

Post-2015 Light Powerful (LP) Survey Modules

Prepared by the Multidimensional Poverty Peer Network ([MPPN](#)) & Oxford Poverty and Human Development Initiative ([OPHI](#)), University of Oxford, Revised September 2014.

There is wide agreement regarding the need for a ‘data revolution’ “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”¹ That revolution will have several drivers. One driver is a household survey providing data that are:

- a) **Frequent and accurate** – to be able to track changes over time and inform policy.
- b) **Representative at Large-scale**, so they can be **disaggregated** to leave no one behind.
- c) **Multi-topic**, so they take an integrated, balanced approach, and are used to break silos.
- d) **Gendered**, so they provide data on women and men, and some data on girls & boys.
- e) **Internationally comparable core module** that reflects key SDGs
- f) **Flexible**: able to incorporate additional modules and questions that reflect **national priorities**, such as a shortened consumption-expenditure module, or governance and political voice, or the environment, or empowerment, or social capital, or child poverty.
- g) Reflecting the **post-2015 process**²
- h) **All-age**: includes some variables for children, adults, and elderly.

The [Multidimensional Poverty Peer Network \(MPPN\)](#)³ proposes survey modules to obtain frequent data from the same survey instrument on a subset of poverty-related SDGs. This thrice-revised set of modules reflect the technical, cultural, and political insights of MPPN members, and were deemed to be feasible and informative across a wide range of country contexts.

What is included: The included questions fulfil the following criteria: a) they can be used to construct indicators proposed in key post-2015 documents; b) are relevant in many contexts; c) do not require special conditions (extensive enumerator training, privacy); d) pose low ethical risks to respondents; e) can change rapidly; f) are relatively easy to gather; g) provide relatively accurate data on the level and trend of the indicators. The questionnaire could generate information related to about 30 indicators under 12 headings in the Outcome Document of the Open Working Group.

The present modules are not perfect: no questionnaire can be. They include only a subset of the OWG outcome indicators related to human poverty. Not all dimensions and indicators are included. However there is a **trade-off** between a perfect survey and a light but powerful modules that can be regularly implemented at large scale, can give an indication of the direction of change of key interconnected deprivations, and allows space for country-selected modules. Many lengthy surveys will continue to exist. It seems crucial to create frequent and disaggregated data, hence this was a key consideration in indicator selection. We presume that these modules will be supplemented by surveys or modules that probe in greater depth topics like child well-being,

¹ p. 24, Open Working Group Outcome Document. July 2014.

² Reflecting for example the Open Working Group Outcome Document, the High Level Panel (HLP) Report, the UN Secretary General Report; the Sustainable Development Solutions Network Reports; UN Global Compact inputs; and *A Million Voices: the World We Want*.

³ The MPPN is an international peer network of policymakers who are engaged in exploring or implementing multidimensional poverty measures. It includes Ministers and senior officials from over 25 governments and institutions such as Angola, Bhutan, Brazil, Chile, China, Colombia, Dominican Republic, Ecuador, El Salvador, India, Iraq, Malaysia, Mexico, Morocco, Mozambique, Nigeria, Peru, Philippines, Tunisia, Uruguay and Vietnam.

reproductive and sexual health, domestic and sexual violence, quality of education, employment, and income/expenditure.

Taken together these survey modules would permit:

- Analysis by gender, age, marital status, urban/rural, region, religion, disability, legal status, ethnicity and migration status, if the sample design permits. This will provide information needed to support the agenda to **leave no one behind**. It also supports **gendered** analysis, and permits special studies for example on disabilities and migrants.
- Basic indicators can be tabulated from this survey at least at the national level and changes tracked over time. A few of many examples include:
 - Women's ownership of land
 - Adult and child malnutrition
 - Conditions in schools
 - Teen pregnancy
 - Safe Delivery
 - Experience of crime and violence
 - Fatal incidents of violence
 - Youth unemployment
 - Workplace safety
 - Social protection benefits
- A Multidimensional Poverty Index (MPI2015+) could be constructed using this questionnaire that includes improved indicators for water, sanitation, assets, electricity, housing, child mortality, school attendance, and energy. The MPI2015+ could also include new dimensions like work or violence, and new indicators such as health activity limitations. A basic gendered MPI could be constructed for women and men and children as well.

The MPPN survey modules would generate information such as the following. The symbol (g) indicates that the question can be gender disaggregated.

Demographic	Number of Jobs (g)
Age (g)	Benefits (g)
Gender	Exposure to extreme job conditions (g)
Religion (optional) (g)	Accident/Injury while working (g)
Ethnicity (optional) (g)	Housing
Relationship to head of Household (g)	Ownership (g)
Contributes to household income (g)	Sleeping Rooms
Marital Status (g)	Floor materials
Legal Registration of Birth (g)	Roof materials
Poverty	Wall materials
Multidimensional Poverty index (MPI)	Services
Imputed consumption poverty	Time to schooling
Gendered Poverty Index (GPI)	Sanitation (type, shared)
Health	Energy (cooking and heating fuels)
Activity Limitations (g)	Ventilation (cooking and heating)
Disability (g)	Drinking water, time to water, treatment
Child Malnutrition (height, wt) (g)	Non-drinking water source(s)
Adult Malnutrition (height, wt) (g)	Electricity (loadshutting)
Delivery location	Assets
If child is in nutrition programme (g)	Mobile phone (g), Fixed telephone
Child Mortality (g)	Watch, radio,
Age at first pregnancy	Refrigerator, television, iron, sewing machine
Education	Bed or mattress
Literacy (g)	Computer
Highest level and grade (g)	Bicycle, motorcycle, cart, car, motorboat
Child Pre-school & School attendance (g)	Internet access
Why not attending (g)	Bank account
Quality of School / problems at school	Small, medium and large livestock (g)

Employment and Social Protection	Crime and Violence
Employment type, employer (main jobs) (g)	Stealing or destruction of property
Looking for work (g)	Victim of physical violence
Absenteeism (g)	Fatal incidents

POST-2015 LIGHT POWERFUL SURVEY MODULES

This document contains survey modules presented illustratively across 4 questionnaires:

1. **Household questionnaire:** which provides information on each household member
2. **Children's questionnaire** (0-5 years of age): focused on delivery and nutrition
3. **Woman's questionnaire** (15-64 years of age): covers employment, reproduction, child mortality, and nutrition
4. **Man's questionnaire** (15-64 years of age): employment child mortality, and nutrition

All households will be asked to complete the household questionnaire and all of the questionnaires for which they are eligible: children's, woman's and man's questionnaire.

This document has been designed to provide an overall understanding about the suggested dimensions and indicators required for the MPPN survey. This version has been formulated so as to be relatively readable by non-specialists, and easy to print. The final survey questionnaire will follow standard formatting, and will be accompanied by:

- a. A survey manual discussing each question's purpose, useful definitions, units, coding and points to consider while adapting to different country contexts
- b. Quality control guidelines for training enumerators and supervisors
- c. Quality control guidelines for day to day survey execution
- d. Quality control guidelines for data editing and data entry
- e. Further discussion of options for sampling design

We warmly acknowledge that this document depends upon many existing standard surveys which are listed in our references, particularly the past and most recent versions of the Demographic and Health Surveys (DHS), the Core Welfare Indicator Questionnaire (CWIQ), the Living Standard Measurement Surveys (LSMS) and the Multiple Indicator Cluster Surveys (MICS), as well as the advice of professionals too numerous to name across the years.

Sampling Design:

The survey has been designed to maximize high quality for low cost. The sampling design must be addressed precisely using the final survey instrument. A working assumption is that this two stage stratified sample with clustering, would be representative by urban and rural areas (nationally), age (nationally), some geographic units, gender, and some other national indicators like ethnicity, caste or major occupation groups.

Gendered data are often more expensive. However, in practice, if enumeration areas contain 20 households or more (as in DHS), then enumeration teams will be based in each cluster for multiple days, so the cost of multiple visits to a household (during the visit to each enumeration area) may not greatly increase survey costs, while having gendered data will add vast value.

Survey fixed costs (sampling design, questionnaire design, piloting, and data management) are independent of sample size. Sample size can be increased if greater disaggregation is required. Sampling of key omitted groups (slums, the homeless, institutionalized, displaced) is required.

To minimize costs, increase data quality and periodicity, and address seasonality, it may sometimes be desirable to have a permanent team field surveys over a longer period. Having a permanent and well-supervised professional team who implement continuous surveys in their regions could reduce the training and travel costs of enumerators and augment data quality.

POST-2015 LIGHT AND POWERFUL

Household Questionnaire

	Town	City	Village	Household Number		
Name						
Code						

NAME OF THE HEAD OF THE HOUSEHOLD _____

ADDRESS _____

PHONE NUMBER (if any) _____

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about quality of life all over (NAME OF COUNTRY). Your household was randomly selected for the survey. I would like to ask you some questions about your household. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. 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 addition to the survey we would like to briefly take people's height and weight, because this is tremendously useful in understanding some aspects of nutrition. The answers you give are strictly confidential and will be anonymous. They will not be shared with any service provider, and will not lead to any loss of social security or other social benefits.

In case you need more information about the survey, you may contact the person listed on this card.

