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| MICS logo ALLHOUSEHOLD QUESTIONNAIRE **name of survey** | | |
|  | | |
| household information panel HH | | |
| **HH1**. Cluster number: \_\_\_ \_\_\_ \_\_\_ | | **HH2**. Household number: \_\_\_ \_\_\_ |
| **HH3**. Interviewer’s name and number: | | **HH4**. Supervisor’s name and number: |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ | | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ |
| **HH5**. Day / Month / Year of interview:  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | **HH7**. *Region:*  *Region 1 1*  *Region 2 2*  *Region 3* 3  *Region 4* 4  *Region 5* 5  *Region 6* 6 |
| **HH6**. Area:  Urban 1  Rural 2 | |
| **HH8**. Is the household selected for Questionnaire for Men? | Yes 1  No 2 |
| We are from insert country-specific affiliation. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. The interview will take about insert number minutes. All the information we obtain will remain strictly confidential and anonymous. May I start now? | | |
| **🞎** Yes, permission is given ⇨ *Go to HH18 to record the time and then b*egin the interview.  **🞎** No, permission is not given ⇨ Circle 04 in HH9. Discuss this result with your supervisor. | | |
| **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 (specify) 96 | | |

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| *After the household questionnaire has been completed, fill in the following information:* |  |  |
| **HH10**. Respondent to Household Questionnaire:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ |  |  |
| **HH11**. Total number of  household members: \_\_\_ \_\_\_ |  | *After all questionnaires for the household have been completed, fill in the following information:* |
| **HH12**. Number of women  age 15-49 years: \_\_\_ \_\_\_ |  | **HH13**. Number of women’s  questionnaires completed: \_\_\_ \_\_\_ |
| *If the household is selected for Questionnaire for Men:*  **HH13A**. Number of men  age 15-49 years: \_\_\_ \_\_\_ |  | *If the household is selected for Questionnaire for Men:*  **HH13B**. Number of men’s  questionnaires completed: \_\_\_ \_\_\_ |
| **HH14**. Number of children  under age 5: \_\_\_ \_\_\_ |  | **HH15**. Number of under-5  questionnaires completed: \_\_\_ \_\_\_ |

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| **HH16**. Field editor’s name and number:  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ | **HH17**. Main data entry clerk’s name and number:  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_ |

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| **HH18**. Record the time.  Hour \_\_ \_\_  Minutes \_\_ \_\_ |  | list of household members HL |
| 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, even if they are not at home now?  If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.  Use an additional questionnaire if all rows in the List of Household Members have been used. |

|  | | | | |  | | | | | | | For  women  age  15-49 | For  men age  15-49 | For  children  age 0-4 | For children age **0-17** years | | | | | | For  Children  age 0-14 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HL1**.  Line  no. | **HL2**.  Name | **HL3**.  What is the relation-ship of (*name*) to the head of house-hold? | **HL4**.  Is (*name*) male or female?  1 Male  2 Female | | **HL5**.  What is (*name*)’s date of birth? | | | **HL6**.  How old is (*name*)?  *Record in completed years.*  *If age is 95 or above, record ‘95’.* | | **HL6A.**  Did (*name*) stay here last night?  1 Yes  2 No | | **HL7**.  Circle line no. if woman age  15-49. | **HL7A**.  Circle line no. if man age 15-49 and the house-hold is selected for Question-naire for Men. | **HL7B**.  Circle line no. if age 0-4. | **HL11**.  Is (*name*)’s natural mother alive?  1 Yes  2 No⬂  HL13  8 DK⬂  HL13 | **HL12**.  Does (*name*)’s natural mother live in this  house-  hold?  If “Yes”, record line no. of mother and go to HL13.  If “No”, record 00. | **HL12A**.  Where does (*name*)’s natural mother live?  1 In another household in this country  2 Institution in this country  3 Abroad  8 DK | **HL13**.  Is  (*name*)’s  natural  father  alive?  1 Yes  2 No⬂  HL15  8 DK⬂  HL15 | **HL14**.  Does (*name*)’s natural father live in this  house-  hold?  If “Yes”, record line no. of father and go to HL15.  If “No”, record 00. | **HL14A**.  Where does (*name*)’s natural father live?  1 In another household in this country  2 Institution in this country  3 Abroad  8 DK | **HL15**.  Record line no. of mother from  HL12 if indicated.  If HL12 is blank or ‘00’ ask:  Who is the primary caretaker of (*name*)? |
| 98 DK | 9998 DK | |
| Line | Name | Relation\* | M | F | Month | Year | | Age | | y n | | 15-49 | 15-49 | 0-4 | y n dk | Mother |  | y n dk | Father |  | Mother |
| 01 |  | **0 1** | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 01 | 01 | 01 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 02 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 02 | 02 | 02 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 03 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 03 | 03 | 03 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 04 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 04 | 04 | 04 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 05 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 05 | 05 | 05 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 06 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 06 | 06 | 06 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 07 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 07 | 07 | 07 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 08 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 08 | 08 | 08 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 09 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 09 | 09 | 09 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 10 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 10 | 10 | 10 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 11 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 11 | 11 | 11 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 12 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 12 | 12 | 12 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 13 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 13 | 13 | 13 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 14 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 14 | 14 | 14 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| 15 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | | \_\_ \_\_ | | 1 2 | | 15 | 15 | 15 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | 1 2 8 | \_\_\_ \_\_\_ | 1 2 3 8 | \_\_\_ \_\_\_ |
| *Tick here if additional questionnaire used* **🞎** | | | | |  | |  | |  | |  | | | | | | | | | | |

