

| IDENTIFICATION (1) | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---------------------------------|--|--|--|--|--|--|--|--|--|--|
| PROVINCE _____ | DISTRICT _____ | SECTOR _____ | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| STRUCTURE NUMBER | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MAN'S SURVEY AND RDHS BIOMAKER ? (1=YES, 2=NO) | | | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR WOMEN'S DV? (1=YES, 2=NO) | | | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MEN'S DV? (1=YES, 2=NO) | | | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MICRONUTRIENT BIOMAKER (1=YES, 2=NO) | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| | | | | MONTH <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | YEAR <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| RESULT* | _____ | _____ | _____ | INT. NO. <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| | | | | RESULT* <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| TIME | _____ | _____ | | | | | | | | | | | | | | |
| *RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY) | | | | TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| | | | | TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| | | | | TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| | | | | LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | <table border="1" style="width: 20px; height: 20px;"><tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr></table> | 0 | 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="width: 20px; height: 20px;"></table> | NATIVE LANGUAGE OF RESPONDENT** | | | | | | | | | | |
| 0 | 1 | | | | | | | | | | | | | | | |
| | | | | TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table> | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | ENGLISH | | **LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA | | | | | | | | | | | | | |
| SUPERVISOR _____ NAME | | FIELD EDITOR _____ NAME | | OFFICE EDITOR _____ NUMBER | | | | | | | | | | | | |
| <table border="1" style="width: 40px; height: 20px;"></table> NUMBER | | <table border="1" style="width: 40px; height: 20px;"></table> NUMBER | | <table border="1" style="width: 20px; height: 20px;"></table> NUMBER | | | | | | | | | | | | |
| KEYED BY _____ NUMBER | | <table border="1" style="width: 20px; height: 20px;"></table> NUMBER | | | | | | | | | | | | | | |

INTRODUCTION AND CONSENT

(2)

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



| | | | | | | |
|-----|------------------|--|--|--|--|--|
| 100 | RECORD THE TIME. | HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
| | | | | | | |
| | | | | | | |
| | | MINUTES <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | |
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| | | | | | | |

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | IF AGE 15 OR OLDER | ELIGIBILITY | | |
|----------|--|--|---------------------------|--------------------------------|----------------------------------|---|--|--|--|----|
| | | | | 8 | 9 | | 10 | 11 | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER ASKING QUESTIONS 2 TO 7 ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON. | What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? IF 95 OR MORE, RECORD '95'. | What is (NAME)'s current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED AND NEVER LIVED TOGETHER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 | IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 | |
| 01 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 01 | 01 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 02 | 02 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 03 | 03 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 04 | 04 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 05 | 05 | 05 |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 06 | 06 | 06 |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 07 | 07 | 07 |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 08 | 08 | 08 |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 09 | 09 | 09 |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 10 | 10 | 10 |

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

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HH
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/ FOSTER/ STEPCHILD
- 11 = BROTHER/ SISTER IN LAW
- 12 = NOT RELATED
- 13 = WAGED DOMESTIC WORKE
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

| LINE NO. | IF AGE 0-17 YEARS | | | | IF AGE 3 YEARS OR OLDER | | IF AGE 3-24 YEARS | | IF AGE 0-4 YEARS | | | IF AGE 7+ YEARS |
|----------|--|--|--|---|-----------------------------------|---|--|---|---|--|--|------------------------------|
| | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT/RECENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION | INSURANCE | | |
| | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | Is (NAME)'s biological mother alive? | Does (NAME)'s biological mother usually live in this household or was she a guest last night? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s biological natural father alive? | Does (NAME)'s biological father usually live in this household or was he a guest last night? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed in that level? SEE CODES BELOW. | Did (NAME) attend school at any time during the 2019-2020 school year? (3) | During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Does (NAME) have a birth certificate from civil authority? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW | Is (NAME) covered by any health insurance? | What is (NAME) main type of health insurance? 1=YES 2=NO 8=DK | Does (NAME) currently smoke? |
| 01 | Y N DK 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 20 OR 21 | LEVEL GRADE <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | Y N 1 2 ↓ GO TO 20 OR 21 | LEVEL GRADE <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 02 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 03 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 04 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 05 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 06 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 07 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 08 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 09 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 10 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> ↓ GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |

CODES FOR Qs. 17 AND 19: EDUCATION

- LEVEL**
- 1= PRE-PRIMARY
 - 2 = PRIMARY
 - 3 = POST-PRIMARY/VOCATIONAL
 - 4= SECONDARY
 - 5= UNIVERSITY
 - 8 = DON'T KNOW

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

CODE FOR Q.22

- 1=MUTELLE/ COMMUNITY HEALTH INSURANCE
- 2=RAMA/RSSB , 3=MMI
- 4=PRIVATE INSURANCE COMPANY
- 5= EMPLOYER
- 8=DON'T KNOW

:R

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | IF AGE 15 OR OLDER | ELIGIBILITY | | |
|----------|--|--|---------------------------|--------------------------------|----------------------------------|---|--|--|--|--|
| | | | | 8 | 9 | | 10 | 11 | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER ASKING QUESTIONS 2 TO 7 ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON. | What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? IF 95 OR MORE, RECORD '95'. | What is (NAME)'s current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED AND NEVER LIVED TOGETHER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 | IF HOUSEHOLD SELECTED FOR MAN'S SURVEY | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| 11 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 11 | 11 | 11 |
| 12 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 12 | 12 | 12 |
| 13 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 13 | 13 | 13 |
| 14 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 14 | 14 | 14 |
| 15 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 15 | 15 | 15 |
| 16 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 16 | 16 | 16 |
| 17 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 17 | 17 | 17 |
| 18 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 18 | 18 | 18 |
| 19 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 19 | 19 | 19 |
| 20 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 20 | 20 | 20 |

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/ FOSTER/ STEPCCHILD
- 11 = BROTHER/ SISTER IN LAW
- 12 = NOT RELATED
- 13 = WAGED DOMESTIC WORKER
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

| LINE NO. | IF AGE 0-17 YEARS | | | | IF AGE 3 YEARS OR OLDER | | IF AGE 3-24 YEARS | | IF AGE 0-4 YEARS | | | IF AGE 7+ YEARS |
|----------|--|--|--|---|-----------------------------------|---|--|---|---|--|--|------------------------------|
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| 14 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 15 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 16 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
| 17 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | 1 2 ↓ GO TO 20 OR 21 | <input type="text"/> <input type="text"/> GO TO 20 OR 21 | <input type="text"/> | 1 2 8 ↓ GO TO 23 | <input type="text"/> | <input type="text"/> |
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CODES FOR Qs. 17 AND 19: EDUCATION

CODE FOR Q.22

- 1= PRE-PRIMARY
- 2 = PRIMARY
- 3 = POST-PRIMARY/VOCATIONAL
- 4= SECONDARY
- 5= UNIVERSITY
- 8 = DON'T KNOW

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

- 1=MUTELLE/ COMMUNITY HEALTH INSURANCE
- 2=RAMA/RSSB, 3=MMI
- 4=PRIVATE INSURANCE COMPANY
- 5= EMPLOYER
- 6=OTHER
- 8=DON'T KNOW

HOUSEHOLD SCHEDULE

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

HOUSEHOLD SCHEDULE

| IF AGE 5 OR OLDER | | | | |
|-------------------|---|---|--|---|
| LINE NO. | DISABILITY | | | |
| | 32 | 33 | 34 | 35 |
| | <p>Does (NAME) has difficulty communicating when using his/her usual language?</p> <p>Would you say that (NAME) has some difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DONT KNOW</p> | <p>Does (NAME) has difficulty remembering or concentrating?</p> <p>Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DONT KNOW</p> | <p>Does (NAME) has difficulty walking or climbing steps?</p> <p>Would you say that (NAME) has walking or climbing steps, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DONT KNOW</p> | <p>Does (NAME) has difficulty washing all over or dressing?</p> <p>Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DONT KNOW</p> |
| 1 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 2 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 3 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 4 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 5 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 6 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
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HOUSEHOLD SCHEDULE