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

_____ Date: _____

(Signature of Respondent if literate)

SURVEY INFORMATION

A. Survey Date	DD MM YY
	Survey Date 1 (first visit) ___/___/_____
	Survey Date 2 (if revisit) ___/___/_____
	Survey Date 3 (if revisit) ___/___/_____
B. Surveyor Details	ID CODE GENDER
	Surveyor 1 ___ ___ ___
	Surveyor 2 ___ ___ ___
C. Survey Time	
	Start Time ___ ___
	End Time ___ ___
D. Interview Result	
	Completed with selected household1
	Completed with replacement- refusal.....2
	Completed with replacement- not found.....3
	Completed with replacement- migrated/temporarily house locked.....4

MODULE A- HOUSEHOLD ROSTER

Notes for filling HOUSEHOLD ROSTER

- **The purpose of the roster** is to document the age, gender and other characteristics of all household members in order to process relevant information on education and health for them. Malnutrition calculations based on anthropometry require the age and gender of the person observed. Information from the roster also allows for quality control during data cleaning and preparation
- **Respondent for the section** – Adult (man or woman aged 18-59) most knowledgeable about the household and available at the time of the survey.
- **Who in the household should be included in the roster?** This questionnaire covers all ‘usual members’¹ of the household defined as a person who usually lives in the household and shares food from a common source. “Usual residence” is generally defined as spending at least 6 of the past 12 months in the household. Exceptions to the general rule include the household head, newlyweds and new-born babies. Temporary ‘guests’, who happened to have spent the night before the interview, are not included in the household roster.

MODULE A1. DEMOGRAPHIC DETAILS

Q. No.	QUESTIONS	MODULE A1. HOUSEHOLD ROSTER- DEMOGRAPHIC DETAILS			
	INTERVIEWER INSTRUCTION	<i>Interviewer:</i> Please ask the name of each person who usually lives here, starting with the head of the household. [List the each member in a separate column.]			
1.	Line Number/ID CODE	Member 01	Member 02	Member 03	Member 04
1.a	Respondent : <i>[Interviewer – please indicate respondent Line numbers starting from 01 for the HH head]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ In DHS and MICS, the term used for usual members of the household is ‘de jure’ members (DHS Bangladesh Country Report 2011: 11; MICS Bosnia and Herzegovina Country Report 2011-12: 4)

2.	Name	NAME	NAME	NAME	NAME								
2.a	Relationship to head of household SEE CODES BELOW	What is the relationship of (NAME) to the head of the household? <div style="text-align: center;">□</div>	What is the relationship of (NAME) to the head of the household? <div style="text-align: center;">□</div>	What is the relationship of (NAME) to the head of the household? <div style="text-align: center;">□</div>	What is the relationship of (NAME) to the head of the household? <div style="text-align: center;">□</div>								
3.	Age <i>[Interviewer: Please write completed years of age for all household members listed including children – more detailed age information is in children’s questionnaire.]</i>	Years: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>			Years: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>			Years: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>			Years: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>		
3.a	Gender Circle the appropriate code	Male1 Female2	Male1 Female2	Male1 Female2	Male1 Female2								
4.	Residence Duration <i>[Interviewer: Please write number of months]</i>	How many of the past 12 months has (NAME) lived here? _____	How many of the past 12 months has (NAME) lived here? _____	How many of the past 12 months has (NAME) lived here? _____	How many of the past 12 months has (NAME) lived here? _____								

5.	Marital Status SEE CODES BELOW COUNTRY SPECIFIC AGE LIMIT	What is (NAME)'s current marital status? <input type="checkbox"/>	What is (NAME)'s current marital status? <input type="checkbox"/>	What is (NAME)'s current marital status? <input type="checkbox"/>	What is (NAME)'s current marital status? <input type="checkbox"/>
6.	Legal (IDENTITY) Registration Status SEE CODES BELOW COUNTRY SPECIFIC QUESTION/MODIFY AS REQUIRED	Does (NAME) have his/her name registered with the civil authorities [i.e. have a card like the birth certificate, electoral ID, passport, etc.]? <input type="checkbox"/>	Does (NAME) have his/her name registered with the civil authorities [i.e. have a card like the birth certificate, electoral ID, passport, etc.]? <input type="checkbox"/>	Does (NAME) have his/her name registered with the civil authorities [i.e. have a card like the birth certificate, electoral ID, passport, etc.]? <input type="checkbox"/>	Does (NAME) have his/her name registered with the civil authorities [i.e. have a card like the birth certificate, electoral ID, passport, etc.]? <input type="checkbox"/>

CODES FOR Q2.a Relationship 01=Head 02=Spouse 03=Son/Daughter 04= Son/Daughter-in-law 05=Grand child 06=Father 07=Mother	with HH Head 08=Parent-in law 09= Brother or Sister 10=Other Relative 11=Adopted/Foster/Stepchild 12=Domestic Worker/Servant 13=Other Not Related 98= Don't Know	CODES FOR Q.5 (Marital Status) 1=Currently Married or Living together 2= Divorced / Separated 3= Widow / Widower 4=Never Married /Single	CODES FOR Q.6 (Legal Registration) 1= Yes, have a birth certificate 2= Yes, have a national ID 3= Yes, have passport 4= No 98=Don't Know
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MODULE A2. EDUCATION DETAILS

Q. No.	QUESTIONS	MODULE A2. HOUSEHOLD ROSTER- EDUCATION DETAILS			
INTERVIEWER CHECK POINT		<i>Interviewer: The following three questions are for members 5 years and older.</i>			
	Line Number	Member 01	Member 02	Member 03	Member 04
7.	Read and Write Circle the appropriate code	Can (NAME) read and write? Yes1 No2 N/A.....88 → skip to Q8	Can (NAME) read and write? Yes1 No2 N/A.....88 → skip to Q8	Can (NAME) read and write? Yes1 No2 N/A.....88 → skip to Q8	Can (NAME) read and write? Yes1 No2 N/A.....88 → skip to Q8
7.a	Education Circle the appropriate code	Has (NAME) ever attended school? Yes1 No2	Has (NAME) ever attended school? Yes1 No2	Has (NAME) ever attended school? Yes1 No2	Has (NAME) ever attended school? Yes1 No2

7.b	Education LEVEL (Adult and Child above 5) Circle the appropriate code	What is the highest level of school (NAME) has attended? Pre-school 1 → Q8 Primary..... 2 Secondary..... 3 Higher..... 4 Don't Know .. 98	What is the highest level of school (NAME) has attended? Pre-school..... 1 → Q8 Primary..... 2 Secondary..... 3 Higher..... 4 Don't Know .. 98	What is the highest level of school (NAME) has attended? Pre-school.... 1 → Q8 Primary 2 Secondary 3 Higher 4 Don't Know.. 98	What is the highest level of school (NAME) has attended? Pre-school 1 → Q8 Primary 2 Secondary..... 3 Higher 4 Don't Know.. 98
7.c	Education GRADE (Adult and child above 5) SEE CODES BELOW	What is the highest grade (NAME) completed at this level? <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto; display: flex; justify-content: space-between;"></div>	What is the highest grade (NAME) completed at this level? <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto; display: flex; justify-content: space-between;"></div>	What is the highest grade (NAME) completed at this level? <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto; display: flex; justify-content: space-between;"></div>	What is the highest grade (NAME) completed at this level? <div style="border: 1px solid black; width: 60px; height: 25px; margin: 0 auto; display: flex; justify-content: space-between;"></div>
INTERVIEWER CHECK POINT		Interviewer: The following questions on school attendance is for 3- 16 years of age. For those outside the age range, code N/A			
8.	Education Current Status (Child) Circle the appropriate code	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year? Yes 1 → skip to Q9 No 2	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year? Yes 1 → skip to Q9 No 2	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year? Yes 1 → skip to Q9 No 2	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year? Yes 1 → skip to Q9 No 2

		Don't Know.....98→skip to Q9 N/A88→ skip to Q10	Don't Know.....98→skip to Q9 N/A88→ skip to Q10	Don't Know.....98→skip to Q9 N/A88→ skip to Q10	Don't Know.....98→skip to Q9 N/A88→ skip to Q10
8.a	Education- reasons for non-attendance ONLY ASK FOR RESPONDENTS WITHIN 3-16 YEARS CIRCLE ALL CODES THAT APPLY	Why is (NAME) not currently attending school or pre-school? Too old/ too young / finished school1 School is too far away 2 School is too expensive 3 Is working.....4 Useless/uninteresting 5 Illness6 Failed exam.....7 Got married or pregnant 8 Other9	Why is (NAME) not currently attending school or pre-school? Too old/ too young / finished school1 School is too far away 2 School is too expensive 3 Is working.....4 Useless/uninteresting 5 Illness6 Failed exam.....7 Got married or pregnant 8 Other9	Why is (NAME) not currently attending school or pre-school? Too old/ too young / finished school..... 1 School is too far away 2 School is too expensive 3 Is working..... 4 Useless/uninteresting 5 Illness..... 6 Failed exam 7 Got married or pregnant 8 Other 9	Why is (NAME) not currently attending school or pre-school? Too old/ too young / finished school..... 1 School is too far away 2 School is too expensive 3 Is working 4 Useless/uninteresting 5 Illness..... 6 Failed exam 7 Got married or pregnant 8 Other 9
9.	Education- Quality ONLY ASK FOR	Were there serious problems with the school (Name) attended?	Were there serious problems with the school (Name) attended?	Were there serious problems with the school (Name) attended?	Were there serious problems with the school (Name) attended?