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| 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. |

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| 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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man’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, each eligible man, and each child under five in the household. |

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| \* *Codes for* ***HL3****: Relationship to head of household:* | 01 Head  02 Spouse / Partner  03 Son / Daughter | 04 Son-In-Law / Daughter-In-Law  05 Grandchild  06 Parent | 07 Parent-In-Law  08 Brother / Sister  09 Brother-In-Law / Sister-In-Law | 10 Uncle / Aunt  11 Niece / Nephew  12 Other relative | 13 Adopted / Foster/ Stepchild  14 Servant (Live-in) | 96 Other (Not related)  98 DK |

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| **education ED** | | | | | | | | | | | **ED** | | | | | | | | | | | | | | | | |
|  | | | *For household members*  *age* **5 and above** | | | | | | | | *For household members age* **5-24** *years* | | | | | | | | | | | | | | | | |
| **ED1**.  *Line*  *number* | **ED2**.  *Name and age*  *Copy from HL2 and HL6.* | | **ED3**.  Has (*name*) ever attended school or pre-school?  1 Yes  2 No ⬂  Next  Line | | **ED4A**.  What is the highest level of school (*name*) has attended?  Level:  0 Preschool  1 Primary  2 Secondary  3 Higher  8 DK  *If level=0,*  *skip to ED5.* | | | | | **ED4B**.  What is the highest grade (*name*) completed at this level?  Grade:  98 DK  *If the first grade at this level is not completed, enter “00”.* | **ED5**.  During the current school year, that is 2013-2014, did (*name*) attend school or preschool at any time?  1 Yes  2 No⬂  ED7 | | **ED6**.  During this/that school year, which level and grade is/was (*name*) attending? | | | | | | **ED7**.  During the previous school year, that is 2012-2013, did (*name*) attend school or preschool at any time?  1 Yes  2 No ⬂  Next Line  8 DK ⬂  Next Line | | | **ED8**.  During that previous school year, which level and grade did (*name*) attend? | | | | | |
| Level:  0 Preschool  1 Primary  2 Secondary  3 Higher  8 DK  *If level=0, skip to ED7.* | | | | | Grade:  98 DK | Level:  0 Preschool  1 Primary  2 Secondary  3 Higher  8 DK  *If level=0, go to next line.* | | | | | Grade:  98 DK |
| Line | Name | Age | Yes | No | Level | | | | | Grade | Yes | No | Level | | | | | Grade | Yes | No | DK | Level | | | | | Grade |
| 01 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 02 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 03 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 04 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 05 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 06 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 07 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 08 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 09 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 10 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 11 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 12 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 13 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 14 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |
| 15 |  | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 0 | 1 | 2 | 3 | 8 | \_\_\_ \_\_\_ |

