



2015-2016 MALAWI DEMOGRAPHIC AND HEALTH SURVEY  
 MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE  
 HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION											
PLACE NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) .....											
HOUSEHOLD SELECTED FOR MICRONUTRIENT'S STUDY? (1=YES, 2=NO) .....											
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>						
RESULT*	_____	_____	_____	YEAR	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>						
NEXT VISIT: DATE	_____	_____	_____	INT. NO.	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>						
TIME	_____	_____	_____	RESULT*	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>		0	1	LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>				NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>			
0	1										
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH 02 CHICHEWA		TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
03 TUMBUKA 09 OTHER _____ (SPECIFY)											
SUPERVISOR _____ NAME			OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER				KEYED BY <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER				

THIS PAGE IS INTENTIONALLY BLANK

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with The National Statistical Office. We are conducting a survey about health and other topics all over Malawi. 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;"><table border="1" style="border-collapse: collapse; text-align: center;"><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></div>				

## 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
	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 LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, 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 OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49  CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY  CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	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 <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
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 <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2C) 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 5 YEARS OR OLDER		IF AGE 5-24 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	21
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  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 at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the [2015-2016] 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	IF Q.20=1 OR Q.20=2  Was (NAME)'s birth registered with the district commissioner, hospital, registrar general's office or the traditional village chief?  1= DISTRICT COMMISSIONER 2= HOSPITAL 3= REGISTRAR GENERAL 4= TRADITIONAL VILLAGE CHIEF 6=OTHER
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

## CODES FOR Qs. 17 AND 19: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 19.)
8 = DON'T KNOW	98 = DON'T KNOW

## 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
	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 LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, 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 OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49  CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	<b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b>  CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	<b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b>  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 <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 5 YEARS OR OLDER		IF AGE 5-24 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	21
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  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 at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the [2015-2016] 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	IF Q.20=1 OR Q.20=2  Was (NAME)'s birth registered with the district commissioner, hospital, registrar general's office or the traditional village chief?  1= DISTRICT COMMISSIONER 2= HOSPITAL 3= REGISTRAR GENERAL 4= TRADITIONAL VILLAGE CHIEF 6=OTHER
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

## CODES FOR Qs. 17 AND 19: EDUCATION

## LEVEL

0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
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



SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK FRONT COVER									
HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/>					HOUSEHOLD NOT SELECTED <input type="checkbox"/>				
					101				
<p>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 (COLUMN 9) 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.</p> <p><b>EXAMPLE:</b> THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 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 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 WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN</p>									
LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9								
	1	2	3	4	5	6	7	8	9
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	
30	NAME OF SELECTED WOMAN _____					HH LINE NUMBER OF SELECTED WOMAN <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>			

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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  OTHER ..... 96 <div style="text-align: right;">(SPECIFY)</div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">→</div> <div>106</div> </div> <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">→</div> <div>103</div> </div> <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">→</div> <div>103</div> </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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 <div style="text-align: right;">(SPECIFY)</div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">→</div> <div>106</div> </div>
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 5px;">→</div> <div>105</div> </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; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> DON'T KNOW ..... 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? <div style="display: flex; justify-content: space-around; align-items: center;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/></span> </div>		→ 107