RESPONDENTS WITHIN 3-16 YEARS CIRCLE THE APPROPRIATE CODE	No problems (satisfied) 1	No problems (satisfied) 1	No problems (satisfied) 1	No problems (satisfied) 1
	Lack of books/supplies 2	Lack of books/supplies 2	Lack of books/supplies 2	Lack of books/supplies 2
	Poor teaching.....3	Poor teaching.....3	Poor teaching 3	Poor teaching.....3
	Lack of teachers4	Lack of teachers4	Lack of teachers4	Lack of teachers4
	Children were not safe 5	Children were not safe 5	Children were not safe 5	Children were not safe 5
	Lack of toilets..... 6	Lack of toilets..... 6	Lack of toilets..... 6	Lack of toilets..... 6
	Lack of building7	Lack of building.....7	Lack of building7	Lack of building7
	Other Facilities in bad condition.....8	Other Facilities in bad condition.....8	Other Facilities in bad condition 8	Other Facilities in bad condition..... 8
	Other problem...9	Other problem...9	Other problem .. 9	Other problem... 9
	Specify _____	Specify _____	Specify _____	Specify _____

CODES FOR Q7	JS1.....21	Religious School Certificate	27
None.....00	JS2.....22	Diploma/Certificate	28
N1.....01	JS3.....23	Vocational Degree	29
N2.....02	SS1.....24	Teacher's Training	30
P1.....11	SS2.....25	Bachelors31	
P2.....12	SS3.....26	Masters32	

P3.....13	Higher than Masters	33
P4.....14		
P5.....15		
P6.....16		

MODULE A3. MOBILITY, DISABILITY AND ACTIVITY LIMITATIONS

Q. No.	QUESTIONS	MODULE A3. HOUSEHOLD ROSTER- MOBILITY, DISABILITY AND ACTIVITY DETAILS			
INTERVIEWER INSTRUCTION		<i>Interviewer:</i> Please introduce this section by saying this “Now I am going to ask whether any member of the household has health conditions that seriously affect their daily activities or is disabled or mentally handicapped.”			
	Line Number	Member 01	Member 02	Member 03	Member 04
10.a	Activity Limitations - Visual	Does NAME have difficulty seeing, even if wearing glasses? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know..... 8	Does NAME have difficulty seeing, even if wearing glasses? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty seeing, even if wearing glasses? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty seeing, even if wearing glasses? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8
10.b	Activity Limitations - Hearing	Does NAME have difficulty hearing, even if using a hearing aid? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know.....8	Does NAME have difficulty hearing, even if using a hearing aid? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty hearing, even if using a hearing aid? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty hearing, even if using a hearing aid? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8
10.c	Activity Limitations - Walking	Does NAME have difficulty walking or climbing steps? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know.....8	Does NAME have difficulty walking or climbing steps? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty walking or climbing steps? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty walking or climbing steps? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8

10.d	Activity limitations - Memory	Does NAME have difficulty remembering or concentrating? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know.....8	Does NAME have difficulty remembering or concentrating? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty remembering or concentrating? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty remembering or concentrating? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8
10.e	Activity limitations – Washing and Dressing	Does NAME have difficulty with self-care, such as washing all over or dressing? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know.....8	Does NAME have difficulty with self-care, such as washing all over or dressing? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty with self-care, such as washing all over or dressing? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty with self-care, such as washing all over or dressing? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8
10.f	Activity limitations – Speaking	Does NAME have difficulty communicating in his/her usual language (for example, understanding or being understood by others)? No, no difficulty..... 1 Yes, some difficulty 2 Yes, a lot of difficulty..... 3 Cannot do it at all..... 4 Don't know.....8	Does NAME have difficulty communicating in his/her usual language (for example, understanding or being understood by others)? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8	Does NAME have difficulty communicating in his/her usual language (for example, understanding or being understood by others)? No, no difficulty1 Yes, some difficulty2 Yes, a lot of difficulty3 Cannot do it at all.....4 Don't know.....8	Does NAME have difficulty communicating in his/her usual language (for example, understanding or being understood by others)? No, no difficulty 1 Yes, some difficulty 2 Yes, a lot of difficulty 3 Cannot do it at all 4 Don't know.....8
11.	Activity Restrictions (ask to all respondents regardless of previous responses, and of all ages)	Do these or any other health condition usually restrict (NAME)'s daily activities significantly? All the time..... 1 Often 2 Sometime 3 Rarely 4 Never/No Such Condition 5	Do these or any other health condition usually restrict (NAME)'s daily activities significantly? All the time 1 Often 2 Sometime 3 Rarely 4 Never/No Such Condition. 5	Do these or any other health condition usually restrict (NAME)'s daily activities significantly? All the time1 Often2 Sometime.....3 Rarely4 Never/No Such Condition .5	Do these or any other health condition usually restrict (NAME)'s daily activities significantly? All the time 1 Often 2 Sometime 3 Rarely 4 Never/No Such Condition. 5

<p>12.</p>	<p>Absenteeism due to Activity Limitation/Restriction</p> <p>(ask to all respondents regardless of previous responses)</p>	<p>Does this condition or any other (recurring illness) make (NAME) unable to work or study or perform expected activities?</p> <p>Everyday..... 1 2 weeks a month 2 1-3 days a month 3 1-2 weeks a year 4 Never/No Such Condition 5</p>	<p>Does this condition or any other (recurring illness) make (NAME) unable to work or study or perform expected activities?</p> <p>Everyday..... 1 2 weeks a month 2 1-3 days a month..... 3 1-2 weeks a year..... 4 Never/No Such Condition. 5</p>	<p>Does this condition or any other (recurring illness) make (NAME) unable to work or study or perform expected activities?</p> <p>Everyday1 2 weeks a month.....2 1-3 days a month3 1-2 weeks a year4 Never/No Such Condition .5</p>	<p>Does this condition or any other (recurring illness) make (NAME) unable to work or study or perform expected activities?</p> <p>Everyday 1 2 weeks a month 2 1-3 days a month..... 3 1-2 weeks a year..... 4 Never/No Such Condition. 5</p>
<p>13.</p>	<p>Eligibility</p> <p><i>Interviewer</i> Please fill this yourself, TICK ONE</p>	<p>Is (NAME)?</p> <p><input type="checkbox"/> Women age 15-64 <input type="checkbox"/> Men age 15-64 <input type="checkbox"/> Children age 0-5 <input type="checkbox"/> Children age 6-14</p>	<p>Is (NAME)?</p> <p><input type="checkbox"/> Women age 15-64 <input type="checkbox"/> Men age 15-64 <input type="checkbox"/> Children age 0-5 <input type="checkbox"/> Children age 6-14</p>	<p>Is (NAME)?</p> <p><input type="checkbox"/> Women age 15-64 <input type="checkbox"/> Men age 15-64 <input type="checkbox"/> Children age 0-5 <input type="checkbox"/> Children age 6-14</p>	<p>Is (NAME)?</p> <p><input type="checkbox"/> Women age 15-64 <input type="checkbox"/> Men age 15-64 <input type="checkbox"/> Children age 0-5 <input type="checkbox"/> Children age 6-14</p>
<p>INTERVIEWER CHECKPOINT</p>		<p>Just to make sure that you have completed listing- Please ask "Are there any other persons such as child or infants, domestic servants or friends who usually live here?"</p> <p>Yes..... 1→Add to Roster No..... 2</p>			

MODULE B. HOUSEHOLD CHARACTERISTICS- DWELLING, AMENITIES & ASSETS**MODULE B1. DWELLING CHARACTERISTICS**

Q. No.	QUESTIONS	CODE		
14.	Does the household or household member own the dwelling? If not, do they rent it or live there without paying rent or live there only temporarily? Circle all that apply.	Owns the dwelling 1 SPECIFY _____ (ID CODE OF HH MEMBER(S)) Rents the dwelling 2 Uses without paying rent 3 No dwelling.....4		
15.	How many rooms in this household are used for sleeping?	NUMBER OF ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
16.	Main material for the dwelling floor <i>Interviewer- OBSERVE AND CODE THE ANSWER</i>	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) _____ 77		
17.a	Main material for the roof <i>Interviewer- OBSERVE AND CODE THE ANSWER</i>	No Roof..... 11 NATURAL ROOFING Thatch/Palm leaf/Grass..... 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 (SPECIFY) _____ 77		
17.b	Main material of the exterior walls <i>Interviewer- OBSERVE AND CODE THE ANSWER</i>	NATURAL WALLS No Walls 11 Cane/Palm/Trunk 12 Dirt..... 13 RUDIMENTARY WALLS Bamboo with Mud..... 21		

Q. No.	QUESTIONS	CODE
		Stone with Mud 22 Uncovered Adobe..... 23 Plywood..... 24 Cardboard..... 25 Refused wood..... 26 FINISHED WALLS Cement 31 Stone with Lime/Cement..... 32 Bricks 33 Cement Blocks 34 Covered Adobe..... 35 Wood Plank/Shingles..... 36 Other (SPECIFY) _____ 77
17.c	In the past year, has anyone been paid to clean house or do laundry for this household?	Yes, daily 1 Yes, weekly..... 2 Yes, monthly 3 Yes, quarterly 4 Yes, bi-annually 5 Yes, annually 6 No..... 7 Don't Know 98 N/A..... 66

MODULE B2. HOUSEHOLD AMENITIES

Q. No.	QUESTIONS	CODE
17.	What kind of toilet facility do members of your household usually use?	FLUSH/POUR FLOUSH 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/ Don't Know 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 toilet/bush/field..... 61 Other (SPECIFY) _____ 77
18.a	Do you share this toilet facility with other households?	Yes..... 1 No..... 2
19.	What type of fuel does your household mainly use for cooking?	Electricity 01 Liquid Propane Gas (LPG)..... 02 Natural Gas 03 Biogas..... 04 Kerosene 05

