



ver 19 Oct 2018

HOUSEHOLD INFO	RMATION PANEL								11111				
HH1. Cluster number:				НН2. Но	HH2. Household number:								
HH3. Interviewer's nam					HH4. Supervisor's name and number: NAME								
HH5. Day / Month / Ye		/ <u>2</u> 0	1	HH7.District/Island Groups: SOUTH TARAWA									
HH6 . Area:		URBAN RURAL		···· 1 CENTRA	L GILBE	RT			3				
HH8. Is the household a Questionnaire for Me	· ·	YES NO		1 LINE AN	SOUTHERN GILBERT 4 LINE AND PHOENIX GROUP 5								
HH9 . Is the household a Quality Testing?	selected for Water	YES NO			the househ l for blank		?		1 2				
Check that the respondence before proceeding. You household or all adult	ou may only interview	a child age	15-	17 if there is no	adult memi	ber of ti	he	HH11. Record					
HH12. Hello, my name situation of children, about 50 minutes. Fol household. All the infiquestion or stop the ir	families and househol lowing this, I may ask ormation we obtain w	ds. I would l to conduct ill remain st	ike ado rict	to talk to you al litional interviev lly confidential a	oout these s vs with you	subjects or othe	s. Tl er ir	nis interview us ndividual memb	ually takes ers of your				
YES NO / NOT ASKED							OU	SEHOLD MEM	BERS				
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED NO HOUSEHOLD RESPONDENT A ENTIRE HOUSEHOR REFUSED DWELLING VACA DWELLING DESTED DWELLING NOT HOUSEHOR (specify)	MEMBER A T HOME A' DLD ABSEN NT OR AD ROYED	AT T T NT DR	HOME OR NO FIME OF VISIT FOR EXTENDI RESS NOT A DV	COMPETE ED PERIOI WELLING	ENT D OF T	'IM	E	02 03 04 05				
HH47. Name and line r Household Questionn		lent to		To be filled afte Household Q completed		To be filled after <u>all</u> the questionnaires are completed							
NAME				TOTAL NUM	BER			COMPLETED	NUMBER				
HOUSEHOLD MEMB	ERS			НН48		_							
WOMEN AGE 15-49				НН49		_		НН53					
If household is selected MEN AGE 15-49	for Questionnaire for	Men:		НН50		-		НН54					
CHILDREN UNDER A	AGE 5			HH51		_		НН55					
CHILDREN AGE 5-17				НН52		_		НН56	ZERO0 ONE 1				

LIST OF HOUSEHOLD MEMBERS

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members:

Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: HL4. HL5. HL7. HL8. HL9. HL10. HL11. HL12. HL13. HL14. HL16. HL20. Copy HL2. HL15. HL17. HL18. HL19. Where What is the First, please tell Is (name What is (name)'s date How old Did Record Record Record Age Does Record Where does Is (name)'s Does Record does (name)'s the line relationship of birth? 0-17? (name)'s me the name of male or (name) line line line (name)'s the line (name)'s natural (name)'s the line natural father number of each person of (name) to female? (name)? stay here number number number natural natural number o natural father natural number of live? mother from who usually (name of the last woman if man, if age 0mother mother live mother mother alive? father live father and HL14. If lives here. head of Record night? and age age 15alive? in this and go to live? in this blank, ask: go to household)? 15-49. 49 and HL16. household? HL20. 1 abroad starting with the household? head of the complete HH8 is 1 ABROAD 2 IN ANOTHER Who is the HOUSEHOLD IN household. 1 MALE d years. ves. 2 in 1 YES primary THE SAME 2 FEMALI 1 YES 1 YES ANOTHER 2 NO か 1 YES caretaker of DISTRICT HOUSEHOLD 1 YES 1 YES 2 NO か 2 NO 54 Probe for If age is 2 NO か HL20 (name)? 3 IN ANOTHER IN THE SAME additional 95 or 2 NO 2 NO か HL16 HL15 DISTRICT 8 DK か HL19 HOUSEHOLD IN ANOTHER 8 DK か 3 in household above. HL20 If 'No one' for Next ANOTHER members. Line HL16 a child age 15record HOUSEHOLD 4 INSTITUTION IN '95'. 17, record IN ANOTHER THIS COUNTRY DISTRICT $8\,\mathrm{DK}$ '90' INSTITUTION IN THIS 98 DK 9998 DK COUNTRY 8 dk LINE NAME RELATION* MONTH YEAR W 15-49 M 15-49 MOTHER Y N DK FATHER M F AGE Y N 0-4 Y N Y N DK Y N Y N 01 1 2 1 2 2 01 01 01 1 2 1 2 8 1 2 3 4 8 1 2 8 1 2 3 4 8 1 2 02 1 2 2 02 1 2 1 2 8 1 2 1 2 3 4 8 1 2 02 02 1 2 8 1 2 3 4 8 03 1 2 1 2 03 03 03 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 04 1 2 1 2 04 04 04 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 1 2 1 2 05 05 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 05 05 1 2 3 4 8 1 2 1 2 1 2 2 06 1 2 1 2 8 1 2 3 4 8 06 06 1 2 8 1 2 3 4 8 07 1 2 2 07 07 07 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 08 08 2 08 08 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 1 2 09 1 2 1 2 09 09 09 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 1 2 1 2 1 2 3 4 8 1 2 10 1 2 10 10 10 1 2 1 2 8 1 2 8 1 2 3 4 8 2 1 2 1 2 3 4 8 1 2 11 1 2 14 14 14 2 1 2 8 1 2 8 1 2 3 4 8 12 1 2 15 15 15 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2 1 2 3 4 8 09 BROTHER-IN-LAW / SISTER-IN-LAW 13 ADOPTED / FOSTER / STEPCHILD * Codes for HL3: 01 HEAD 05 GRANDCHILD 02 SPOUSE / PARTNER 06 PARENT 10 UNCLE/AUNT 14 SERVANT (LIVE-IN) Relationship to 07 PARENT-IN-LAW 11 NIECE / NEPHEW 96 OTHER (NOT RELATED) head of 03 SON / DAUGHTER 04 SON-IN-LAW / DAUGHTER-IN-LAW 08 BROTHER / SISTER 12 OTHER RELATIVE household.

EDUCA	TION 1																				ED
ED1.	ED2.		ED3.		ED4.		ED5.								ED	6.		ED7 .		ED8 .	
Line	Name and age.			or	Has (n	ame)	What	is the	high	est le	vel an	d clas	s/forn	n/year of school	Did	l (na	me)	Age 3	-24?	Check	t
number			above	?	ever		(nam	e) has	ever	atten	ded?				eve	r				<i>ED4:</i>	Ever
	Copy names and ages of <u>all</u> members of the				attende											nplet		1 YES		attend	
	household from HL2 and HL6 to below and	<u>d</u> to next	1 YES		school											t (cla		2 NO		school	
	page of the module.		2 NO		any Ea		LEVI							CLASS/FORM/	fori	m/ye	ar)?	Ne.	xt Line	ECE?	
			Nex	xt Line			0 EC		D7					YEAR: 98 DK ☆	1 37	TC				1 3/00	,
					Educat progra		1 DD		D7					98 DK 9 ED7	1 Y 2 N					1 YES	
					progra	mme?	2 JUI	MIOR	SEC	OND	ΔRY			ED/	8 D						t Line
					1 YES		3 SEI								0 D	11				1100	Line
					2 NO 9		4 HIC			01,2,											
					Nex	t Line	5 VO	CAT	IONA	L											
							8 DK														
LINE	NAME	AGE	YES	NO	YES	NO				EVE				CLASS/FORM	Y	N		YES	NO	YES	NO
01			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
02			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
03			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
04			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
05			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
06			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
07			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
08			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
09			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
10			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
11			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
12			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2