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	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  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.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> 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)	→ 113		
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 ..... <table><tr><td>0</td><td></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 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  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 OR BULLS? ..... b) OTHER CATTLE? ..... c) DONKEYS, OR MULES? ..... d) GOATS? ..... e) SHEEP? ..... f) PIGS? ..... g) CHICKENS? ..... h) OTHER POULTRY? .....	
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) Koloboyi? h) A paraffin lamp? i) A torch? j) A bed with a mattress? k) A sofa set?	YES a) ELECTRICITY ..... 1 b) RADIO ..... 1 c) TELEVISION ..... 1 d) NON-MOBILE TELEPHONE .. 1 e) COMPUTER ..... 1 f) REFRIGERATOR ..... 1 g) KOLOBOYI ..... 1 h) PARAFFIN LAMP ..... 1 i) TORCH ..... 1 j) BED WITH MAT ..... 1 k) SOFA SET ..... 1	NO 2 2 2 2 2 2 2 2 2 2 2	
122	Does any member of this household own: a) A wrist 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?	YES a) WATCH ..... 1 b) MOBILE PHONE ..... 1 c) BICYCLE ..... 1 d) MOTORCYCLE/SCOOTER .... 1 e) ANIMAL-DRAWN CART ..... 1 f) CAR/TRUCK ..... 1 g) BOAT WITH MOTOR ..... 1	NO 2 2 2 2 2 2 2	
123	Does any member of this household have a bank account?	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?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS OFTEN THAN ONCE A MONTH ..... 4 NEVER ..... 5		
125	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		<input type="checkbox"/> → 127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
127	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2		<input type="checkbox"/> → 139
128	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input style="width: 50px; height: 20px;" 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
129A	Is the net hanging for sleeping?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 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.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26 (SKIP TO 134) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26 (SKIP TO 134) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26 (SKIP TO 134) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98
134	Did you get the net through the 2014-2015 mass campaign, during an antenatal care visit, at birth, or first immunization visit?	YES, 2014-2015 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 136) ← NO ..... 5	YES, 2014-2015 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 136) ← NO ..... 5	YES, 2014-2015 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREAC ..... 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREAC ..... 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREAC ..... 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← 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"/>	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"/>	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"/>
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	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 142 </div>
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 ..... C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  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><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>POLE 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><b>FINISHED WALLS</b></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>	
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>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>	

CHILD FUNCTIONING AND DISABILITY (AGE 2-9)

200	CHECK COL. (5) AND (7) IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN <b>AGE 2-9 YEARS</b> WHO USUALLY LIVE IN THE HOUSEHOLD (COL. 5="1")	TOTAL NUMBER ... <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div>
201	CHECK THE NUMBER OF CHILDREN IN 200: <div style="display: flex; justify-content: space-around; align-items: center;"> <span>ONE OR MORE <input style="width: 20px; height: 15px;" type="checkbox"/></span> <span>ZERO <input style="width: 20px; height: 15px;" type="checkbox"/> <span style="font-size: 2em;">→</span> 300</span> </div>	
202	<p>CHECK COLUMNS 1, 2, 4, AND 7 IN THE LIST OF HOUSEHOLD MEMBERS. LIST BELOW EACH OF CHILDREN <b>AGE 2-9 YEARS</b> WHO <b>USUALLY LIVE IN THE HOUSEHOLD</b>. RECORD THE LINE NUMBER, NAME, SEX AND AGE FOR EACH OF THE CHILDREN. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to talk to you about the health condition of children age 2-9 who usually live here. We will talk about each separately. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of our team.</p>	
		CHILD 1
203	LINE NUMBER FROM COLUMN 1.  NAME FROM COLUMN 2.	LINE NUMBER ..... <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> NAME .....
204	CHILD SEX FROM COLUMN 4.	MALE ..... 1 FEMALE ..... 2
205	CHILD AGE FROM COLUMN 7.	AGE ..... <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div>
206	Compared with other children, does or did (NAME) have any serious delay in sitting standing, or walking?	YES ..... 1 NO ..... 2
207	Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?	YES ..... 1 NO ..... 2
208	Does (NAME) appear to have any difficulty hearing (uses hearing aid, hears with difficulty or completely deaf)?	YES ..... 1 NO ..... 2
209	When you tell (NAME) to do something, does he/she seem to understand what you are saying?	YES ..... 1 NO ..... 2
210	Does (NAME) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	YES ..... 1 NO ..... 2
211	Does (NAME) sometimes have fits, become rigid, or lose consciousness?	YES ..... 1 NO ..... 2
212	Does (NAME) learn to do things like other children his/her age?	YES ..... 1 NO ..... 2
213	Does (NAME) speak at all (can he/she make him or herself understood in words; can he/she say any recognizable words)?	YES ..... 1 NO ..... 2
214	CHECK 205: CHILD AGE	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             3-9 YEARS  <input style="width: 20px; height: 15px;" type="checkbox"/>  <span style="font-size: 2em;">↓</span> </div> <div style="text-align: center;">             2 YEARS  <input style="width: 20px; height: 15px;" type="checkbox"/>              (GO TO 216) ←           </div> </div>
215	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             YES ..... 1              NO ..... 2              (SKIP TO 217) ←           </div> <div style="text-align: center;">             YES ..... 1              NO ..... 2              (SKIP TO 217) ←           </div> </div>
216	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES ..... 1 NO ..... 2
217	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES ..... 1 NO ..... 2
218		GO BACK TO 206 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.