Q. No.	QUESTIONS	CODE			
		Coal/Lignite 06 Charcoal 07 Wood 08 Straw/Shrubs/Grass 09 Agricultural Crop 10 Animal Dung..... 11 Do not cook food at home 95 Other (SPECIFY) _____ 77			
19.a	What type of fuel does your household mainly use for heating? COUNTRY SPECIFIC QUESTION: Delete if heating is not used – or change to cooling as appropriate.	Electricity 01 Liquid Propane Gas (LPG)..... 02 Natural Gas 03 Biogas..... 04 Kerosene 05 Coal/Lignite 06 Charcoal 07 Wood 08 Straw/Shrubs/Grass 09 Agricultural Crop 10 Animal Dung 11 Do not use heating at home 95 Other (SPECIFY) _____ 77			
19.b	Interviewer: ASK ONLY IF ANSWER FOR Q19 and Q19.a was codes 6, 7, 8, 9, 10, 11. OTHERWISE SKIP TO → Q20 Do your cooking and heating places both have an effective ventilation system to remove smoke and steam, such as chimney?	Yes..... 1 No..... 2			
20.	What is the main source of drinking water for the household members?	PIPED WATER Piped into dwelling 11→ Q20 Piped into yard or plot..... 12→Q20 Public tap/standpipe 13 Tubewell/borehole (Hand pump)..... 21 DUG WELL Protected well 31 Unprotected well..... 32 WATER FROM SPRING Protected spring 41 Unprotected spring 42 Rainwater 51→Q20 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) _____ 77			
20.a	How long does it take to get to the water source, get water and come back? (in minutes)	MINUTES <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> Water on nearby Premises 000 Don't Know 998			
20.b	Do you do anything to the water to make it safer to	Yes..... 1			

Q. No.	QUESTIONS	CODE
	drink?	No..... 2→Q21 Don't Know 3→Q21
20.c	What do you usually do to make the water safe to drink?	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 G SPECIFY _____ Don't Know H
21.	How do you dispose your household waste? MULTIPLE CODES APPLY	Composting 1 Recycling some items..... 2 Burning..... 3 Municipal garbage pick-up..... 4 Dump in rivers/stream..... 5 Dump in forest 6 Dump on open land 7 Other..... 77 SPECIFY _____

MODULE B3. HOUSEHOLD ASSETS

Q. No.	QUESTIONS	CODE
22.	Does any member of this household own any land?	Yes..... 1 No..... 2→Q23
22.a	Which household member(s) owns land? Country specific: Add value of land if required.	ID CODE <input type="text"/> <input type="text"/> Total Amount of Land: _____ HECTARES Irrigated amount of Land: _____ HECTARES ----- ID CODE <input type="text"/> <input type="text"/> Total Amount of Land: _____ HECTARES Irrigated amount of Land: _____ HECTARES ----- ID CODE <input type="text"/> <input type="text"/> Total Amount of Land: _____ HECTARES Irrigated amount of Land: _____ HECTARES
23.	How many heads of cattle, horses, oxen and other large live-stock are currently owned by the household? PLEASE ONLY COUNT ADULT/ GROWN ANIMALS Country-specific: Add value of animals if required	TOTAL NUMBER <input type="text"/> <input type="text"/> SPECIFY _____ (ID CODE OF HH MEMBER(S) WHO OWNS THESE) None 00
23.a	How many sheep, goat and medium sized animals are currently owned by the household? PLEASE ONLY COUNT ADULT/ GROWN ANIMALS	TOTAL NUMBER <input type="text"/> <input type="text"/> SPECIFY _____

Q. No.	QUESTIONS	CODE		
		(ID CODE OF HH MEMBER(S) WHO OWNS THESE) None 00		
23.b	How many chickens, ducks, rabbits, guinea pigs and small sized animals/birds are currently owned by the household? PLEASE ONLY COUNT ADULT/ GROWN ANIMALS/ BIRDS	TOTAL NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SPECIFY _____ (ID CODE OF HH MEMBER(S) WHO OWNS THESE) None 00		
24.	Does your household have access to electricity?	Yes..... 1 No..... 2 → Q25		
24.a	How does your household access electricity?	Legal connection 1 Informal connection..... 2 Self-generated connection (solar/water) 3 Don't Know 99		
24.b	How many hours in a day do you usually go without electricity <i>the season when electricity cuts are most frequent?</i> Note: if household has a generator, count the hours in which electricity is not available from any source – connection or generator. Country-specific adjustments to specify season.	No cuts 1 Less than one hour..... 2 1-4 hours 3 4-8 hours 4 8-12 hours 5 More than 12 hours 6		
24.c	How many hours in the day do you usually go without electricity <i>in the seasons when cuts are less frequent?</i> Country-specific adjustments to specify season.	No cuts 1 Less than one hour..... 2 1-4 hours 3 4-8 hours 4 8-12 hours 5 More than 12 hours 6		
25.	Does your household have any of the following that are in working order?	Yes.....1 No2		
		Radio or implement that you listen to the radio on		
		Refrigerator		
		Television		
		Mattress or sofa		
		Computer, laptop, ipad or similar		
		Country specific, e.g. rice cooker		
		Country specific, e.g. sewing machine		
		Non-mobile Telephone		
		Mobile Phone		
		<i>If no mobile phone skip to 25b</i>		
25.a	Which member(s) of your household own a mobile phone?	SPECIFY _____ (LIST ID CODE(S) OF EACH HH MEMBER(S) WHO OWNS A MOBILE PHONE)		
25.b	Does any member of this household own any of the following that are in working order?	Yes.....1 No2		

Q. No.	QUESTIONS	CODE	
		Watch or clock	
		Bicycle	
		Motor cycle or motor scooter	
		Non-motorised cart	
		Car or truck	
		Boat with a motor	
		<i>Country Specific asset</i>	
25. c	Does your household have access to the internet? <i>Interviewer:</i> Tick all that apply	Yes, by telephone or mobile device (iPad etc)	
		Yes, broadband /wifi at home	
		Yes, other connection at home	
		Yes, at a location outside my home	
		No access to internet	
25. d	Which two people contribute most to the household income? <i>Interviewer:</i> RECORD LINE NUMBER/ID CODE of the HH member from HH Roster.	1 st Individual ID CODE	<input type="text"/> <input type="text"/>
		2 nd Individual ID CODE	<input type="text"/> <input type="text"/>
25. e	Do any members of this household have a bank/post office account? Country Specific: Ensure this includes mobile banking.	Yes..... 1 No..... 2	SPECIFY _____ (LIST ALL ID CODES OF HH MEMBER(S) WHO HAVE ACCOUNTS)
25. f	Has anyone in your household been asked to pay a bribe by an official in the last 12 months?	Yes..... 1 No..... 2	

MODULE C. HOUSEHOLD PHYSICAL SAFETY AND VIOLENCE

Q. No.	QUESTIONS	CODE
35.	INCIDENT 1. In the last 12 months, did someone steal or try to steal something you or a member of your household owns, whether it was in your dwelling, or was outside (like vehicles), or whether it damaged your home or property?	Yes..... 1 No..... 2→Q37 Don't Know 98→Q37
36.a	How many times in the last year did this happen?	Once..... 1 Twice..... 2 Three times 3 More than three times..... 4 Specify NUMBER OF TIMES _____
36.b	If your property was stolen in the last 12 months, what is the value of the property that was stolen or damaged?	One day's wages 1 One week's wages 2 One month's wages 3 More than one month's wages 4
37.	INCIDENT 2. In the past year, were you or a member of your household attacked or forcibly assaulted whether without any weapon, or whether by someone with a gun, knife, bomb or another instrument? This may have occurred inside or outside your home.	Yes..... 1 No..... 2→ Skip to Next Section Don't Know 98→ Skip to Next Section
37.a	How many times in the last year did this happen?	Once..... 1 Twice..... 2 Three times 3 More than three times..... 4 Specify NUMBER OF TIMES _____
37.b	Did anyone die in any of these incidents?	Yes..... 1 Specify NUMBER OF DEATHS _____ No..... 2 Don't Know 99
37.c	In the worst incident were you or anyone else seriously injured and could not continue their normal activities for a period of time?	Yes, three days or more 1 Yes, one week or more 2 Yes, one month or more 3 Yes, one year or more 4 No..... 5 Don't Know 99

Children's Questionnaire (0-5 years)

	Town	City	Village	Household Number		
Name						
Code						

INTERVIEWER CHECKPOINT: Please ask for consent for administering the child questionnaire from the mother of the child or an adult caregiver available at the time of survey
<p>Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about quality of life all over (NAME OF COUNTRY). Your household was selected for the survey. I would like to ask you some questions about your household. I would like to measure your child's (children's) height and weight. Measurements usually take about <u>XXX</u> minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. We hope you will agree to participate since your information gathered on the children of the household is 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. The answers you give are strictly anonymous. They will not be shared with any service provider, and will not lead to any loss of social security or other social benefits.</p> <p>In case you need more information about the survey, you may contact the person listed on this card.</p> <p>Do you have any questions? May I begin interview now?</p> <p style="text-align: right;">Date: _____</p> <p>_____</p> <p>(Signature of Respondent if literate)</p>

