

County U/R EA Household

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Person ID number	<p>B.9 During the last 4 weeks, did you spend at least 4 nights per week in this household?</p> <p>1 Yes 2 No</p>	<p>B.10 Eligibility for LFS ?</p> <p>B.4 ≥ 5 and B.9 = 1</p> <p>1 Yes 2 No END</p>	<p>B.11 Do you have any difficulty in seeing, moving, hearing, speaking or learning?</p> <p>1 Yes 2 No ⇒ C.1</p>	<p>B.12 What kind of disability do you have?</p> <p>01 Legs 02 Arms 03 Both arm and leg 04 Hearing 05 Speech 06 Deaf & dumb 07 Sight 08 Mental 09 Other (SPECIFY)</p>	<p>B.13 What is the cause of your disability?</p> <p>01 From birth 02 Polio 03 Stroke 04 Epilepsy 05 War 06 Accident 07 Aging 08 Trachoma 09 Measles 10 River blindness 11 Other (SPECIFY)</p>
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