CHILD FUNCTIONING AND DISABILITY (AGE 2-9)

		CHILD 3	CHILD 4
203	LINE NUMBER FROM COLUMN 1.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
204	CHILD SEX FROM COLUMN 4.	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
205	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
206	Compared with other children, does or did (NAME) have any serious delay in sitting standing, or walking?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
207	Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
208	Does (NAME) appear to have any difficulty hearing (uses hearing aid, hears with difficulty or completely deaf)?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
209	When you tell (NAME) to do something, does he/she seem to understand what you are saying?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
210	Does (NAME) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
211	Does (NAME) sometimes have fits, become rigid, or lose consciousness?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
212	Does (NAME) learn to do things like other children his/her age?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
213	Does (NAME) speak at all (can he/she make him or herself understood in words; can he/she say any recognizable words)?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
214	CHECK 205: CHILD AGE	3-9 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> ↓ (GO TO 216) ←	3-9 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> ↓ (GO TO 216) ←
215	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	YES ..... 1 NO ..... 2 (SKIP TO 217) ←	YES ..... 1 NO ..... 2 (SKIP TO 217) ←
216	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
217	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
218		GO BACK TO 206 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.	GO BACK TO 206 IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.

## CHILD FUNCTIONING AND DISABILITY (AGE 10-17)

300	CHECK COL. (5) AND (7) IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN <b>AGE 10-17 YEARS</b> WHO USUALLY LIVE IN THE HOUSEHOLD (COL. 5="1")	TOTAL NUMBER ... <input type="text"/> <input type="text"/>	
301	CHECK THE NUMBER OF CHILDREN IN 300: ONE OR MORE <input type="checkbox"/> ZERO <input type="checkbox"/> → 401		
302	CHECK COLUMNS 1, 2, 4, AND 7 IN THE LIST OF HOUSEHOLD MEMBERS. LIST BELOW EACH OF CHILDREN <b>AGE 10-17 YEARS WHO USUALLY LIVE IN THE HOUSEHOLD</b> . RECORD THE LINE NUMBER, NAME, SEX AND AGE FOR EACH OF THE CHILDREN. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).  Now I would like to talk to you about the health condition of children age 10-17 who usually live here. We will talk about each separately. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of our team.		
		CHILD 1	CHILD 2
303	LINE NUMBER FROM COLUMN 1.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
	NAME FROM COLUMN 2.	NAME .....	NAME .....
304	CHILD SEX FROM COLUMN 4.	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
305	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
306	Does (NAME) wear glasses or contact lenses?	YES ..... 1 NO ..... 2 (SKIP TO 309) ←	YES ..... 1 NO ..... 2 (SKIP TO 309) ←
307	Does (NAME) have difficulty seeing even if he/she is wearing glasses or contact lenses?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 311) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 311) ←
308	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 311) ←	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 311) ←
309	Does (NAME) have difficulty seeing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 311) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 311) ←
310	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8
311	Does (NAME) use a hearing aid?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 314) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 314) ←
312	Does (NAME) have difficulty hearing even if he/she is using a hearing aid?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 316) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 316) ←
313	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 316) ←	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 316) ←
314	Does (NAME) have difficulty hearing ?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 316) ←	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 316) ←
315	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8

		CHILD 1	CHILD 2
303	LINE NUMBER FROM COLUMN 1.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
316	Does (NAME) have difficulty communicating using his/her usual language, for example understanding or being understood?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DON'T KNOW ..... 8
317	Would you say that (NAME) has some difficulty communicating, a lot of difficulty, or can he/she not communicate at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T COMMUNICATE AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T COMMUNICATE AT ALL ..... 3 DON'T KNOW ..... 8
318	Does (NAME) have difficulty remembering or concentrating?	YES ..... 1 NO ..... 2 (SKIP TO 320) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 320) ← DON'T KNOW ..... 8
319	Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or can he/she not remember or concentrate at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T REM./CONCENT. AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T REM./CONCENT. AT ALL ..... 3 DON'T KNOW ..... 8
320	Does (NAME) have difficulty walking or climbing steps?	YES ..... 1 NO ..... 2 (SKIP TO 322) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 322) ← DON'T KNOW ..... 8
321	Would you say that (NAME) has some difficulty walking or climbing steps, a lot of difficulty, or can he/she not walk or climb steps at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WALK/CLIMB AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WALK/CLIMB AT ALL ..... 3 DON'T KNOW ..... 8
322	Does (NAME) have difficulty washing all over or dressing?	YES ..... 1 NO ..... 2 (SKIP TO 324) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 324) ← DON'T KNOW ..... 8
323	Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or can he/she not wash all over or dress at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WASH/DRESS AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WASH/DRESS AT ALL ..... 3 DON'T KNOW ..... 8
324		GO BACK TO 306 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.	GO BACK TO 306 IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 401.