SURVEY INFORMATION

E. Survey Date	DD MM YY
	Survey Date 1 (first visit) ___/___/_____
	Survey Date 2 (if revisit) ___/___/_____
	Survey Date 3 (if revisit) ___/___/_____
F. Surveyor Details	ID CODE GENDER
	Surveyor 1 ___ ___
	Surveyor 2 ___ ___
G. Survey Time	
	Start Time ___
	End Time ___
H. Interview Result	
	Completed with selected household..... 1
	Completed with replacement- refusal 2
	Completed with replacement- not found 3
	Completed with replacement- migrated/temporarily house locked 4

MODULE D- CHILDREN'S BIRTH RECORD AND ANTHROPOMETRY**Notes for filling CHILDREN'S BRITH RECORD**

- **Purpose of the Questionnaire⁵:** The child health indicator of the MPI focuses on child undernourishment. This questionnaire records anthropometric information for children between 0-5 years of age in order to determine if a child is undernourished. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** All children between listed in the roster who have not yet reached their fifth birthday⁶

MODULE E1. CHILDREN'S BIRTH RECORD

Q. No.		MODULE E1. CHILDREN'S BIRTH RECORD			
INTERVIEWER CHECKPOINT		<i>Interviewer:</i> Please write down child line number and name in the following order: most recent birth to first birth.			
		Child 01	Child 02	Child 03	Child 04
1.	Child ROSTER ID CODE and NAME	ID CODE _____ NAME _____	ID CODE _____ NAME _____	ID CODE _____ NAME _____	ID CODE _____ NAME _____
1.a	Mother Details For each child above listed, write down respective mother's ID CODE from the HH ROSTER Enter 00 if the child's mother is deceased or is not a member of the household	MOTHER ID CODE _____	MOTHER ID CODE _____	MOTHER ID CODE _____	MOTHER ID CODE _____
2.	Child's Date of Birth [DD/MM/YYYY]	__/__/____	__/__/____	__/__/____	__/__/____
3.	Where was the child delivered?	Hospital/Maternity.....1 At home.....2 Other.....77 Specify_____	Hospital/Maternity.....1 At home.....2 Other.....77 Specify_____	Hospital/Maternity.....1 At home.....2 Other.....77 Specify_____	Hospital/Maternity.....1 At home.....2 Other.....77 Specify_____

⁵ The roster for child health is based on DHS and MICS questionnaire for child anthropometry (DHS Phase 6 Household Questionnaire; MICS3 Questionnaire for Children Under 5)

⁶ Ideally, information for all children between 0-5 years of age in the household should be collected. Where resource constraints allow for only sub-sample of children in the household, the number of children is determined such that the sample is representative at the necessary geographic level

4.	Who delivered the child?	Doctor 1	Doctor..... 1	Doctor 1	Doctor..... 1
		Nurse 2	Nurse 2	Nurse 2	Nurse 2
		Midwife 3	Midwife 3	Midwife 3	Midwife 3
		TBA 4	TBA 4	TBA 4	TBA 4
		Self 5	Self 5	Self 5	Self 5
		Relative 6	Relative 6	Relative 6	Relative 6
		Other 77	Other 77	Other 77	Other 77

MODULE E2. CHILDREN'S ANTHROPOMETRY

Q. No.	QUESTIONS	MODULE E2. CHILDREN'S ANTHROPOMETRY			
INTERVIEWER CHECKPOINT		<i>Interviewer:</i> Children under 2 years of age should be measure lying down			
		Child 01	Child 02	Child 03	Child 04
5.	Child WEIGHT in KILOGRAMS (KG)	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77
6.	Child HEIGHT in CENTIMETERS (CM)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77
7.	Measurement Position How was the child's height measured?	Lying Down 1 Standing Up 2 Not Measured 3	Lying Down 1 Standing Up 2 Not Measured 3	Lying Down 1 Standing Up 2 Not Measured 3	Lying Down 1 Standing Up 2 Not Measured 3
8.	Does the child participate in the following? Circle all that apply [adjust for context]	Nutrition Programme 1 Weigh-ins 2 Other nutritional events... 77 Specify _____	Nutrition Programme 1 Weigh-ins 2 Other nutritional events... 77 Specify _____	Nutrition Programme 1 Weigh-ins 2 Other nutritional events ... 77 Specify _____	Nutrition Programme 1 Weigh-ins 2 Other nutritional events... 77 Specify _____

Women's Questionnaire

	Town	City	Village	Household Number		
Name						
Code						

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about quality of life all over (NAME OF COUNTRY). Your household was selected for the survey. I would like to ask you some questions about your household. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about XXX 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 participate since your information gathered on the children of the household is 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. The answers you give are strictly anonymous. They will not be shared with any service provider, and will not lead to any loss of social security or other social benefits.

In case you need more information about the survey, you may contact the person listed on this card.
 Do you have any questions?
 May I begin interview now?

Date: _____

(Signature of Respondent if literate)

SURVEY INFORMATION

I. Survey Date	DD	MM	YY	
	Survey Date 1 (first visit) ___/___/_____			
	Survey Date 2 (if revisit) ___/___/_____			
	Survey Date 3 (if revisit) ___/___/_____			
J. Surveyor Details	ID CODE	GENDER		
	Surveyor 1	___		
	Surveyor 2	___		
K. Survey Time	Start Time	___		
	End Time	___		
L. Interview Result	Completed with selected household..... 1 Completed with replacement- refusal 2 Completed with replacement- not found 3 Completed with replacement- migrated/temporarily house locked 4			

MODULE E- WOMEN'S LITERACY, PREGNANCY, WORK AND BIRTH RECORD

Notes for filling WOMAN'S QUESTIONNAIRE

- **Purpose of the Questionnaire⁷:** This questionnaire records anthropometric information for women, and information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** One PRIMARY woman from each household, as directed in the manual

MODULE F1. WOMAN'S IDENTIFICATION

Q. No.	QUESTIONS	MODULE F1. WOMAN'S GENERAL DETAILS
INTERVIEWER CHECKPOINT		Interviewer: Please note the ID code and Name of the woman from the HH ROSTER
1.	Woman ROSTER ID and NAME	ID CODE _____ NAME _____
2.	Country-Specific Question on RELIGION (if appropriate) What is your religion?	Christian1 Muslim2 Hindu.....3 Buddhist4 No Religion5 Other77
2.a	Country Specific Question on ETHNICITY/MOTHER TONGUE Do you belong to (ETHNIC GROUP OPTIONS)? [or an country-appropriate version]	Country-Specific OPTIONS
2.b	Country Specific Question on MIGRATION	Country-Specific OPTIONS
3.	Do you know how to read and write?	Not at all.....1 A little bit.....2 Well and confidently3

MODULE F2. PREGNANCY AND CHILD MORTALITY

Q. No.	QUESTIONS	MODULE F3. PREGNANCY AND CHILD MORTALITY
4.	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	Yes1 No.....2→Skip to Q7
4.a	What was the date of your first birth? Interviewer Probe: "I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner."	DATE OF FIRST BIRTH Day Don't Know Day.....98 Month Don't Know Month.....98

⁷ The roster for women's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Woman's Questionnaire

		Year Don't Know Year98
5.	Have you ever given birth to a son or a daughter who was born alive but later died? Interviewer Probe: If NO- "Any baby who cried or showed signs of life but did not survive?"	Yes1 No.....2 → Skip to Q7 Don't Know.....98 → Skip to Q7 Will not Answer.....88 → Skip to Q7
5.a	How many boys have died? And how many girls have died?	NUMBER OF BOYS DEAD <input type="text"/> <input type="text"/> NUMBER OF GIRLS DEAD <input type="text"/> <input type="text"/>
5.b	Interviewer Checkpoint	TOTAL NUMBER OF DEATHS <input type="text"/> <input type="text"/>
6.a	Which of these deaths occurred in the last 5 years?	TOTAL NUMBER OF DEATHS WITHIN 5 YEARS <input type="text"/> <input type="text"/> IF None00
6.b	Were any of your children more than 5 years old when they died? Circle all that apply	Yes- male1 Yes- female.....2 No.....3 Don't Know.....98 Will not Answer.....88

MODULE F3. WOMAN'S EMPLOYMENT

Q. No.	QUESTIONS	MODULE F4. WOMAN'S EMPLOYMENT								
7.	Did you do any type of work for pay in the last 4 weeks – including informal or self-employed work?	Yes1 No.....2 → Skip to Q9								
8.	Were you absent from work in last 4 weeks?	Yes1 → Skip to Q11 No.....2 → Skip to Q11								
9.	Have you been looking for work and ready for work in the last 4 weeks?	Yes1 → Skip to Q11 No.....2 → Skip to Q10								
10.	What was the main reason for not working in the last 4 weeks and not looking for work	<table border="0"> <tr> <td>No work available.....1</td> <td rowspan="7">} Skip to Q11</td> </tr> <tr> <td>Seasonal Inactivity.....2</td> </tr> <tr> <td>Student.....3</td> </tr> <tr> <td>Household/Family Duties.....4</td> </tr> <tr> <td>Too Old/Too Young5</td> </tr> <tr> <td>Infirmity.....6</td> </tr> <tr> <td>Other77</td> </tr> </table>	No work available.....1	} Skip to Q11	Seasonal Inactivity.....2	Student.....3	Household/Family Duties.....4	Too Old/Too Young5	Infirmity.....6	Other77
No work available.....1	} Skip to Q11									
Seasonal Inactivity.....2										
Student.....3										
Household/Family Duties.....4										
Too Old/Too Young5										
Infirmity.....6										
Other77										
11.	How many jobs did you have in the last ONE	JOB1 JOB2 JOB3 JOB4								

