

2022 GHANA DEMOGRAPHIC AND HEALTH SURVEYS
 HOUSEHOLD QUESTIONNAIRE

GHANA
 GHANA STATISTICAL SERVICE

IDENTIFICATION																									
PLACE NAME _____																									
NAME OF HOUSEHOLD HEAD _____																									
CLUSTER NUMBER				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																					
HOUSEHOLD NUMBER				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																					
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td></td></tr> </table>																					
HOUSEHOLD SELECTED FOR DV? (1=YES, 2=NO)				<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td></td></tr> </table>																					
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																				
				MONTH	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>																				
				YEAR	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																				
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																				
RESULT*	_____	_____	_____	RESULT*	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td></tr> </table>																				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																					
TIME	_____	_____		<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td></tr> </table>																					
*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 _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>																					
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ghana Statistical Service (GSS). We are conducting a survey about health and other topics all over Ghana. 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.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div>MINUTES</div></div> <div style="display: flex; align-items: center; justify-content: flex-end;"><div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div>
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HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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

7A) 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 <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
7B) 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 <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s 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 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 or any early childhood education program?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or any early childhood education program at any time during the 2022 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
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	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <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	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

2

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

0 = PRE- PRIMARY 4 = SECONDARY
1 = PRIMARY 5 = SSS/SHS
2 = MIDDLE 6 = HIGHER
3 = JSS/JHS 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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 SACHET WATER 92 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 106 </div>
104	How long does it take to go there, get water, and come back?	MINUTES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW998	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F CAMPHOR/ NAPHTHALENE G PURIFICATION TABLET H OTHER X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, BIO-DIGESTER (BIOFIL) 15 FLUSH, DON'T KNOW WHERE 16 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
111A	What kind of shared toilet is it?	PUBLIC TOILET/ COMMUNAL TOILET 1 COMPOUND TOILET 2	
111B	How much do you pay to use the facility?	GHC <input type="text"/>	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, <input type="text"/> 22, 23, OR 31 CIRCLED ↓	OTHER <input type="text"/>	→ 117
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	
116	Where were the contents emptied to?	A TREATMENT PLAN 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	 } → 121 } → 120 } → 120 } → 123 } → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COOKING GEL 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	 } → 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE/OPEN FIRE 06 NO SPACE HEATING IN HOUSEHOLD/NO NEED 95 OTHER 96 (SPECIFY)	→ 125 → 125 → 126 → 125

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8																																					
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 SOLAR AIR HEATER 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04 BIOGAS 05 ALCOHOL/ETHANOL 06 GASOLINE/DIESEL 07 KEROSENE/PARAFFIN 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER 96 (SPECIFY)																																					
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER 96 (SPECIFY)																																					
127	How many rooms in this household are used for sleeping?	ROOMS <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>																																					
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130																																				
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Rabbits? h) Grasscutters? i) Pigs?	<table> <tr> <td>a) COWS/BULLS</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>b) OTHER CATTLE</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>c) HORSES/DONKEYS/MULES</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>d) GOATS</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>e) SHEEP</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>f) CHICKENS/POULTRY</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>g) RABBITS</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>h) GRASCUTTERS</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>i) PIGS</td> <td><table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </table>	a) COWS/BULLS	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			b) OTHER CATTLE	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			c) HORSES/DONKEYS/MULES	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			d) GOATS	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			e) SHEEP	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			f) CHICKENS/POULTRY	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			g) RABBITS	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			h) GRASCUTTERS	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			i) PIGS	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
130	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 132
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE HECTARES, RECORD '950' IF 95 OR MORE ACRES, RECORD IN HECTARES IF 95 OR MORE PLOTS, RECORD IN ACRES	HECTARES 1 <input type="text"/> <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/> PLOTS 3 <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998	
132	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A freezer? h) An electric generator/Invertor? i) A washing machine? j) A photo camera? (NOT ON PHONE) k) A video deck/DVD/VCD? l) A sewing machine? m) A bed? n) A table? o) A chair? p) A cabinet/cupboard?	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) FREEZER 1 2 h) GENERATOR 1 2 i) WASHING MACHINE 1 2 j) CAMERA 1 2 k) VIDEO/DVD/VCD 1 2 l) SEWING MACHINE 1 2 m) BED 1 2 n) TABLE 1 2 o) CHAIR 1 2 p) CABINET 1 2	
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A boat without a motor?	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER .. 1 2 e) ANIMAL-DRAWN CART 1 2 f) CAR/TRUCK 1 2 g) BOAT WITH MOTOR 1 2 h) BOAT WITHOUT MOTOR .. 1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
136A	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	→ 137
136B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER X (SPECIFY) DON'T KNOW Z	
137	Does your household have any mosquito nets?	YES 1 NO 2	→ 149
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/> <input type="text"/>	
140	WAS THIS NET OBSERVED?	OBSERVED 1 NOT OBSERVED 2	
141	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	
142	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.	INSECTICIDE TREATED NET (ITN) OLYSET 11 PERMANET 12 INTERCEPTOR .. 13 INTERCEPTOR G2 14 ROYAL SENTRY 15 DURANET 16 LIFE NET 17 DAWA PLUS 18 MAGNET 19 YORKKOL 20 OLYSET PLUS 21 DAWA 22 OTHER/DON'T KNOW BRAND (ITN) 23 OTHER TYPE (NOT ITN) 96 DON'T KNOW TYPE 98	
143	Did you get the net through the 2021/2022 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, 2021/2022 MASS DIST. CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SCHOOL DIST. 4 NO 5	145 →
144	Where did you get the net?	PRIVATE HEALTH FACILITY 01 PHARMACY/ CHEMIST/DRUG STORE 02 SHOP/MARKET 03 RELIGIOUS INSTITUTION 04 NGO 05 COMMUNITY VOLUNTEERS 06 PETROL STATION/MOBILE MART 07 PRIOR MASS DIST. CAMPAIGN 08 OTHER 96 DON'T KNOW 98	
145	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	147 → 148 →

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>→ 148</p>
147	<p>What was the main reason this net was not used last night?</p>	<p>TOO HOT 01</p> <p>NO MOSQUITOES 02</p> <p>NO MALARIA 03</p> <p>PREFER OTHER METHOD (COILS, SPRAY, FANS) 04</p> <p>NET TOO OLD/TORN 05</p> <p>CHEMICALS IN NET ARE UNSAFE 06</p> <p>DON'T LIKE SMELL 07</p> <p>NET TOO SHORT/SMALL 08</p> <p>USUAL USER DID NOT SLEEP HERE 09</p> <p>EXTRA NET/SAVING FOR LATER 10</p> <p>NET WAS BEING WASHED/DRIED/AIRED 11</p> <p>SLEPT OUTSIDE 12</p> <p>NET BROUGHT BUGS 13</p> <p>DON'T LIKE SHAPE 14</p> <p>DO NOT LIKE TEXTURE 15</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
148 (9)	<p>GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.</p>		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 152 </div>
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC/MARBLE/PORCELAIN TILES/TERRAZO 33 CEMENT 34 WOOLEN CARPET/SYNTHETIC CARPET .. 35 LINOLEUM/RUBBER CARPET 36 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING ZINC/ALUMINIUM 31 WOOD 32 CERAMIC/BRICK TILES 33 CEMENT 34 ROOFING SHINGLES 35 ASBESTOS/SLATE ROOFING SHEETS .. 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>									
155	<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>TEST SALT FOR IODINE.</p>	<p>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3</p> <p>HOUSEHOLD DOES NOT USE SALT 4</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>									
156	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