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| selection of one child for Child LABOUR/child discipline sl | |
| **SL1**. *Check HL6 in the List of Household Members and write the total number of children age 1-17 years.* | Total number \_\_ |
| **SL2**. *Check the number of children age 1-17 years in SL1:*  **🞎** Zero ⇨ Go to Household Characteristics module.  **🞎** One ⇨ Go to SL9 and record the rank number as ‘1’, enter the line number, child’s name and age.  **🞎** Two or more ⇨ Continue with SL2A. | |
| **SL2A**. *List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **SL3**.  *Rank*  *number* | **SL4**.  *Line*  *number*  *from*  *HL1* | **SL5**.  *Name from HL2* | **SL6**.  *Sex from*  *HL4* | | **SL7**.  *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 | \_\_\_ \_\_\_ | | |
| **SL8***. 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 children age 1-17 years in SL1 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 circle the number that appears in the box. This is the rank number (SL3) of the selected child.*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Total Number of Eligible Children in the Household (from SL1)** | | | | | | | | **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 | | |
| **SL9**. *Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.* | Rank number \_\_  Line number \_\_ \_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age \_\_ \_\_ |

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| **CHILD LABOUR** | |  | **CL** |
| **CL1**. Check selected child’s age from SL9:  **🞎** 1-4 years ⇨ Go to Next Module.  **🞎** 5-17 years ⇨ Continue with CL2. | | |  |
| **CL2**. Now I would like to ask about any work children in this household may do.  Since last (*day of the week*), did (*name*) do any of the following activities, even for only one hour?  [A] Did (*name*) do any work or help on his/her own or the household’s plot/farm/food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing, milking animals?  [B] Did (*name*) help in family business or relative’s business with or without pay, or run his/her own business?  [C] Did (*name*) produce or sell articles, handicrafts, clothes, food or agricultural products?  [D] Since last (*day of the week*), did (*name*) engage in any other activity in return for income in cash or in kind, even for only one hour?  *If “No”, Probe:*  Please include any activity (*name*) performed as a regular or casual employee, self-employed or employer; or as an unpaid family worker helping out in household business or farm. | | Yes No  Worked on plot / farm /  food garden / looked after  animals 1 2  Helped in family / relative’s  business/ran own business 1 2  Produce / sell articles /  handicrafts / clothes / food  or agricultural products 1 2  Any other activity 1 2 |  |
| **CL3**. Check CL2, A to D  **🞎** There is at least one ‘Yes’ ⇨ continue with CL4  **🞎** All answers are ‘No ⇨ Go to CL8 | | |  |
| **CL4**. Since last (*day of the week*) about how many hours did (*name*) engage in this activity/these activities, in total?  *If less than one hour, record “00”* | | Number of hours \_\_ \_\_ |  |