YEAR?		DESCRIPTION	DESCRIPTION	DESCRIPTION	DESCRIPTION
PLEASE LIST JOB CODES IN ORDER OF TIME SPENT DOING EACH. i.e primary job as JOB 1 SEE OCCUPATION CODES BELOW		OCCUPTAION CODE	OCCUPTAION CODE	OCCUPTAION CODE	OCCUPTAION CODE
		12.	During which months did you work on this job during the past ONE YEAR? Yes..... 1 No..... 2 ASK FOR EACH MONTH <i>Occupation codes may be revised to include care.</i> <i>Occupation codes must distinguish socio-economic strata insofar as is possible.</i>	JOB1	JOB2
	JANUARY				
	FEBRUARY				
	MARCH				
	APRIL				
	MAY				
	JUNE				
	JULY				
	AUGUST				
	SEPTEMBER				
	OCTOBER				
	NOVEMBER				
	DECEMBER				
13.	How many hours per week did you work on an average in the last month? NUMBER OF HOURS	JOB1	JOB2	JOB3	JOB4
14.	Did you work relatively more or less than usual in the last month?	More than usual.....1 Same as usual.....2 Less than usual.....3			
15.	How were you paid for the main job you worked on during the last year (i.e JOB 1)?	Wages/Salary1 Payment in kind2 Casual (hourly/daily)3 Unpaid or volunteer4 Self-employed5			
16.	For whom did you work for in your main job?	Government1 Parastatal2 Private Business3 Private Person/household.....4 Other77 SPECIFY _____			
17.	What is the main activity at place of your main job?	Agriculture.....1 Mining/quarrying2 Manufacturing/processing.....3 Construction.....4 Transport.....5 Trade/Selling6 Education/health.....7 Administration8 Miscellaneous Services9 Other77 SPECIFY _____			
18.	Are you entitled to the following? Yes..... 1	Paid Sick Leave			

	No..... 2 N/A..... 66 Don't Know 98	Paid Holiday Maternity/Paternity Leave Retirement Pension Social Security Benefits Health Insurance/Free Medical Care
19.	Have you suffered any accidental injury, illness, disability or other physical or mental health problem caused by work during the past 12 months?	Yes 1 No..... 2 → Skip to QError! Reference source not found. N/A 66 Don't Know..... 98
20.	Did any of these incidents lead to loss of work of one or more days?	Yes 1 No..... 2 N/A 66 Don't Know..... 98
21.	The most serious incident had:	No permanent effect..... 1 A permanent effect, but you're able to carry on with the same job..... 2 A permanent effect, but you're able to work, although not in the same job 3 A permanent effect that prevents you from working at all..... 4 N/A 66 Don't Know..... 98

MODULE F4. LITERACY TEST

Q. No.	QUESTIONS	MODULE F2. LITERACY TEST
INTERVIEWER CHECKPOINT		<i>Interviewer:</i> Show the CARD to respondent with usual distance and RECORD OBSERVATION
5.	I would like you to read this sentence to me	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read the whole sentence 3 No card with required language..... 4 Blind/Visually Impaired 5

MODULE F5. WOMAN'S ANTHROPOMETRY

Q. No.	QUESTIONS	MODULE F4. WOMAN'S ANTHROPOMETRY
22.	Weight in KILO GRAMS (KG)	<input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> Not Present 1 Refused 2 Other 77
23.	Height in CENTI METERS (CM)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> Not Present 1 Refused 2 Other _____ 77

OCCUPATION CODES			
LEGISLATORS, SENIOR OFFICIALS AND MANAGERS		SKILLED AGRICULTURAL AND FISHERY WORKERS	
11	Legislators and senior officials (Legislators, Senior Government Officials, Traditional Chiefs and Heads of Villages, Senior Officials of Special Interest Organization)	61	market Oriented Skilled Agriculture and Fishery Workers (Market Gardeners and Crop Growers, Market Oriented Animal Producers and related Workers, Market Oriented Crop and animal Producer, Forestry and related Workers, Fishery Workers, Fishery Worker Hunters and Trappers)
12	Corporate Managers (Directors and Chief Executives, Production and Operations Department Managers, Other Department. General Managers)	62	Subsistence Agricultural and Fishery Workers
PROFESSIONALS		CRAFTS AND RELATED TRADES WORKERS	
21	Physical mathematical and Engineering Science Professionals (Physicist, Chemists and related Professionals, mathematicians, Statistician and related Professionals, Computing, Professional Architects, Engineers and related Professionals)	71	Extraction and Building Trades Workers (Miners Shot fires, Stone Cutters and Carvers, Building Frame and related Trades Worker, Building Finishers and related Trades Worker, Painters, Building Structure Cleaners and related Trades Workers)
22	Life Science and Health Professionals (Life Science Professionals, Health Professional (except Nursing), nursing and Midwifery Professionals.	72	Metal, Machinery and related Trades Workers (Metal Moulders, Welders, Sheet Metal Workers, Structural-Metal preparers and related Trades Workers, Blacksmiths, Tool-Makers and related Trades Workers, machinery Mechanics and Fitters, Electrical and Electronic Equipment Mechanics and Fitters)
23	Teaching Professionals (Collage University and Higher Education Teaching Professionals, Secondary Education Teaching Professionals, Primary and Pre-primary Education Teaching Professionals, Special Education Teaching Professionals, Other Teaching Professionals).	73	Precision, Handicraft, Printing and related Trades Workers (Precision Workers in Metal and related Materials, Potters, Glass Makers and related Trades Workers, Handicraft Workers in Wood, Textile Leather and related Materials, Printing and related Trades Workers)
24	Other Professionals (Business Professionals, Legal Professionals, Archivists, Librarians and related Information Professionals, Social Science and related Professionals, Writers and Creative or Performing Artists).	74	Other Craft and related Trades Workers (Food Processing and related Trades Workers, Wood Treaters, Cabinet Makers and related Trades Workers, Textile Garments and related Trades Workers, Pelt, Leather and Shoemaking Trades Workers).
TECHNICIANS AND ASSOCIATE PROFESSIONALS		PLANT AND MACHINE OPERATORS AND ASSEMBLERS	
31	Physical and Engineering Science Associate Professionals (Physical and Engineering Science Technicians, Computer Associate Professionals, Optical, and Electronically Equipment Operators, Ship and Air Craft Controllers, Safety and Quality Inspectors	81	Stationery Plant and related Operators (Mining and Mineral Processing Plant Operators, metal Processing Plant Operators, Glass, ceramic and related Plant Operators, Wood Processing and paper Making Plant Operators, Chemical Processing Plant Operators, Power Production and related Plant Operators, Automated Assembly Line and Industrial Robot Operators).
32	Life Science and Health Associate Professionals (Life Science Technicians and related Associate Professionals, Modern Health Associate Professionals (except Nursing), Nursing & Midwifery Associate Professionals, Traditional Medicine Practitioners and Faith Healers)	82	Machine Operators and Assemblers (metal and Mineral Products Machine Operators, Chemical Products Machine Operators, rubber and plastic products machine operators, wood products, machine operators, Printing, Binding and paper products, machine operators, textile, Fur and Leather Products Machine Operators, Food and related Products machine Operators, Assemblers, Other Machine Operators and Assemblers)
33	Teaching Associate Professionals (Primary Education Teaching Associate Professionals, pre-primary Teaching Associate Professionals, Special Education Teaching Associate Professionals, Other Teaching Associate Professionals)	83	Driver and Mobile Plants Operators (Locomotive Engine Drivers and related Workers, Motor Vehicle Drivers, Agriculture and other Mobile Plant Operators, Ship's deck Crews and related Operators).
34	Other Associate Professionals (Finance and Sales Associate Professionals, Business Services Agents and Trade Brokers, Administrative Associate Professionals, Customs, Tax and related Government Associate Professionals, Police Inspectors and detectives, Social Work Associate Professionals, Artistic, Entertaining and Sports Associate Professionals, Religious Associate Professionals).		
CLERKS		ELEMENTARY OCCUPATION	
41	Office Clerks (Secretariat and Keyboard – Operating Clerks, Numerical Clerks, Material-Recording and Transport Clerks, Library, mail and related Clerks, Other Office Clerks)	91	Sales and Services Elementary Occupations (Street Venders and related Workers, Shoe Cleaning and Other Street Services Elementary Occupations, Domestic and related helpers, Cleaners and Launderers, Building Caretakers, Window and related Cleaners, messengers, Porters, Doorkeepers and related Workers, Garbage Collector and related Laborers)
42	Customer Services Clerks (Cashier, Teller and related Clerks, Client Information Clerks)	92	Agricultural and Fishery related Laborers
		93	Laborers in Mining, Construction, Manufacturing and Transport (Mining and Construction laborers, manufacturing laborers, Transport Laborers and Freight Handlers).
SERVICE WORKERS AND SHOP AND MARKET SALES WORKERS		ARMED FORCES	
51	Personal and Protective Service Workers (Travel Attendants and related Workers, Housekeeping and restaurant Services Workers, Personal care and related Workers, Other Personal Services Workers, Astrologers, Fortune-teller and related Workers, Protective Services Workers)	01	Armed Forces
52	Models, Sales Persons and Demonstrators (Fashion and Other Models, Shop Salespersons and Demonstrators, Stall and Market Salespersons)	77	Others

Men's Questionnaire

	Town	City	Village	Household Number		
Name						
Code						

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about quality of life all over (NAME OF COUNTRY). Your household was selected for the survey. I would like to ask you some questions about your household. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about XXX 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 participate since your information gathered on the children of the household is 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. The answers you give are strictly anonymous. They will not be shared with any service provider, and will not lead to any loss of social security or other social benefits.

