERN 02
		RECHARGEABLE FLASHLIGHT, TORCH OR
		    LANTERN 03
		BATTERY POWERED FLASHLIGHT, TORCH OR
		    LANTERN 04
		BIOGAS LAMP 05
		GASOLINE LAMP 06
		KEROSENE OR PARAFFIN LAMP 07
		CHARCOAL 08
		WOOD 09
		STRAW/SHRUBS/GRASS 10
		AGRICULTURAL CROP 11
		ANIMAL DUNG/WASTE 12
		OIL LAMP 13
		CANDLE 14
		
		NO LIGHTING IN HOUSEHOLD 95
		
		OTHER _____ 96
		                   (SPECIFY)	

127	How many rooms in this household are used for sleeping?	ROOMS . . . . ☐☐	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 130

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) COWS/BULLS .... ☐☐ b) OTHER CATTLE .... ☐☐ c) HORSES/DONKEYS/MULES ..... ☐☐ d) GOATS .... ☐☐ e) SHEEP .... ☐☐ f) CHICKENS/POULTRY .... ☐☐	
130	Does any member of this household own any agricultural land?	YES .... 1 NO 2	→ 132
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES .... ☐☐.☐ 95 OR MORE HECTARES .... 950 DON'T KNOW 998	
132	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator?	YES NO a) ELECTRICITY .... 1 2 b) RADIO .... 1 2 c) TELEVISION .... 1 2 d) NON-MOBILE TELEPHONE .. 1 2 e) COMPUTER .... 1 2 f) REFRIGERATOR 1 2	
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	YES NO a) WATCH .... 1 2 b) MOBILE PHONE .... 1 2 c) BICYCLE .... 1 2 d) MOTORCYCLE/SCOOTER ..... 1 2 e) ANIMAL-DRAWN CART ..... 1 2 f) CAR/TRUCK .... 1 2 g) BOAT WITH MOTOR 1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES .... 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES .... 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY .... 3 LESS OFTEN THAN ONCE A MONTH .... 4 NEVER 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . 1 OBSERVED, MOBILE . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . 3 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . A ASH, MUD, SAND . . . . B NONE . . . . Y	

152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		  EARTH/SAND 11
		  DUNG 12
		RUDIMENTARY FLOOR
		  WOOD PLANKS 21
		  PALM/BAMBOO 22
		FINISHED FLOOR
		  PARQUET OR POLISHED WOOD 31
		  VINYL OR ASPHALT STRIPS 32
		  CERAMIC TILES 33
		  CEMENT 34
		  CARPET 35
		
		OTHER _____ 96
		            (SPECIFY)	

153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		  NO ROOF 11
		  THATCH/PALM LEAF 12
		  SOD 13
		RUDIMENTARY ROOFING
		  RUSTIC MAT 21
		  PALM/BAMBOO 22
		  WOOD PLANKS 23
		  CARDBOARD 24
		FINISHED ROOFING
		  METAL 31
		  WOOD 32
		  CALAMINE/CEMENT FIBER 33
		  CERAMIC TILES 34
		  CEMENT 35
		  ROOFING SHINGLES 36
		
		OTHER _____ 96
		            (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		   NO WALLS 11
		   CANE/PALM/TRUNKS 12
		   DIRT 13
		RUDIMENTARY WALLS
		   BAMBOO WITH MUD 21
		   STONE WITH MUD 22
		   UNCOVERED ADOBE 23
		   PLYWOOD 24
		   CARDBOARD 25
		   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 _____ 96
		                (SPECIFY)	

155	I 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?
	
	TEST SALT FOR IODINE.
		SALT TESTED
		   IODINE PRESENT 1
		   NO IODINE 2
		SALT NOT TESTED
		   HOUSEHOLD USES SALT BUT THERE IS NO
		      SALT IN THE HOUSEHOLD 3
		   HOUSEHOLD DOES NOT USE SALT 4
		
		SALT NOT TESTED _____ 6
		             (SPECIFY REASON)	

156	RECORD THE TIME.	HOURS . . . . ▢▢ MINUTES . . . . ▢▢	