EDUCAT	TION 2											ED
ED1.	ED2.		ED9.	ED10.		ED11.	ED12.	ED13.	ED14.	ED15.	ED16.	
Line number	Name and age.		At any time during the 2018 school year did (name) attend school or any Early Childhood Education programme?	During this 201 which level and class/form/year attending? LEVEL: 0 ECE \$\times ED15\$ 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 HIGHER	ļ.	Is (he/she) attending a public school? If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT/PUBLIC 2 RELIGIOUS/FAITH	In the 2018 school year, has (name) received any school tuition support?	Who provided the tuition support? Record all mentioned. A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER		At any time	During that 201 which level and class/form/year attend? LEVEL: 0 ECE SO Next Line 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 HIGHER	ļ
			2 NO \(\phi\) ED15	5 VOCATIONAL 8 DK		ORG. 3 PRIVATE 6 OTHER 8 DK	relatives, friends or neighbours. 1 YES 2 NO \(\Delta\) ED14 8 DK \(\Delta\)	Z dk	ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK		5 VOCATIONAL 8 DK	
LINE	NAME	AGE	YES NO	LEVEL	CLASS/FORM	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	CLASS/FORM
01			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
02			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
03			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
04			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
05			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
06			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8		0 1 2 3 4 5 8	
07			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
08			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
09			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
10			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
11			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
12			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS	нс
HC1A. What is the religion of (name of the head of the household from HL2)?	ROMAN CATHOLIC
	OTHER RELIGION (specify)6 NO RELIGION
HC1B. What is the mother tongue of (name of the head of the household from HL2)?	KIRIBATI
	OTHER LANGUAGE (specify)6
HC2. To what ethnic group does (name of the head of the household from HL2) belong?	I-KIRIBATI
	OTHER (specify)6
HC3 . How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS
HC4. Main material of the dwelling floor. Record observation.	NATURAL FLOOR EARTH / SAND
If observation is not possible, ask the respondent to determine the material of the dwelling floor.	RUDIMENTARY FLOOR WOOD PLANKS 21 COCONUT WEAVED MAT 23 PANDANUS WEAVED MAT 24 PLYWOOD 25 TEBAA (COCONUT LEAF PART) 26 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35
	OTHER (specify)96

HC5. Main material of the roof.	NO ROOF11	
	NATURAL ROOFING	
Record observation.	THATCH / PALM LEAF12	
	SOD13	
	RUDIMENTARY ROOFING	
	RUSTIC MAT21	
	PALM / BAMBOO22	
	WOOD PLANKS23	
	CARDBOARD24	
	FINISHED ROOFING	
	METAL / TIN/ ALLUMINIUM31	
	WOOD32	
	CALAMINE / CEMENT FIBRE 33	
	CERAMIC TILES34	
	CEMENT35	
	ROOFING SHINGLES 36	
	OTHER (specify)96	
HC6. Main material of the exterior walls.	NO WALLS11	
•	NATURAL WALLS	
Record observation.	CANE / PALM / TRUNKS 12	
	DIRT13	
	HATCH14	
	PANDANUS ROOT15	
	COCONUT MIDRIP (TEBAA) 16	
	RUDIMENTARY WALLS	
	BAMBOO WITH MUD21	
	STONE WITH MUD22	
	UNCOVERED ADOBE23	
	PLYWOOD24	
	CARDBOARD25	
	REUSED WOOD26	
	METAL / TIN/ ALLUMINIUM27	
	FINISHED WALLS	
	CEMENT31	
	STONE WITH LIME / CEMENT 32	
	BRICKS33	
	CEMENT BLOCKS34	
	COVERED ADOBE35	
	WOOD PLANKS / SHINGLES 36	
	OTHER (specify)96	

HC7. Does your household have:	YES NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE 1 2	
[B] A radio?	RADIO 1 2	
[C] A kerosene stove	KEROSENE STOVE 1 2	
[D] A gas stove	GAS STOVE 1 2	
[E] A kabwate (Food storage)	KABWATE FOR FOOD STORAGE 1 2	
[F] A dining table	DINING TABLE 1 2	
[G] A water storage tank	WATER STORAGE TANK 1 2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID	3 <i>⇒</i> HC10
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION 1 2	
[B] A refrigerator?	REFRIGERATOR1 2	
[C] A DVD player set	DVD PLAYER SET1 2	
[D] A deep freezer	DEEP FREZEER 1 2	
[E] An electric fan	ELECTRIC FAN1 2	
[F] Music Player Speakers	MUSIC PLAYER SPEAKERS	
[G] An electric kettle	ELECTRIC KETTLE1 2	
[H] A rice cooker	RCICE COOKER 1 2	
[I] A washing machine	WASHING MACHINE 1 2	