| **CL5**. Does the activity/Do these activities require carrying heavy loads? | | Yes 1  No 2 | 1⇨ CL8 |
| **CL6**. Does the activity/Do these activities require working with dangerous tools (knives etc.) or operating heavy machinery? | | Yes 1  No 2 | 1⇨ CL8 |
| **CL7**. How would you describe the work environment of (*name*)?  [A] Is (*name*) exposed to dust, fumes or gas?  [B] Is (*name*) exposed to extreme cold, heat or humidity?  [C] Is (*name*) exposed to loud noise or vibration?  [D] Is (*name*) required to work at heights?  [E] Is (*name*) required to work with chemicals (pesticides, glues, etc.) or explosives?  [F] Is (*name*) exposed to other things, processes or conditions bad for (*name*)’s health or safety? | | Yes 1  No 2  Yes 1  No 2  Yes 1  No 2  Yes 1  No 2  Yes 1  No 2  Yes 1  No 2 | 1⇨ CL8  1⇨ CL8  1⇨ CL8  1⇨ CL8  1⇨ CL8 |
| **CL8**. Since last (*day of the week*), did (*name*) fetch water or collect firewood for household use? | | Yes 1  No 2 | 2⇨ CL10 |
| **CL9**. In total, how many hours did (*name*) spend on fetching water or collecting firewood for household use, since last (*day of the week*)?    *If less than one hour, record “00”* | | Number of hours \_\_ \_\_ |  |
| **CL10**. Since last (*day of the week*), did (*name*) do any of the following for this household?  [A] Shopping for household?  [B] Repair any household equipment?  [C] Cooking or cleaning utensils or the house?  [D] Washing clothes?  [E] Caring for children?  [F] Caring for the old or sick?  [G] Other household tasks? | | Yes No  Shopping for household 1 2  Repair household equipment 1 2  Cooking / cleaning utensils /house 1 2  Washing clothes 1 2  Caring for children 1 2  Caring for old / sick 1 2  Other household tasks 1 2 |  |
| **CL11**. Check CL10, A to G  **🞎** There is at least one ‘Yes’ ⇨ Continue with CL12  **🞎** All answers are ‘No’ ⇨ Go to Next Module | | |  |
| **CL12**. Since last (*day of the week*), about how many hours did (*name*) engage in this activity/these activities, in total?  *If less than one hour, record “00”* | Number of hours \_\_ \_\_ | |  |
| **CHILD DISCIPLINE** | |  | **CD** |
| **CD1**. Check selected child’s age from SL9:  **🞎** 1-14 years ⇨ Continue with CD2  **🞎** 15-17 years ⇨ Go to Next Module | | |  |
| **CD2**. *Write the line number and name of the child from SL9.* | | 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 anyone else in your household has used this method with *(*name*)* in the past month.  [A] Took away privileges, forbade something (*name*) liked or did not allow him/her to leave the house.  [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 that.  [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  Took away privileges 1 2  Explained wrong behaviour 1 2  Shook him/her 1 2  Shouted, yelled, screamed 1 2  Gave something else to do 1 2  Spanked, hit, slapped on  bottom with bare hand 1 2  Hit with belt, hairbrush, stick,  or other hard object 1 2  Called dumb, lazy, or  another name 1 2  Hit / slapped on the face,  head or ears 1 2  Hit / slapped on hand, arm or leg 1 2  Beat up, hit over and over  as hard as one could 1 2 |  |
| **CD4**. 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  DK / No opinion 8 |  |