In case you need more information about the survey, you may contact the person listed on this card.
 Do you have any questions?
 May I begin interview now?

Date: _____

(Signature of Respondent if literate)

SURVEY INFORMATION

M. Survey Date	DD MM YY
	Survey Date 1 (first visit) ___/___/_____
	Survey Date 2 (if revisit) ___/___/_____
	Survey Date 3 (if revisit) ___/___/_____
N. Surveyor Details	ID CODE GENDER
	Surveyor 1 ___ _
	Surveyor 2 ___ _
O. Survey Time	
	Start Time ___ _
	End Time ___ _
P. Interview Result	
	Completed with selected household..... 1
	Completed with replacement- refusal 2
	Completed with replacement- not found 3
	Completed with replacement- migrated/temporarily house locked 4

MODULE F - MEN'S LITERACY AND CHILD MORTALITY

Notes for filling MEN'S QUESTIONNAIRE

- **Purpose of the Questionnaire**⁸: This questionnaire records anthropometric information for the male respondent. It also collects information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** One PRIMARY Male Respondent , as directed in the manual

MODULE G1. MEN'S IDENTIFICATION

Q. No.	QUESTIONS	MODULE F1. MEN'S GENERAL DETAILS
INTERVIEWER CHECKPOINT		Interviewer: Please note the ID code and Name of the man from the HH ROSTER
1.	Man's ROSTER ID and NAME	ID CODE _____ NAME _____
2.	Country-Specific Question on RELIGION (if appropriate) What is your religion?	Christian1 Muslim2 Hindu3 Buddhist4 No Religion5 Other77
2.a	Country Specific Question on ETHNICITY/MOTHER TONGUE Do you belong to (ETHNIC GROUP OPTIONS) or none of them?	Country-Specific OPTIONS
2.b	Country Specific Question on MIGRATION	Country-Specific OPTIONS
3.	Do you know how to read and write?	Not at all1 A little bit2 Well and confidently3

MODULE G3. CHILD MORTALITY

Q. No.	QUESTIONS	MODULE G3. PREGNANCY AND CHILD MORTALITY
3.	Now I would like to ask about all the children you have had during your life. Have you fathered a child?	Yes1 No2 → Skip to Q8
4.	Have you ever fathered a son or a daughter who was born alive but later died? Interviewer Probe: If NO- "Any baby who cried or showed signs of life but didn't not survive?"	Yes1 No2 → Skip to Q8 Don't Know98 → Skip to Q8 Will not Answer88 → Skip to Q8

⁸ The roster for men's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Man's Questionnaire

5.a	How many boys have died? And how many girls have died?	NUMBER OF BOYS DEAD <input type="text"/> <input type="text"/> NUMBER OF GIRLS DEAD <input type="text"/> <input type="text"/> IF None00
5.b	Interviewer Checkpoint	TOTAL NUMBER OF DEATHS <input type="text"/> <input type="text"/>
6.	Which of these deaths occurred in the last 5 years?	TOTAL NUMBER OF DEATHS WITHIN 5 YEARS <input type="text"/> <input type="text"/> IF None00
7.	Were any of your children more than 5 years old when they died?	Yes- male1 Yes- female.....2 No.....3 Don't Know.....98 Will not Answer.....88

MODULE F3. MEN'S EMPLOYMENT

Q. No.	QUESTIONS	MODULE F4. MEN'S EMPLOYMENT			
8.	Did you do any type of work in the last 4 weeks?	Yes1 No.....2 → Skip to Q10			
9.	Were you absent from work in the last 4 weeks?	Yes1 → Skip to Q12 No.....2 → Skip to Q12			
10.	Have you been looking for work and ready for work in the last 4 weeks?	Yes1 → Skip to Q24 No.....2 → Skip to Q11			
11.	What was the main reason for not working in the last 4 weeks and not looking for work	No work available.....1 Seasonal Inactivity.....2 Student.....3 Household/Family Duties.....4 Too Old/Too Young5 Infirmary.....6 Other77 <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right; margin-top: 10px;">Skip to Q12</div>			
12.	How many jobs did you have in the last ONE YEAR? PLEASE LIST JOB CODES IN ORDER OF IMPORTANCE- i.e primary job as JOB 1 SEE OCCUPATION CODES BELOW FOR ANY OF THE JOB IF THE CODE IS 13 TO 16 PLEASE SKIP TO NEXT COLUMN	JOB1 DESCRIPTION	JOB2 DESCRIPTION	JOB3 DESCRIPTION	JOB4 DESCRIPTION
		OCCUPATION CODE	OCCUPATION CODE	OCCUPATION CODE	OCCUPATION CODE
13.	During which months did you work on this job during the past ONE YEAR? Yes..... 1	JOB1	JOB2	JOB3	JOB4
		JANUARY			
		FEBRUARY			
		MARCH			
		APRIL			

	No..... 2	MAY				
	ASK FOR EACH MONTH <i>Occupation codes may be revised to include care. Occupation codes must distinguish socio-economic strata insofar as is possible.</i>	JUNE				
		JULY				
		AUGUST				
		SEPTEMBER				
		OCTOBER				
		NOVEMBER				
		DECEMBER				
14.	How many hours per week did you work on an average in the last month?		JOB1	JOB2	JOB3	JOB4
	NUMBER OF HOURS					
15.	Did you work relatively more or less than usual in the last month?	More than usual1 Same as usual2 Less than usual3				
16.	How was you paid for the main job (i.e JOB 1)?	Wages/Salary1 Payment in kind2 Casual (hourly/daily)3 Unpaid or volunteer4 Self-employed5				
17.	For whom did you work for in your main job?	Government1 Parastatal2 Private Business3 Private Person/household.....4 Other77 SPECIFY _____				
18.	What is the main activity at place of your main job?	Agriculture.....1 Mining/quarrying2 Manufacturing/processing3 Construction.....4 Transport.....5 Trade/Selling6 Education/health.....7 Administration8 Miscellaneous Services9 Other77 SPECIFY _____				
19.	Are you entitled to the following?	Yes..... 1 No..... 2 N/A..... 66 Don't Know 98				
		Paid Sick Leave Paid Holiday Maternity/Paternity Leave Retirement Pension Social Security Benefits Health Insurance/Free Medical Care				
20.	Have you suffered any accidental injury, illness, disability or other physical or mental health problem caused by work during the past 12 months?	Yes1 No.....2 → Skip to QError! Reference source not found. N/A66 Don't Know.....98				
21.	Did any of these incidents lead to loss of work of one or more days?	Yes1 No.....2 N/A66 Don't Know.....98				

22.	The most serious incident had:	No permanent effect.....1 A permanent effect, but you're able to carry on with the same job.....2 A permanent effect, but you're able to work, although not in the same job3 A permanent effect that prevents you from working at all.....4 N/A66 Don't Know.....98
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MODULE F4. LITERACY TEST

Q. No.	QUESTIONS	MODULE F2. LITERACY TEST
INTERVIEWER CHECKPOINT		<i>Interviewer:</i> Show the CARD to respondent and RECORD OBSERVATION
5.	I would like you to read this sentence to me	Cannot read at all.....1 Able to read only parts of sentence 2 Able to read the whole sentence3 No card with required language.....4 Blind/Visually Impaired5

MODULE F5. MEN'S ANTHROPOMETRY

Q. No.	QUESTIONS	MODULE F4. MEN'S ANTHROPOMETRY
24.	Weight in KILO GRAMS (KG)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other 77
25.	Height in CENTI METERS (CM)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present 1 Refused 2 Other _____ 77