HC10. Does any member of your household own:	YES NO	
[A] A wristwatch?	WRISTWATCH 1 2	
[B] A bicycle?	BICYCLE1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR 1 2	
[G] A hand-cart (Aenikaa)?	HAND-CART (AENIKAA) 1 2	
[H] A canoe	CANOE 1 2	
[I] Fishing net	FISHING NET 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES	
HC12. Does any member of your household have a mobile telephone?	YES	
HC13. Does your household have access to internet at home?	YES	
HC14. Do you or someone living in this household own this dwelling?	OWN 1 RENT 2 GOVERNMENT HOUSE 3	
If 'No', then ask: Do you rent this dwelling from someone not living in this household?	OTHER (specify)6	
If 'Rented from someone else', record '2'. For other responses, record '6' and specify.	OTTLER (specify)0	
HC15. Does any member of this household own any land that can be used for agriculture?	YES	2 <i>⇒</i> HC17
HC16. How many hectares of agricultural land do members of this household own?	HECTARES	
If less than 1, record '00'.	95 OR MORE	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES	2 <i>⇔</i> HC19

HC18. How many of the following animals does this household have?		
[F] Chickens?	CHICKENS	
[G] Pigs?	PIGS	
[H] Ducks?	DUCKS	
If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.		
HC19. Does any member of this household have a bank account?	YES	

SOCIAL TRANSFERS ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] ELDERLY PENSION	[B] HEALTH HIV TB BENEFITS	[C] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (name of	YES1	YES 1	YES1	YES
programme)?	NO2 \Delta		NO2 \Delta	(specify) 1 NO2 \(\triangle \)
	[B]	[C]	[X]	NO End
ST3. Has your household or anyone in	YES1 Φ	YES1 Φ	YES1 Φ	YES1 ώ
your household received assistance	ST4	ST4	ST4	ST4
through (name of programme)?	NO2 \Delta		NO2 Δ	NO2 分
	[B]	[C]	[X]	End
	DK8 分	DK8 分 [C]	DK8 分 [X]	DK8 \(\Delta \)
CTC4 XVI				
ST4. When was the <u>last time</u> your	MONTHS AGO1	MONTHS AGO1	MONTHS AGO1	MONTHS AGO1
household or anyone in your household received assistance	[B]	[C]		End
through (<i>name of programme</i>)?	YEARS AGO 2	YEARS AGO2	YEARS AGO 2	YEARS AGO2
anough (sume of programme).	· · · · · · · · · · · · · · · · · · ·	立 公	<u></u>	· · · · · · · · · · · · · · · · · · ·
If less than one month, record '1' and	[B]	[C]	[X]	End
record '00' in Months.	DK998	DK998	DK 998	DK998
If less than 12 months, record '1' and	分	\circ	分	
record in Months.	[B]	[C]	[X]	End
If 1 year/12 months or more, record '2' and record in Years.				

HOUSEHOLD ENERGY USE		EU
EU1 . In your household, what type of cookstove is	ELECTRIC STOVE01	01 <i>⇔EU5</i>
mainly used for cooking?	SOLAR COOKER	02 <i>⇒EU5</i>
	LIQUEFIED PETROLEUM GAS (LPG)/	
	COOKING GAS STOVE	03 <i>⇒EU5</i>
	LIQUID FUEL STOVE	06 <i>⇒EU4</i>
	MANUFACTURED SOLID FUEL STOVE 07	
	TRADITIONAL SOLID FUEL STOVE 08	
	TWO STONE STOVE / OPEN FIRE	09 <i>⇒EU4</i>
	KEROSENE	
	OTHER (<i>specify</i>) 96	96 <i>⇔EU4</i>
	NO FOOD COOKED IN	
	HOUSEHOLD97	97 <i>⇒EU</i> 9
EU2. Does it have a chimney?	YES1	
·	NO	
	DK8	
EU3. Does it have a fan?	YES1	
	NO	
	DK8	
EU4. What type of fuel or energy source is used in this		
cookstove?	GASOLINE / DIESEL	
	KEROSENE / PARAFFIN	
If more than one, record the main energy source for	CHARCOAL	
this cookstove.	WOOD	
	CROP RESIDUE / GRASS /	
	STRAW / SHRUBS/COCONUT HUSK 07	
	PROCESSED BIOMASS (PELLETS) OR	
	WOODCHIPS	
	GARBAGE / PLASTIC 10	
	SAWDUST	
	COPRA CAKE 12	
	OTHER (specify) 96	
EU5. Is the cooking usually done in the house, in a	IN MAIN HOUSE	
separate building, or outdoors?	NO SEPARATE ROOM1	
	IN A SEPARATE ROOM2	
If in main house, probe to determine if cooking is		
done in a separate room.	IN A SEPARATE BUILDING3	
If outdoors, probe to determine if cooking is done on	OUTDOORS	
veranda, covered porch, or open air.	OPEN AIR4	
	ON VERANDA OR COVERED PORCH5	
	OTHER (specify)6	