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| Household characteristics HC | | |
| **HC1A.** What is the religion of the head of this household? | *Religion 1* 1  *Religion 2* 2  *Religion 3* 3  Other religion (specify) 6  No religion 7 |  |
| **HC1B**. What is the mother tongue/native language of the head of this household? | *Language 1* 1  *Language 2* 2  *Language 3* 3  Other language (specify) 6 |  |
| **HC1C**. To what ethnic group does the head of this household belong? | *Ethnic group 1* 1  *Ethnic group 2* 2  *Ethnic group 3* 3  Other ethnic group (specify) 6 |  |
| **HC2**. How many rooms in this household are used for sleeping? | Number of rooms \_\_ \_\_ |  |
| **HC3**. *Main material of the dwelling floor.*  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 (specify) 96 |  |
| **HC4**. *Main material of the roof.*  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 / Tin 31  Wood 32  Calamine / Cement fibre 33  Ceramic tiles 34  Cement 35  Roofing shingles 36  Other (specify) 96 |  |
| **HC5**. *Main material of the exterior walls.*  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 (specify) 96 |  |
| **HC6**. What type of fuel does your household mainly use for cooking? | Electricity 01  Liquefied Petroleum Gas (LPG) 02  Natural gas 03  Biogas 04  Kerosene 05  Coal / Lignite 06  Charcoal 07  Wood 08  Straw / Shrubs / Grass 09  Animal dung 10  Agricultural crop residue 11  No food cooked in household 95  Other (specify) 96 | 01⇨HC8  02⇨HC8  03⇨HC8  04⇨HC8  05⇨HC8  95⇨HC8 |
| **HC7**. Is the cooking usually done in the house, in a separate building, or outdoors?  If ‘In the house’, probe: Is it done in a separate room used as a kitchen? | In the house  In a separate room used as kitchen 1  Elsewhere in the house 2  In a separate building 3  Outdoors 4  Other (specify) 6 |  |
| **HC8**. Does your household have:  [A] Electricity?  [B] A radio?  [C] A television?  [D] A non-mobile telephone?  [E] A refrigerator?  [F] *Country Specific Items  (Add as necessary)* | Yes No  Electricity 1 2  Radio 1 2  Television 1 2  Non-mobile telephone 1 2  Refrigerator 1 2  *Country Specific Item* 1 2 |  |
| **HC9**. Does any member of your household own:  [A] A watch?  [B] A mobile telephone?  [C] A bicycle?  [D] A motorcycle or scooter?  [E] An animal-drawn cart?  [F] A car or truck?  [G] A boat with a motor?  [H] *Country Specific Items  (Add as necessary)* | Yes No  Watch 1 2  Mobile telephone 1 2  Bicycle 1 2  Motorcycle / Scooter 1 2  Animal-drawn cart 1 2  Car / Truck 1 2  Boat with motor 1 2  *Country Specific Item*  1 2 |  |
| **HC10**. Do you or someone living in this household own this dwelling?  *If “No”, then ask:* Do you rent this dwelling from someone not living in this household?  *If “Rented from someone else”, circle “2”. For other responses, circle “6”.* | Own 1  Rent 2  Other (*specify)* 6 |  |
| **HC11**. Does any member of this household own any land that can be used for agriculture? | Yes 1  No 2 | 2⇨HC13 |
| **HC12**. How many hectares of agricultural land do members of this household own?  *If less than 1, record “00”. If 95 or more, record “95”. If unknown, record “98”.* | Hectares \_\_\_ \_\_\_ |  |
| **HC13**. Does this household own any livestock, herds, other farm animals, or poultry? | Yes 1  No 2 | 2⇨HC15 |
| **HC14**. How many of the following animals does this household have?  [A] Cattle, milk cows, or bulls?  [B] Horses, donkeys, or mules?  [C] Goats?  [D] Sheep?  [E] Chickens?  [F] Pigs?  [G] *Country Specific Additions  (Add as necessary)*  If none, record “00”. If 95 or more, record “95”.  If unknown, record “98”. | Cattle, milk cows, or bulls \_\_\_ \_\_\_  Horses, donkeys, or mules \_\_\_ \_\_\_  Goats \_\_\_ \_\_\_  Sheep \_\_\_ \_\_\_  Chickens \_\_\_ \_\_\_  Pigs \_\_\_ \_\_\_  *Country Specific Addition* \_\_\_ \_\_\_ |  |
| **HC15**. Does any member of this household have a bank account? | Yes 1  No 2 |  |