CHILD FUNCTIONING AND DISABILITY (AGE 10-17)

		CHILD 3	CHILD 4
303	LINE NUMBER FROM COLUMN 1.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
304	CHILD SEX FROM COLUMN 4.	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
305	CHILD AGE FROM COLUMN 7.	AGE ..... <input type="text"/> <input type="text"/>	AGE ..... <input type="text"/> <input type="text"/>
306	Does (NAME) wear glasses or contact lenses?	YES ..... 1 NO ..... 2 (SKIP TO 309) ←	YES ..... 1 NO ..... 2 (SKIP TO 309) ←
307	Does (NAME) have difficulty seeing even if he/she is wearing glasses or contact lenses?	YES ..... 1 NO ..... 2 (SKIP TO 311) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 311) ← DON'T KNOW ..... 8
308	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 311) ←	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 311) ←
309	Does (NAME) have difficulty seeing?	YES ..... 1 NO ..... 2 (SKIP TO 311) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 311) ← DON'T KNOW ..... 8
310	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T SEE AT ALL ..... 3 DON'T KNOW ..... 8
311	Does (NAME) use a hearing aid?	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DON'T KNOW ..... 8
312	Does (NAME) have difficulty hearing even if he/she is using a hearing aid?	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DON'T KNOW ..... 8
313	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 316) ←	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8 (SKIP TO 316) ←
314	Does (NAME) have difficulty hearing ?	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DON'T KNOW ..... 8
315	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T HEAR AT ALL ..... 3 DON'T KNOW ..... 8

		CHILD 3	CHILD 4
303	LINE NUMBER FROM COLUMN 1.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
316	Does (NAME) have difficulty communicating using his/her usual language, for example understanding or being understood?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DON'T KNOW ..... 8
317	Would you say that (NAME) has some difficulty communicating, a lot of difficulty, or can he/she not communicate at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T COMMUNICATE AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T COMMUNICATE AT ALL ..... 3 DON'T KNOW ..... 8
318	Does (NAME) have difficulty remembering or concentrating?	YES ..... 1 NO ..... 2 (SKIP TO 320) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 320) ← DON'T KNOW ..... 8
319	Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or can he/she not remember or concentrate at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T REM./CONCENT. AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T REM./CONCENT. AT ALL ..... 3 DON'T KNOW ..... 8
320	Does (NAME) have difficulty walking or climbing steps?	YES ..... 1 NO ..... 2 (SKIP TO 322) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 322) ← DON'T KNOW ..... 8
321	Would you say that (NAME) has some difficulty walking or climbing steps, a lot of difficulty, or can he/she not walk or climb steps at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WALK/CLIMB AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WALK/CLIMB AT ALL ..... 3 DON'T KNOW ..... 8
322	Does (NAME) have difficulty washing all over or dressing?	YES ..... 1 NO ..... 2 (SKIP TO 324) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 324) ← DON'T KNOW ..... 8
323	Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or can he/she not wash all over or dress at all?	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WASH/DRESS AT ALL ..... 3 DON'T KNOW ..... 8	SOME DIFFICULTY ..... 1 A LOT OF DIFFICULTY ..... 2 CAN'T WASH/DRESS AT ALL ..... 3 DON'T KNOW ..... 8
324		GO BACK TO 306 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.	GO BACK TO 306 IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.