EU9 . At night, what does your household <u>mainly</u> use to	ELECTRICITY01	
<u>light</u> the household?	SOLAR LANTERN	
	RECHARGEABLE FLASHLIGHT,	
	TORCH OR LANTERN03	
	BATTERY POWERED FLASHLIGHT,	
	TORCH OR LANTERN04	
	GASOLINE LAMP	
	KEROSENE OR PARAFFIN LAMP07	
	CHARCOAL	
	WOOD	
	CROP RESIDUE / GRASS /	
	STRAW / SHRUBS/COCONUT HUSK 10	
	OIL LAMP 12	
	CANDLE	
	OTHER (specify) 96	
	NO LIGHTING IN HOUSEHOLD97	

DENGUE		TN
TN1. Does your household have any mosquito nets?	YES	2 <i>⇒TN17</i>
TN2 . How many mosquito nets does your household have?	NUMBER OF NETS	

	1 ST NET	2 ND NET	3 RD NET
TN3. Ask the respondent to	OBSERVED1	OBSERVED1	
show you all the nets in the household.	NOT OBSERVED2	NOT OBSERVED2	NOT OBSERVED2
TN4. How many months ago did your household get the mosquito net?	MONTHS AGO	MONTHS AGO	MONTHS AGO
If less than one month, record '00'.	MORE THAN 36 MONTHS AGO95	MORE THAN 36 MONTHS AGO95	MORE THAN 36 MONTHS AGO95
	DK / NOT SURE98	DK / NOT SURE98	DK / NOT SURE98
TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY	COMMUNITY HEALTH WORKER	PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96
TN13. Did anyone sleep under this mosquito net last night?	YES	YES	YES
TN14. Check TN13: Did anyone sleep under the net (TN13=1)?	YES	YES	YES

TN15. Who slept under this mosquito net last night?	NAME #1		NAME #1	NAME #1	
Record the person's line	LINE NUMBER		LINE NUMBER	LINE NUMBER	
number from the LIST OF HOUSEHOLD MEMBERS.	NAME #2		NAME #2	NAME #2	
If someone not in the LIST OF LINE NUMBER HOUSEHOLD MEMBERS			LINE NUMBER	LINE NUMB	ER
slept under the mosquito net, record '00'.	NAME #3		NAME #3	NAME #3	
record oo .	LINE NUMBER		LINE NUMBER	LINE NUMB	ER
	NAME #4		NAME #4	NAME #4	
	LINE NUMBER		LINE NUMBER	LINE NUMB	ER
TN16. Is there another net?	NO	t Net	YES	NO	1 ☆ Next Net2 ☆ TN17
				Tick here if au questionnai	dditional re used:□
TN17. Does any member of your	r household use:			YES NO	
[A] An insect repellent spray or cream?		REP	ELLENT SPRAY OR CREAM	1 2	
[B] Mosquito coil?		MOS	SQUITO COIL	1 2	