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| Insecticide treated nets TN | | |
| **TN1**. Does your household have any mosquito nets that can be used while sleeping? | Yes 1  No 2 | 2⇨Next  Module |
| **TN2**. How many mosquito nets does your household have? | Number of nets \_\_\_ \_\_\_ |  |
| **TN3**. *Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).* | | |

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|  | 1st Net | 2nd Net | 3rd Net |
| **TN4**. *Mosquito net observed?* | Observed 1  Not observed 2 | Observed 1  Not observed 2 | Observed 1  Not observed 2 |
| **TN5**. *Observe or ask the brand/type of mosquito net.*  *If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.* | Long-lasting treated nets  *Brand A* 11  *Brand B* 12  *Brand C* 13  Other (*specify)* 16  DK brand 18  Pre-treated nets  *Brand D* 21  *Brand E* 22  *Brand F* 23  Other (*specify*) 26  DK brand 28  Other net  *(specify)* \_\_\_\_\_\_\_\_\_\_\_36  DK brand / type 98 | Long-lasting treated nets  *Brand A* 11  *Brand B* 12  *Brand C* 13  Other (*specify)* 16  DK brand 18  Pre-treated nets  *Brand D* 21  *Brand E* 22  *Brand F* 23  Other (*specify*) 26  DK brand 28  Other net  *(specify)* \_\_\_\_\_\_\_\_\_\_\_36  DK brand / type 98 | Long-lasting treated nets  *Brand A* 11  *Brand B* 12  *Brand C* 13  Other (*specify)* 16  DK brand 18  Pre-treated nets  *Brand D* 21  *Brand E* 22  *Brand F* 23  Other (*specify*) 26  DK brand 28  Other net  *(specify)* \_\_\_\_\_\_\_\_\_\_\_36  DK brand / type 98 |
| **TN6**. How many months ago did your household get the mosquito net?  *If less than one month, record “00”.* | Months ago \_\_\_ \_\_\_  More than 36 mo. ago 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 36 mo. ago 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 36 mo. ago 95  DK / Not sure 98 |
| **TN7**. *Check TN5 for type of net* | **🞎** Long-lasting (11-18)  ⇨ TN11  **🞎** Pre-treated (21-28)  ⇨ TN9  **🞎** Else⇨ Continue | **🞎** Long-lasting (11-18)  ⇨ TN11  **🞎** Pre-treated (21-28)  ⇨ TN9  **🞎** Else⇨ Continue | **🞎** Long-lasting (11-18)  ⇨ TN11  **🞎** Pre-treated (21-28)  ⇨ TN9  **🞎** Else⇨ Continue |
| **TN8**. When you got the net, was it already treated with an insecticide to kill or repel mosquitoes? | Yes 1  No 2  DK / Not sure 8 | Yes 1  No 2  DK / Not sure 8 | Yes 1  No 2  DK / Not sure 8 |
| **TN9**. Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | Yes 1  No 2  ⇨ TN11  DK / Not sure 8  ⇨ TN11 | Yes 1  No 2  ⇨ TN11  DK / Not sure 8  ⇨ TN11 | Yes 1  No 2  ⇨ TN11  DK / Not sure 8  ⇨ TN11 |
| **TN10**. How many months ago was the net last soaked or dipped?  *If less than one month, record “00”.* | Months ago \_\_\_ \_\_\_  More than 24 mo. ago 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 24 mo. ago 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 24 mo. ago 95  DK / Not sure 98 |
| **TN11**. Did anyone sleep under this mosquito net last night? | Yes 1  No 2  ⇨ TN13  DK / Not sure 8  ⇨ TN13 | Yes 1  No 2  ⇨ TN13  DK / Not sure 8  ⇨ TN13 | Yes 1  No 2  ⇨ TN13  DK / Not sure 8  ⇨ TN13 |
| **TN12**. Who slept under this mosquito net last night?  *Record the person’s line number from the List of Household Members.*  *If someone not in the List of Household Members slept under the mosquito net, record “00”.* | Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_ | Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_ | Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_  Name  Line number \_\_\_ \_\_\_ |
| **TN13**. | *Go back to TN4 for next net. If no more nets, go to next module.* | *Go back to TN4 for next net. If no more nets, go to next module.* | *Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module.* |
|  |  |  | *Tick here if additional questionnaire used.* **🞎** |

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| Indoor residual spraying IR | | |
| **IR1**. At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | Yes 1  No 2  DK 8 | 2⇨Next  Module  8⇨Next  Module |
| **IR2**. Who sprayed the dwelling?  *Circle all that apply.* | Government worker / program A  Private company B  Non-governmental organization C  Other (*specify*) X  DK Z |  |