#### ELIGIBILITY AND CONSENT FOR THE MICRONUTRIENT SURVEY

NO.	
401	<div>CHECK FRONT COVER</div> <div>HOUSEHOLD SELECTED FOR THE MICRONUTRIENT SURVEY</div> <div>HOUSEHOLD NOT SELECTED FOR THE MICRONUTRIENT SURVEY</div> <div>404</div>
402	<div>a) AFFIX THE FIRST HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE TRANSMITTAL SHEET AND RECORD THE CODE</div> <div>b) CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 0-5 YEARS.</div> <div>c) IF HOUSEHOLD <b>IS NOT</b> SELECTED FOR SCHOOL-AGE CHILDREN'S SURVEY: RECORD "95"</div> <div>IF HOUSEHOLD <b>IS SELECTED</b> FOR SCHOOL-AGE CHILDREN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 6-14 YEARS.</div> <div>d) IF HOUSEHOLD <b>IS NOT</b> SELECTED FOR WOMEN'S SURVEY: RECORD "95"</div> <div>HOUSEHOLD <b>IS SELECTED</b> FOR WOMEN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF WOMEN AGE 15-49 YEARS.</div> <div>e) IF HOUSEHOLD <b>IS NOT</b> SELECTED FOR MEN'S SURVEY, RECORD "95"</div> <div>IF HOUSEHOLD <b>IS SELECTED</b> FOR MEN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF MEN AGE 20-54 YEARS.</div> <div>a) BAR CODE</div> <div>b) TOTAL ELIGIBLE PRESCHOOL (0-5 YRS)</div> <div>c) TOTAL ELIGIBLE SCHOOL-AGE (6-14 YRS)</div> <div>d) TOTAL ELIGIBLE WOMEN (15-49 YRS)</div> <div>e) TOTAL ELIGIBLE MEN (20-54 YRS)</div>



ELIGIBILITY AND CONSENT FOR THE MICRONUTRIENT SURVEY

NO.							
403	<p align="center"><u>PERMISSION TO REVISIT THE HOUSEHOLD BY THE MICRONUTRIENT TEAM</u></p> <p>In the next few days, my colleagues who are working with the ministry of health would like to revisit your household to conduct a micronutrient study. The micronutrient team will collect samples of sugar, oil, and salt used in the household; conduct a brief interview to assess individual and household-level exposures to nutrition interventions; and collect venous blood and urine samples to evaluate micronutrient status of children aged 6-59 months, school-age children (6-14 years), women age 15-49 years, and men age 20-54 years. You don't have to permit the visit, but we hope you will agree since your household participation is very important. In case you need more information about the revisit, you may contact the person listed on this card.</p> <p>GIVE CARD WITH CONTACT INFORMATION</p> <p>Do you have any questions? Do you agree for your household to be revisited?</p> <p>SIGNATURE OF INTERVIEWER _____ DATE _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>RESPONDENT AGREES TO BE REVISITED . . 1 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "1": PERMISSION FOR REVISIT WAS GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) RECORD INFORMATION ABOUT ELIGIBLE PRESCHOOL CHILDREN (201;202); SCHOOL-AGE CHILDREN (301,302); WOMEN (401,402,403); MEN (501) IN THE MICRONUTRIENT QUESTIONNAIRE</li> <li>6) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol> </td> <td style="width:50%; vertical-align: top;"> <p>RESPONDENT DOES NOT AGREES TO BE REVISITED . . 2 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "2": PERMISSION FOR REVISIT WAS NOT GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol> </td> </tr> </table>			<p>RESPONDENT AGREES TO BE REVISITED . . 1 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "1": PERMISSION FOR REVISIT WAS GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) RECORD INFORMATION ABOUT ELIGIBLE PRESCHOOL CHILDREN (201;202); SCHOOL-AGE CHILDREN (301,302); WOMEN (401,402,403); MEN (501) IN THE MICRONUTRIENT QUESTIONNAIRE</li> <li>6) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol>	<p>RESPONDENT DOES NOT AGREES TO BE REVISITED . . 2 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "2": PERMISSION FOR REVISIT WAS NOT GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol>		
<p>RESPONDENT AGREES TO BE REVISITED . . 1 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "1": PERMISSION FOR REVISIT WAS GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) RECORD INFORMATION ABOUT ELIGIBLE PRESCHOOL CHILDREN (201;202); SCHOOL-AGE CHILDREN (301,302); WOMEN (401,402,403); MEN (501) IN THE MICRONUTRIENT QUESTIONNAIRE</li> <li>6) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol>	<p>RESPONDENT DOES NOT AGREES TO BE REVISITED . . 2 ↓</p> <ol style="list-style-type: none"> <li>1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION</li> <li>2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE</li> <li>3) RECORD "2": PERMISSION FOR REVISIT WAS NOT GRANTED</li> <li>4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402</li> <li>5) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM</li> </ol>						
404	RECORD THE TIME.	HOURS ..... MINUTES .....	<table border="1" style="width: 60px; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				

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

---

---

---

---

---