WATER AND SANITATION		W
WS1. What is the <u>main</u> source of drinking water used	PIPED WATER	
by members of your household?	PIPED INTO DWELLING11	11 <i>⇒WS7</i>
	PIPED TO YARD / PLOT12	12 <i>⇒WS7</i>
	PIPED TO NEIGHBOUR13	13 <i>⇒WS3</i>
If unclear, probe to identify the place from which members of this household most often collect	PUBLIC TAP / STANDPIPE14	14 <i>⇔WS3</i>
drinking water (collection point).	TUBE WELL / BOREHOLE21	21 <i>⇒WS3</i>
	DUG WELL	
	PROTECTED WELL31	31 <i>⇒WS3</i>
	UNPROTECTED WELL32	32 <i>⇒WS3</i>
	RAINWATER51	51 <i>⇒WS3</i>
	TANKER-TRUCK61	61 <i>⇒WS4</i>
	CART WITH SMALL TANK71	71 <i>⇒WS4</i>
	WATER KIOSK72	72 <i>⇒WS4</i>
	SURFACE WATER (RIVER, DAM, LAKE,	
	POND, STREAM, CANAL, IRRIGATION	
	CHANNEL)81	81 <i>⇒WS3</i>
	DESALINATION PLANT WATER82	81 <i>⇒WS3</i>
	PACKAGED WATER	
	BOTTLED WATER91	
	OTHER (specify)96	
		96 <i>⇒WS3</i>
WS2. What is the main source of water used by	PIPED WATER	
members of your household for other purposes such	PIPED INTO DWELLING11	11 <i>⇒WS7</i>
as cooking and handwashing?	PIPED TO YARD / PLOT12	12 <i>⇒</i> WS7
	PIPED TO NEIGHBOUR	
If unclear, probe to identify the place from which	PUBLIC TAP / STANDPIPE14	
members of this household most often collect water for other purposes.	TUBE WELL / BOREHOLE21	
	DUG WELL	
	PROTECTED WELL31	
	UNPROTECTED WELL32	
	RAINWATER51	
	TANKER-TRUCK61	61 <i>⇒WS4</i>
	CART WITH SMALL TANK71	71 <i>⇒WS4</i>
	WATER KIOSK72	
	SURFACE WATER (RIVER, DAM, LAKE,	
	POND, STREAM, CANAL, IRRIGATION	
	CHANNEL)81	
	DESALINATION PLANT WATER82	
	OTHER (specify)96	
WS3. Where is that water source located?	IN OWN DWELLING1	1 <i>⇒WS7</i>
	IN OWN YARD / PLOT2	2 <i>⇒WS7</i>

WS4. How long does it take for members of your	MEMBERS DO NOT COLLECT000	000 <i>⇒WS7</i>
household to go there, get water, and come back?	NUMBER OF MINUTES	
	DK998	
WS5 . Who usually goes to this source to collect the water for your household?	NAME	
Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.	LINE NUMBER	
WS6 . Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES	
	DK98	
WS7. In the last month, has there been any time when	YES, AT LEAST ONCE1	
your household did not have sufficient quantities of drinking water?	NO, ALWAYS SUFFICIENT2	2 <i>⇒WS9</i>
	DK8	8 <i>⇒WS9</i>
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE1 WATER TOO EXPENSIVE	
	OTHER (specify)6	
	DK8	
WS9. Do you or any other member of this household	YES1	
do anything to the water to make it safer to drink?	NO2	2 <i>⇒WS11</i>
	DK8	8 <i>⇒WS11</i>