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HOUSEHOLD SCHEDULE

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| 12 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 13 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 14 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 15 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 16 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 17 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 18 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 19 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 20 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 113 | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 GAS (LPG/ NATURAL GAS) 02 BIOGAS 03 KEROSENE 04 PEAT/ LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP 09 ANIMAL DUNG 10 BRIQUETTE 11 SAW DUST 12 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) | → 116 |
| 114 | Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY) | → 116 |
| 115 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| 116 | How many rooms in this household are used for sleeping? | ROOMS <input type="text"/> <input type="text"/> | |
| 117 | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1 NO 2 | → 119 |
| 118 | How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows traditional? b) Milk Cows modern? c) Bulls? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Horses, donkeys, or mules? | a) MILK COWS TRADITIONAL <input type="text"/> <input type="text"/> b) MILK COWS MODERN <input type="text"/> <input type="text"/> c) BULLS <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> <input type="text"/> g) PIGS <input type="text"/> <input type="text"/> h) RABBIT <input type="text"/> <input type="text"/> i) HORSES, DONKEYS, MULES <input type="text"/> <input type="text"/> | |
| 119 | Does any member of this household own any agricultural land? | YES 1 NO 2 | → 121 |
| 120 | How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'. | HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998 | |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|---|-------------|-----|--------------|----------------------|---------------|---|------------------------------------|---|-------------|---------------------|---|---|-----------------------------|---|---|----------------------------|---|---|-----------------------|---|---|--------------------------|---|-----|-------------------------------|---|---|-----------------|---|---|----------------|---|---|---------------|---|---|-----------------------|---|---|----------------|---|---|-------------------|---|---|------------------------|---|---|---------------|---|---|--------------------------|---|---|------------------------|---|---|--|
| 121 | Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A Mattress? h) A bench or at least 3 Chairs? i) A bed? j) A Table? k) A sofa? l) A traditional improved stove? m) A Stove? n) A Cupboard o) A dinning table p) Iron machine q) A Laundry machine r) A satelite dish | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) ELECTRICITY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) COMPUTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) REFRIGERATOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) MATLESS</td> <td align="right">1</td> <td align="right">D 2</td> </tr> <tr> <td>h) BENCH OR AT LEAST 3 CHAIRS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) BED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) TABLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>k) SOFA</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>l) MODERN STOVE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>m) STOVE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>n) CUPBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>o) DINNING TABLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>p) IRON</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>q) LAUNDRY MACHINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>r) SATELITE DISH</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | a) ELECTRICITY | 1 | 2 | b) RADIO | 1 | 2 | c) TELEVISION | 1 | 2 | d) NON-MOBILE TELEPHONE .. | 1 | 2 | e) COMPUTER | 1 | 2 | f) REFRIGERATOR | 1 | 2 | g) MATLESS | 1 | D 2 | h) BENCH OR AT LEAST 3 CHAIRS | 1 | 2 | i) BED | 1 | 2 | j) TABLE | 1 | 2 | k) SOFA | 1 | 2 | l) MODERN STOVE | 1 | 2 | m) STOVE | 1 | 2 | n) CUPBOARD | 1 | 2 | o) DINNING TABLE | 1 | 2 | p) IRON | 1 | 2 | q) LAUNDRY MACHINE | 1 | 2 | r) SATELITE DISH | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) ELECTRICITY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) NON-MOBILE TELEPHONE .. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) COMPUTER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) REFRIGERATOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) MATLESS | 1 | D 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) BENCH OR AT LEAST 3 CHAIRS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) BED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) TABLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k) SOFA | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l) MODERN STOVE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m) STOVE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n) CUPBOARD | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o) DINNING TABLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p) IRON | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q) LAUNDRY MACHINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| r) SATELITE DISH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A boat without a motor? i) A camera | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WATCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) BOAT WITHOUT MOTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) CAMERA</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | a) WATCH | 1 | 2 | b) MOBILE PHONE | 1 | 2 | c) BICYCLE | 1 | 2 | d) MOTORCYCLE/SCOOTER | 1 | 2 | e) ANIMAL-DRAWN CART | 1 | 2 | f) CAR/TRUCK | 1 | 2 | g) BOAT WITH MOTOR | 1 | 2 | h) BOAT WITHOUT MOTOR | 1 | 2 | i) CAMERA | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) WATCH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) MOBILE PHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) MOTORCYCLE/SCOOTER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) ANIMAL-DRAWN CART | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) BOAT WITH MOTOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) BOAT WITHOUT MOTOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) CAMERA | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | Does any member of this household have a bank account? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124 | How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never? | <table border="0"> <tr> <td>DAILY</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td> <td align="right">4</td> </tr> <tr> <td>NEVER</td> <td align="right">5</td> </tr> </table> | DAILY | 1 | WEEKLY | 2 | MONTHLY | 3 | LESS OFTEN THAN ONCE A MONTH | 4 | NEVER | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEEKLY | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTHLY | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS OFTEN THAN ONCE A MONTH | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEVER | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124A | CHECK 21: AT LEAST ONE "NO" <input type="checkbox"/> ALL "YES" <input type="checkbox"/> | _____ → 127 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124B | Does your household plan to obtain health insurance for members that are currently not covered? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | Does your household have any mosquito nets? | <table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table> | YES | 1 | NO | 2 | → 139 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'. | NUMBER OF NETS <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MOSQUITO NETS