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| water and sanitation WS | | | | | | | | | |
| **WS1**. What is the main source of drinking water for members of your household? | | | | Piped water  Piped into dwelling 11  Piped into compound, yard or plot 12  Piped to neighbour 13  Public tap / standpipe 14  Tube Well, Borehole 21  Dug well  Protected well 31  Unprotected well 32  Water from spring  Protected spring 41  Unprotected spring 42  Rainwater collection 51  Tanker-truck 61  Cart with small tank / drum 71  Surface water (river, stream, dam, lake,  pond, canal, irrigation channel) 81  Bottled water 91  Other (specify) 96 | | | 11⇨WS6  12⇨WS6  13⇨WS6  14⇨WS3  21⇨WS3  31⇨WS3  32⇨WS3  41⇨WS3  42⇨WS3  51⇨WS3  61⇨WS3  71⇨WS3  81⇨WS3  96⇨WS3 | | |
| **WS2**. What is the main source of water used by your household for other purposes such as cooking and handwashing? | | | | Piped water  Piped into dwelling 11  Piped into compound, yard or plot 12  Piped to neighbour 13  Public tap / standpipe 14  Tube Well, Borehole 21  Dug well  Protected well 31  Unprotected well 32  Water from spring  Protected spring 41  Unprotected spring 42  Rainwater collection 51  Tanker-truck 61  Cart with small tank / drum 71  Surface water (river, stream, dam, lake,  pond, canal, irrigation channel) 81  Other (specify) 96 | | | 11⇨WS6  12⇨WS6  13⇨WS6 | | |
| **WS3**. Where is that water source 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, get water, and come back? | | | | Number of minutes \_\_ \_\_ \_\_  DK 998 | | |  | | |
| **WS5**. Who usually goes to this source to collect the water for your household?  Probe:  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  DK 8 | | |  | | |
| **WS6**. Do you do anything to the water to make it safer to drink? | | | Yes 1  No 2  DK 8 | | | 2⇨WS8  8⇨WS8 | | |
| **WS7**. What do you usually do to make the water safer to drink?  Probe:  Anything else?  Record all items mentioned. | | | Boil A  Add bleach / chlorine B  Strain it through a cloth C  Use water filter (ceramic, sand, composite, etc.) D  Solar disinfection E  Let it stand and settle F  Other (specify) X  DK Z | | |  | | |
| **WS8**. What kind of toilet facility do members of your household usually use?  If “flush” or “pour flush”, probe:  Where does it flush to?  If not possible to determine, ask permission to observe the facility. | | | Flush / Pour flush  Flush to piped sewer system 11  Flush to septic tank 12  Flush to pit (latrine) 13  Flush to somewhere else 14  Flush to unknown place / Not sure /  DK where 15  Pit latrine  Ventilated Improved Pit latrine (VIP) 21  Pit latrine with slab 22  Pit latrine without slab / Open pit 23  Composting toilet 31  Bucket 41  Hanging toilet, Hanging latrine 51  No facility, Bush, Field 95  Other (specify) 96 | | | 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⇨Next  Module | | |
| **WS11**. How many households in total use this toilet facility, including your own household? | | | Number of households (if less than 10) 0 \_\_  Ten or more households 10  DK 98 | | |  | | |
| HANDWASHING HW | | | | | | | |
| **HW1**. 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 1  Not observed  Not in dwelling / plot / yard 2  No permission to see 3  Other reason  (specify) 6 | | | 2 ⇨HW4  3 ⇨HW4  6 ⇨HW4 | | |
| **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.* | | Water is available 1  Water is not available 2 | | |  | | |
| **HW3A.** *Is soap, detergent or ash/mud/sand present at the place for handwashing?* | | Yes, present 1  No, not present 2 | | | 2⇨HW4 | | |
| **HW3B**. *Record your observation.*  Circle all that apply. | | Bar soap A  Detergent (Powder / Liquid / Paste) B  Liquid soap C  Ash / Mud / Sand D | | | A⇨HH19  B⇨HH19  C⇨HH19  D⇨HH19 | | |
| **HW4**. Do you have any soap or detergent or ash/mud/sandin your house for washing hands? | | Yes 1  No 2 | | | 2⇨HH19 | | |
| **HW5A**. Can you please show it to me? | | Yes, shown 1  No, not shown 2 | | | 2⇨HH19 | | |
| HW5B. Record your observation.  Circle all that apply. | | Bar soap A  Detergent (Powder / Liquid / Paste) B  Liquid soap C  Ash / Mud / Sand D | | |  | | |

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| **HH19**. *Record the time.* | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |

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| salt iodization SI | | |
| **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?  Once you have tested the salt, circle number that corresponds to test outcome. | Not iodized - 0 PPM 1  More than 0 PPM & less than 15 PPM 2  15 PPM or more 3  No salt in the house 4  Salt not tested  (specify reason) 5 |  |

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| **HH20**. *Thank the respondent for his/her cooperation and check the List of Household Members:*  **🞎** A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in  the List of Household Members (HL7).  *Check HH8. If the household is selected for Questionnaire for Individual Men:*  **🞎** A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in  the List of Household Members (HL7A).  **🞎** A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in  the List of Household Members (HL7B).  Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.  Make arrangements for the administration of the remaining questionnaire(s) in this household. |

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| **Interviewer’s Observations** |
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| **Field Editor’s Observations** |
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| **Supervisor’s Observations** |
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