BOILA	
LET IT STAND AND SETTLE F	
OTHER (specify)X	
DKZ	
FLUSH / POUR FLUSH	
FLUSH TO PIPED SEWER SYSTEM11	11 <i>⇒WS14</i>
FLUSH TO SEPTIC TANK12	
FLUSH TO PIT LATRINE13	
FLUSH TO OPEN DRAIN14	14 <i>⇒WS14</i>
FLUSH TO DK WHERE18	18 <i>⇒WS14</i>
COMPOSTING TOILET31	
BUCKET41	41 <i>⇒WS14</i>
HANGING TOILET /	
HANGING LATRINE51	51 <i>⇒WS14</i>
NO FACILITY / BUSH / FIELD/BEACH95	95 <i>⇒End</i>
OTHER (specify)96	96 <i>⇒WS14</i>
YES, EMPTIED	
DON I KNOW WILLY	
NO, NEVER EMPTIED4	4 <i>⇒WS14</i>
DK8	8 <i>⇔WS14</i>
REMOVED BY SERVICE PROVIDER	
10 DON 1 KNOW WHERE	
EMBRIED DV HOUGEHOLD	
WATER BODY OR ELSEWHERE5	
OTHER (specify)6	
(
	OTHER (specify) X DK Z FLUSH / POUR FLUSH 11 FLUSH TO PIPED SEWER SYSTEM 12 FLUSH TO PIPED ANK 12 FLUSH TO OPEN DRAIN 14 FLUSH TO OVEN DRAIN 14 FLUSH TO DK WHERE 18 PIT LATRINE 18 PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB / 20 OPEN PIT 23 COMPOSTING TOILET 31 BUCKET 41 HANGING TOILET / 41 HANGING LATRINE 51 NO FACILITY / BUSH / FIELD/BEACH 95 OTHER (specify) 96 YES, EMPTIED 4 WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN 3 NO, NEVER EMPTIED 4 DK 8 REMOVED BY SERVICE PROVIDER 1 TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 </td

WS14. Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	
WS15 . Do you share this facility with others who are not members of your household?	YES	2 <i>⇒End</i>
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)	2 <i>⇒End</i>
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)0	
	TEN OR MORE HOUSEHOLDS10 DK98	

HANDWASHING		HW
 HW1. We would like to learn about where members of this household wash their hands. Can you please show me where members of your household most often wash their hands? Record result and observation. 	OBSERVED FIXED FACILITY OBSERVED (SINK / TAP) IN DWELLING	4 <i>⇔</i> HW5 5 <i>⇔</i> HW4 6 <i>⇔</i> HW5
HW2. Observe presence of water at the place for handwashing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	OTHER REASON (specify)6 WATER IS AVAILABLE	0471W3
HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?	YES, PRESENT	1 <i>⇒HW7</i> 2 <i>⇒HW5</i>
HW4. Where do you or other members of your household most often wash your hands?	FIXED FACILITY (SINK / TAP) IN DWELLING	
HW5 . Do you have any soap or detergent or ash/mud/sand in your house for washing hands?	YES	2 <i>⇒End</i>
HW6 . Can you please show it to me?	YES, SHOWN	2 <i>⇒End</i>
HW7. Record your observation. Record all that apply.	BAR OR LIQUID SOAPA DETERGENT (POWDER / LIQUID / PASTE)B ASH / MUD / SAND	

SALT IODISATION		SA
SA1 . We would like to check whether the salt used in	SALT TESTED	
your household is iodised. May I have a sample of the	0 PPM (NO REACTION)1	
salt used to cook meals in your household?	BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2	2 <i>⇒HH13</i>
	ABOVE 15 PPM (AT LEAST 15 PPM) 3	3 <i>⇔HH13</i>
Apply 2 drops of test solution, observe the darkest		
reaction within 30 seconds, compare to the colour	SALT NOT TESTED	
chart and then record the response (1, 2 or 3) that	NO SALT IN THE HOUSE4	4 <i>⇒HH13</i>
corresponds to test outcome.	OTHER REASON	
	(specify) 6	6 <i>⇒HH13</i>
SA2 . I would like to perform one more test. May I have	SALT TESTED	
another sample of the same salt?	0 PPM (NO REACTION)1	
	BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2	
Apply 5 drops of recheck solution. Then apply 2	ABOVE 15 PPM (AT LEAST 15 PPM) 3	
drops of test solution on the same spot. Observe the		
darkest reaction within 30 seconds, compare to the	SALT NOT TESTED	
colour chart and then record the response (1, 2 or 3)	OTHER REASON	
that corresponds to test outcome.	(specify) 6	

HH13. Record the time.	HOUR AND MINUTES :::	
HH14. Language of the Questionnaire.	ENGLISH 1 KIRIBATI 2	
HH15. Language of the Interview.	ENGLISH	
HH16. Native language of the Respondent.	ENGLISH 1 KIRIBATI 2 OTHER LANGUAGE (specify)6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN	0 <i>⇒</i> HH29 1 <i>⇒</i> HH27

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20.	HH21.	HH22.	НН	[23.	HH24.
Rank	Line	Name from HL2	Sexj	from	Age from
number	number		HI	<i>L</i> 4	HL6
	from				
	HL1				
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	

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and <u>record</u> the number that appears in the box. This is the rank number (HH20) of the selected child.