| | | NET #1 | NET #2 | NET #3 |
|------|--|---|---|---|
| 129 | ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED 1 NOT OBSERVED 2 | OBSERVED 1 NOT OBSERVED 2 | OBSERVED 1 NOT OBSERVED 2 |
| 130 | How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 |
| 131 | OBSERVE OR ASK 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 INSECTICIDE-TREATED NET (LLIN) ROYAL SENTRY 11 DAWAPLUS 2.0 12 INTERCEPTOR G2 .. 13 YAHE 14 PERMANET 3.0 15 MIRANET 16 OTHER/DON'T KNOW BRAND 17 OTHER TYPE 96 DON'T KNOW TYPE .. 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) ROYAL SENTRY 11 DAWAPLUS 2.0 12 INTERCEPTOR G2 .. 13 YAHE 14 PERMANET 3.0 15 MIRANET 16 OTHER/DON'T KNOW BRAND 17 OTHER TYPE 96 DON'T KNOW TYPE .. 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) ROYAL SENTRY 11 DAWAPLUS 2.0 12 INTERCEPTOR G2 .. 13 YAHE 14 PERMANET 3.0 15 MIRANET 16 OTHER/DON'T KNOW BRAND 17 OTHER TYPE 96 DON'T KNOW TYPE .. 98 |
| 134 | Did you get the net through a HH Mosquito net mass distribution campaign, during an antenatal care visit, or during an immunization visit? | YES, MASS DIST. VILLAGE CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4 | YES, MASS DIST. VILLAGE CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4 | YES, MASS DIST. VILLAGE CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4 |
| 135 | Where did you get the net? | HEALTH CENTER 01 DISTRICT PHARMACY 02 PRIVATE PHARMACY .. 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 OTHER 96 DON'T KNOW 98 | HEALTH CENTER 01 DISTRICT PHARMACY 02 PRIVATE PHARMACY .. 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 OTHER 96 DON'T KNOW 98 | HEALTH CENTER 01 DISTRICT PHARMACY 02 PRIVATE PHARMACY .. 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 OTHER 96 DON'T KNOW 98 |
| 135A | OBSERVE CONDITION OF MOSQUITO NET: DOES IT HAVE HOLES THAT ARE EQUAL TO OR LARGER THAN THE TIP OF YOUR THUMB? | YES 1 NO 2 NOT OBSERVED 8 | YES 1 NO 2 NOT OBSERVED 8 | YES 1 NO 2 NOT OBSERVED 8 |
| 135B | OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET. | CONICAL 1 RECTANGLE 2 NOT OBSERVED 8 | CONICAL 1 RECTANGLE 2 NOT OBSERVED 8 | CONICAL 1 RECTANGLE 2 NOT OBSERVED 8 |