OCCUPATION CODES			
LEGISLATORS, SENIOR OFFICIALS AND MANAGERS		SKILLED AGRICULTURAL AND FISHERY WORKERS	
11	Legislators and senior officials (Legislators, Senior Government Officials, Traditional Chiefs and Heads of Villages, Senior Officials of Special Interest Organization)	61	market Oriented Skilled Agriculture and Fishery Workers (Market Gardeners and Crop Growers, Market Oriented Animal Producers and related Workers, Market Oriented Crop and animal Producer, Forestry and related Workers, Fishery Workers, Fishery Worker Hunters and Trappers)
12	Corporate Managers (Directors and Chief Executives, Production and Operations Department Managers, Other Department. General Managers)	62	Subsistence Agricultural and Fishery Workers
PROFESSIONALS		CRAFTS AND RELATED TRADES WORKERS	
21	Physical mathematical and Engineering Science Professionals (Physicist, Chemists and related Professionals, mathematicians, Statistician and related Professionals, Computing, Professional Architects, Engineers and related Professionals)	71	Extraction and Building Trades Workers (Miners Shot fires, Stone Cutters and Carvers, Building Frame and related Trades Worker, Building Finishers and related Trades Worker, Painters, Building Structure Cleaners and related Trades Workers)
22	Life Science and Health Professionals (Life Science Professionals, Health Professional (except Nursing), nursing and Midwifery Professionals.	72	Metal, Machinery and related Trades Workers (Metal Moulders, Welders, Sheet Metal Workers, Structural-Metal preparers and related Trades Workers, Blacksmiths, Tool-Makers and related Trades Workers, machinery Mechanics and Fitters, Electrical and Electronic Equipment Mechanics and Fitters)
23	Teaching Professionals (Collage University and Higher Education Teaching Professionals, Secondary Education Teaching Professionals, Primary and Pre-primary Education Teaching Professionals, Special Education Teaching Professionals, Other Teaching Professionals).	73	Precision, Handicraft, Printing and related Trades Workers (Precision Workers in Metal and related Materials, Potters, Glass Makers and related Trades Workers, Handicraft Workers in Wood, Textile Leather and related Materials, Printing and related Trades Workers)
24	Other Professionals (Business Professionals, Legal Professionals, Archivists, Librarians and related Information Professionals, Social Science and related Professionals, Writers and Creative or Performing Artists).	74	Other Craft and related Trades Workers (Food Processing and related Trades Workers, Wood Treaters, Cabinet Makers and related Trades Workers, Textile Garments and related Trades Workers, Pelt, Leather and Shoemaking Trades Workers).
TECHNICIANS AND ASSOCIATE PROFESSIONALS		PLANT AND MACHINE OPERATORS AND ASSEMBLERS	
31	Physical and Engineering Science Associate Professionals (Physical and Engineering Science Technicians, Computer Associate Professionals, Optical, and Electronically Equipment Operators, Ship and Air Craft Controllers, Safety and Quality Inspectors	81	Stationery Plant and related Operators (Mining and Mineral Processing Plant Operators, metal Processing Plant Operators, Glass, ceramic and related Plant Operators, Wood Processing and paper Making Plant Operators, Chemical Processing Plant Operators, Power Production and related Plant Operators, Automated Assembly Line and Industrial Robot Operators).
32	Life Science and Health Associate Professionals (Life Science Technicians and related Associate Professionals, Modern Health Associate Professionals (except Nursing), Nursing & Midwifery Associate Professionals, Traditional Medicine Practitioners and Faith Healers)	82	Machine Operators and Assemblers (metal and Mineral Products Machine Operators, Chemical Products Machine Operators, rubber and plastic products machine operators, wood products, machine operators, Printing, Binding and paper products, machine operators, textile, Fur and Leather Products Machine Operators, Food and related Products machine Operators, Assemblers, Other Machine Operators and Assemblers)
33	Teaching Associate Professionals (Primary Education Teaching Associate Professionals, pre-primary Teaching Associate Professionals, Special Education Teaching Associate Professionals, Other Teaching Associate Professionals)	83	Driver and Mobile Plants Operators (Locomotive Engine Drivers and related Workers, Motor Vehicle Drivers, Agriculture and other Mobile Plant Operators, Ship's deck Crews and related Operators).
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CLERKS		ELEMENTARY OCCUPATION	
41	Office Clerks (Secretariat and Keyboard – Operating Clerks, Numerical Clerks, Material-Recording and Transport Clerks, Library, mail and related Clerks, Other Office Clerks)	91	Sales and Services Elementary Occupations (Street Venders and related Workers, Shoe Cleaning and Other Street Services Elementary Occupations, Domestic and related helpers, Cleaners and Launderers, Building Caretakers, Window and related Cleaners, messengers, Porters, Doorkeepers and related Workers, Garbage Collector and related Laborers)
42	Customer Services Clerks (Cashier, Teller and related Clerks, Client Information Clerks)	92	Agricultural and Fishery related Laborers
		93	Laborers in Mining, Construction, Manufacturing and Transport (Mining and Construction laborers, manufacturing laborers, Transport Laborers and Freight Handlers).
SERVICE WORKERS AND SHOP AND MARKET SALES WORKERS		ARMED FORCES	
51	Personal and Protective Service Workers (Travel Attendants and related Workers, Housekeeping and restaurant Services Workers, Personal care and related Workers, Other Personal Services Workers, Astrologers, Fortune-teller and related Workers, Protective Services Workers)	01	Armed Forces
52	Models, Sales Persons and Demonstrators (Fashion and Other Models, Shop Salespersons and Demonstrators, Stall and Market Salespersons)	77	Others

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Frequently Asked Questions:

How is this survey tailored to national contexts? There are three points of entry. First, as this survey indicates, many questions require country-specific input into their definition, such as relevant social groups, or categories of services. Second, responsible national agencies may append relevant modules or questions. Third, responsible national agencies may compare the survey questions and indicator definitions with existing survey instruments, and consider whether to modify

How did you choose which variables to include? The included questions and indicators:

- a) are proposed in key post-2015 and SDG documents;
- b) are relevant in many contexts;
- c) do not require special conditions (enumerator training, privacy);
- d) pose low ethical risks to respondents;
- e) can change rapidly;
- f) are relatively easy to gather; and
- g) provide relatively accurate data in level and trend.

Why is domestic and sexual violence missing? These variables are vital. Obtaining these data while protecting the safety of respondents requires a) trained enumerators; and b) conditions of privacy. This would considerably increase survey costs.

Why are standard employment indicators not used? The current module generates standard unemployment rates. It is also deliberately innovative, because standard employment modules do not provide information on, and may mis-construct, key features of life for the working poor in many parts of the world, like:

- a) Multiple livelihood activities
- b) Seasonality of work
- c) Informal work
- d) Safety at work

The employment module could be extended to include care and household work by adding these to the occupation codes and providing instructions to enumerators.

Why aren't short income or consumption and expenditure modules included?

They could be added. But evaluations of the accuracy of shortened modules remain divided. Alternatively, if a good quality and extensive income/consumption and expenditure/household budget survey has been fielded recently, each household's consumption/expenditure level could be imputed using new modelling techniques (Yoshida 2014). What is clear is that periodic and extensive monetary surveys must still be fielded, either alone or in combination with this survey.

Does the whole survey need to be fielded?

National household surveys may freely draw upon such a survey instrument as a whole or in parts. Responsible agencies might wish to combine this post-2015 survey with national instruments over time, for example by harmonising indicator definitions for key variables.

SDG Indicators that can be constructed from this survey:

Indicator number	Potential and Indicative Indicator	Potential lead agency or agencies	Other goals indicator applies to
Goal 1. End poverty in all its forms everywhere			
6	[Level of extreme multidimensional poverty] - to be developed	WB, UNSD	2, 3, 4, 8
	Tier 2 Indicators: <ul style="list-style-type: none"> Percentage of population with access to banking services (including mobile banking) 		
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture			
9	Prevalence of stunting in children under [5] years of age	WHO, UNICEF	1, 3
Goal 3. Ensure healthy lives and promote well-being for all at all ages			
18	Neonatal, infant, and under-five mortality rates (modified MDG Indicator)	WHO, UNICEF, UN Population Division	
	Tier 2 Indicators: <ul style="list-style-type: none"> Percentage of births attended by skilled health personnel (MDG Indicator) Antenatal care coverage (at least one visit and at least four visits) (MDG Indicator) Post-natal care coverage (one visit) (MDG Indicator) 		
Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all			
35	Percentage of children receiving at least one year of a quality pre-primary education program.	UNESCO, UNICEF, World Bank	
41	Tertiary enrolment for women and men [and primary, secondary]	UNESCO	5, 8
	Tier 2 Indicators: <ul style="list-style-type: none"> Proportion of young adults (18-24 years) who are literate 		
Goal 5. Achieve gender equality and empower all women and girls			
	All health and education indicators are gendered & others too		
	Tier 2 Indicators: Mean age of mother at birth of first child		
Goal 6. Ensure availability and sustainable management of water and sanitation for all			
50	Percentage of population using basic drinking water, by urban/rural	WHO/UNICEF (JMP)	1, 2, 3, 5, 9, 11
51	Percentage of population using basic sanitation services, by urban/rural (modified MDG Indicator)	WHO/UNICEF (JMP)	1, 2, 3, 5, 9, 11
	Tier 2 Indicators: <ul style="list-style-type: none"> Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services. Percentage of population reporting practicing open defecation 		

Goal 7. Ensure access to affordable, reliable, sustainable, and modern energy for all			
55	Share of the population with access to modern cooking solutions, by urban/rural	SEA, IEA, WHO	1, 3, 5, 9, 11, 12
56	Share of the population with access to reliable electricity, by urban/rural	WEA, IEA, WB	1, 3, 5, 9, 11, 12
	Tier 2 Indicators: <ul style="list-style-type: none"> ○ Primary energy by type 		
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all			
•	Youth employment rate, by formal and informal sector	ILO	3, 11
•	[Placeholder for index of decent work]	ILO	
	Tier 2 Indicators: <ul style="list-style-type: none"> ○ Employment to population ratio (EPR) by gender and age group (15–64) ○ Share of informal employment in total employment ○ Percentage of own-account and contributing family workers in total employment 		
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation			
64	Access to all-weather road (% access within [x] km distance to road)	World Bank	2, 7, 11
65	Mobile broadband subscriptions per 100 inhabitants, by urban/rural	ITU	2, 5, 11, 17
	Tier 2 Indicators: Percentage of households with Internet, by type of service in rural areas.		
Goal 10. Reduce inequality within and among countries			
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable			
72	Percentage of urban population living in slums or informal settlements (MDG Indicator)	UN-Habitat and GCIF	1
73	Percentage of urban households with regular solid waste collection [and recycling] - to be developed	UN-Habitat	3, 12
Goal 12. Ensure sustainable consumption and production patterns			
Goal 13. Take urgent action to combat climate change and its impacts			
Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development			
Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss			
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels			
93	Violent injuries and deaths per 100,000 population	UNODC, WHO, UNOCHA	3, 5
98	Percentage of children under age 5 whose birth is registered with a civil authority	UNICEF	3, 5, 10
Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development			