	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age	RANK NUMBER
(HH24) of the selected child.	
	LINE NUMBER
HH27. (When HH18=1 or when there is a single child age 5-17 in the household):	
Record the rank number as '1' and record the line number (HL1), the name (HL2) and	NAME
age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.	
	AGE
HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the	mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD	YES, AT LEAST ONE WOMAN AGE 15-491			
MEMBERS: Are there any women age 15-49?	NO2	2 <i>⇒HH34</i>		
HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.				
*******	4 YES 4 E 4 SE 6 SE 6 YE W 6 3 4 4 4 5 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6	4		
HH30A	1 YES, AT LEAST ONE WOMAN AGE 15-491	1 <i>⇒HH30I</i>		
. Check HL8 in the LIST OF HOUSEHOLD	1 YES, AT LEAST ONE WOMAN AGE 15-491	1 <i>⇒HH30I</i>		

HH30B. List each of the women age 15-49 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include women outside of the age range 15-49 years. Record the line number, name, and age for each woman.

ннзос	HH30 D	ннзое	HH30F
Rank	Line	Name from HL2	Age from
number	number		HL6
	from		
	HL1		
RANK	LINE	NAME	AGE
1			
2			
3			
4			
5			
6			
7			
8			

HH30G. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of women age 15-49 years in HH30A above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and <u>record</u> the number that appears in the box. This is the rank number (HH30C) of the selected woman for Domestic Violence module.

	TOTAL	NUMBE		IBLE WO! ROM HH3		HE HOUSE	EHOLD
LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH30H. Record the rank number (HH30C), line number (HH30D), name (HH30E) and age (HH30F) of the selected woman.	RANK NUMBERLINE NUMBER				
HH30I . (When HH30A=1 or when there is a single woman age 15-49 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this woman from the LIST OF HOUSEHOLD MEMBERS.	NAME AGE				
HH30J. Administer Domestic Violence Module to this w	oman while interviewing for Questionnaire for Individu	al Woman			
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17	2 <i>⇒HH34</i>			
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90	2 <i>⇒HH34</i>			
HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.					
May we interview (name(s) of female member(s) age 15 'Yes' for all girls age 15-17 Continue with HH3					
□ 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.					
☐ 'No' for all girls age 15-17 ⇒ Record '06' in WM questionnaires for whom adult consent was not give	17 (also in UF17 and FS17, if applicable) on all individ ven. Then continue with HH34.	ual			
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=1	2 <i>⇒HH40</i>			
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49	2 <i>⇒</i> HH40			
HH36. Issue a separate QUESTIONNAIRE FOR INDIVI	IDUAL MEN for each man age 15-49 years.				
HH37 . Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17	2 <i>⇒HH40</i>			
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90	2 <i>⇒HH4</i> 0			

HH39 . As part of the survey we are also interviewing me interviewer conducts these interviews.	en age 15-49. We ask each person we interview for per	mission. A male			
For boys age 15-17 we must also get permission from an obtain will remain strictly confidential and anonymous.		information we			
May we interview (name(s) of male member(s) age 15-1	17) later?				
☐ 'Yes' for all boys age 15-17 ⇒ Continue with HH40).				
	least one boy age 15-17 ⇔ Record '06' in MWM17 (a for those adult consent was not given. Then continue w				
☐ 'No' for all boys age 15-17 ⇒ Record '06' in MWM questionnaires for whom adult consent was not give	v 11	dual			
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE				
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.					
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=1	2 <i>⇒HH45</i>			
HH43. Issue a separate WATER QUALITY TESTING QU	UESTIONNAIRE for this household				
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local	YES, PERMISSION IS GIVEN	2⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTION- NAIRE			
authorities.					

HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,

- Record '01' in question HH46 (Result of the Household Questionnaire interview),
- Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,
- Fill the questions HH48 HH52,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) in this household.

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.

SUPERVISOR'S OBSERVATIONS	