MOSQUITO NETS

| | | NET #1 | NET #2 | NET #3 |
|------|--|--|--|--|
| 136 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO 137A) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 137A) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 137A) ← NOT SURE 8 |
| 137 | Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> SKIP TO 138 | NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> SKIP TO 138 | NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> SKIP TO 138 |
| 137A | Why did no one sleep under this mosquito net? | DAMAGED 1 DIFFICULT TO HUNG 2 NO SLEEPING BED 3 DON'T LIKE IT 4 ABSENT LAST NIGHT 5 OTHER 6 _____ SPECIFY DON'T KNOW 8 | DAMAGED 1 DIFFICULT TO HUNG 2 NO SLEEPING BED 3 DON'T LIKE IT 4 ABSENT LAST NIGHT 5 OTHER 6 _____ SPECIFY DON'T KNOW 8 | DAMAGED 1 DIFFICULT TO HUNG 2 NO SLEEPING BED 3 DON'T LIKE IT 4 ABSENT LAST NIGHT 5 OTHER 6 _____ SPECIFY DON'T KNOW 8 |
| 138 | | GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139. | GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139. | GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139. |

ADDITIONAL HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 139 | We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands? | OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5 | → 142 |
| 140 | OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 | |
| 141 | OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y | |
| 142 | OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 BRICKS WITHOUT CEMENT 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES/ COASTAL BRICK 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY) | |
| 143 | OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION. | NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MATERIAL/ PLASTIC 21 FINISHED ROOFING METAL SHEET 31 CALAMINE / CEMENT FIBER 32 CERAMIC TILES 33 CEMENT/ CONCRETE 34 INDUSTRIAL TILES 35 OTHER _____ 96 (SPECIFY) | |

ADDITIONAL HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|------|---|---|-------|--|--|--|--|
| 144 | <p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p> | <p>NATURAL WALLS CANE/PALM/TRUNKS 11</p> <p>RUDIMENTARY WALLS BAMBOO / TREE TRUNKS WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 REUSED WOOD 24 PLASTIC SHEETING 25</p> <p>FINISHED WALLS TREE TRUNKS WITH MUD AND CEMENT .. 31 STONE WITH LIME/CEMENT 32 OVEN FIRED BRICKS 33 OVEN FIRED BRICKS WITH CEMENT..... 34 CEMENT BLOCK 35 COVERED ADOBE WITH CEMENT 36 WOOD PLANKS/SHINGLES 37</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | |
| 144A | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MICRONUTRIENT BIOMAKER | YES 1 NO 2 | → 146 | | | | |
| 145 | <p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>COLLECT SALT AND PLACE IN INDICATED CONTAINER</p> <p>PUT THE 2ND BAR CODE LABEL ON SALT CONTAINEE, AND THE 3RD ON THE TRANSMITTAL FORM.</p> | <div style="border: 2px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NO SALT IN THE HOUSEHOD 99994 REFUSED 99995 OTHER _____ 99996 (SPECIFY REASON)</p> | | | | | |
| 146 | RECORD THE TIME. | HOURS <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> MINUTES <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> | | | | | |
| | | | | | | | |
| | | | | | | | |

SELECTION OF WOMAN/ MAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)¹

| | |
|-------|---|
| DVH00 | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN / MAN DV MODULE? YES <input type="checkbox"/> NO <input type="checkbox"/> → END INTERVIEW |
|-------|---|

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN / MEN (COLUMN 9 / 10) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '216' AND THE HOUSEHOLD SCHEDULE COLUMN 9 / 10 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN/MEN AGE 15-49/ 15-59 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN / MEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN/ MAN WHO IS ELIGIBLE FOR THE WOMAN'S/ MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER/ HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

| LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER | TOTAL NUMBER OF ELIGIBLE WOMEN / MEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9 | | | | | | | |
|---|---|---|---|---|---|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 0 | 1 | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1 | 1 | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2 | 1 | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3 | 1 | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4 | 1 | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5 | 1 | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6 | 1 | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7 | 1 | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8 | 1 | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9 | 1 | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

| | | | |
|-------|------------------------------------|--|---|
| DVH01 | NAME OF SELECTED WOMAN / MAN _____ | HH LINE NUMBER OF SELECTED WOMAN / MAN | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
|-------|------------------------------------|--|---|

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
