



IDENTIFIER		
QUESTIONNAIRE NUMBER	CENSUS AREA NUMBER	HOUSEHOLD NUMBER

GEOGRAPHICAL LOCATION									
Region	<input style="width: 90%;" type="text"/>	District	<input style="width: 90%;" type="text"/>	Jamoat	<input style="width: 90%;" type="text"/>	Village	<input style="width: 90%;" type="text"/>		
GPS COORDINATES OF DWELLING									
LATITUDE (NORTH):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
				.					
LONGITUDE (EAST):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
				.					
					ALTITUDE:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
						METERS			

INTERVIEWER AND VISITS												LANGUAGE USED				
NAME: _____										CODE: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div>...BY THE INTERVIEWER?</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div>... BY THE RESPONDENT?</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>				
<b>DATE OF VISIT</b>																
# 1:	DAY		MONTH		YEAR				HH		MM		HH		MM	
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
# 2:	DAY		MONTH		YEAR				HH		MM		HH		MM	
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
# 3:	DAY		MONTH		YEAR				HH		MM		HH		MM	
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
												<div>TAJIK</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">01</div>				
												<div>UZBEK</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">02</div>				
												<div>RUSSIAN</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">03</div>				
												<div>KYRGYZ</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">04</div>				
												<div>OTHER (SPECIFY: _____)</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">96</div>				
<b>TRANSLATOR USED?</b>																
<div>NEVER</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">01</div>																
<div>SOMETIMES</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">02</div>																
<div>ALWAYS</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">03</div>																
<b>SUPERVISOR</b>												<b>CONTROL INFORMATION</b>				
NAME: _____										CODE: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div>NUMBER OF HOUSEHOLD MEMBERS</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>				
		DAY		MONTH		YEAR										
		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div>	<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div>							

# 1 FLAP

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.01)	(1.02)	(1.03)		ELIGIBILITY										
	Please give me the names of the persons who live in your household.  WRITE THE FIRST NAME AND THEN THE SURNAME  START THE LIST WITH THE HEAD OF THE HOUSEHOLD  RECORD THE HOUSEHOLD MEMBERS IN ORDER TO THEIR AGE (FROM OLDER TO YOUNGER)	GENDER  [DON'T READ]	COPY AGE FROM (1.12) (IF <5 YEARS OLD, ALSO WRITE DOWN MONTHS)		(1.04) Circle ID of All Household Members 12 and older	(1.05) Circle ID of All Household Members 18 and older	(1.06) Circle ID of All Household Members 40 and older	(1.07) Circle ID of All Women 15-49 years old	(1.08) Circle ID of All Women with Children <5 years old	(1.09) Circle ID of all Pregnant Women	(1.10) Circle ID of All Children under 5 years old	(1.11) Circle ID of All persons age 5-24	(1.12) Circle ID of All Household Members, who currently for at least 2 weeks is inside or outside of the country		
			MALE	1										YEARS	MONTHS
			FEMALE	2											
	NAME														
01					01	01	01	01	01	01	01	01	01		
02					02	02	02	02	02	02	02	02	02		
03					03	03	03	03	03	03	03	03	03		
04					04	04	04	04	04	04	04	04	04		
05					05	05	05	05	05	05	05	05	05		
06					06	06	06	06	06	06	06	06	06		
07					07	07	07	07	07	07	07	07	07		
08					08	08	08	08	08	08	08	08	08		
09					09	09	09	09	09	09	09	09	09		
10					10	10	10	10	10	10	10	10	10		
11					11	11	11	11	11	11	11	11	11		
12					12	12	12	12	12	12	12	12	12		
13					13	13	13	13	13	13	13	13	13		
14					14	14	14	14	14	14	14	14	14		
15					15	15	15	15	15	15	15	15	15		

# 1 HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.13)	(1.14)			(1.15)		(1.16)
	What is [NAME]'s relationship to the head of the household?	What is [NAME]'s date of birth?			How old is [NAME]?		What is [NAME]'s current marital status?
	HEAD OF HOUSEHOLD 01				(IF <5 YEARS OLD, ALSO COLLECT MONTHS)		NEVER MARRIED 01 ▶ (1.18)
	SPOUSE (WIFE/HUSBAND) 02						MARRIED (REGISTERED) 02
	OWN SON / DAUGHTER 03						MARRIED (POLYGAMOUS UNION) 03
	STEP SON/DAUGHTER 04						MARRIAGE NOT REGISTERED (ONLY NIKOKH) 04
	SON/DAUGHTER IN-LAW 05	IF RESPONDENT DOES NOT KNOW DAY OR MONTH, WRITE 'DK'. IF DOES NOT KNOW YEAR, PROBE USING TABLE OF EVENTS			ALSO WRITE [NAME]'S AGE ON THE FLAP		DIVORCED / SEPARATED 05 ▶ (1.18)
	GRANDCHILD 06						WIDOWED 06 ▶ (1.18)
	BROTHER/SISTER 07						LIVES ALONE, BUT NOT DIVORCED 07
	PARENT 08						LIVING WITH PARTNER, UNMARRIED (NOT NIKOKH) 08
	PARENT-IN-LAW 09	IF YOUNGER THAN 12 YEARS ▶ (1.18)					
	NIECE/NEPHEW 10						
	OTHER RELATIVE 11						
	DOMESTIC HELP 12						
	OTHER NON-RELATIVE 13	A.	B.	C.	A.	B.	
	CO-WIFE 14	DAY	MONTH	YEAR	YEARS	MONTHS	
	OTHER, SPECIFY 96						
01							
02							
03							
04							
05							
06							
07							
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11							
12							
13							
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15							

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# 1 HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

MOTHER									
ID CODE	(1.22)	(1.23)	(1.24)	(1.25)	(1.26)	(1.27)	(1.28)	(1.29)	(1.30)
	Does [NAME]'s mother live in this household?	COPY THE ID CODE OF THE MOTHER	What is the highest school level that [NAME]'s mother attended?	Within that school level, what was the highest grade that [NAME]'s mother completed?	What is [NAME]'s religion?	What is [Name]'s Nationality?	Has [NAME] been away from the household for more than 6 months in the last 12 months?	For how many months during the past 12 months has [NAME] been away?	IS [NAME] A HOUSEHOLD MEMBER?
	YES 01 NO 02 ► (1.24) DIED 03 ► (1.24)		KINDERGARTEN 01 ► (1.26) PRIMARY (GRADES 1-4) 02 BASIC (GRADES 5-8(9)) 03 SECONDARY GENERAL (GRADES 9-10(11)) 04 SECONDARY SPECIAL 05 SECONDARY TECHNICAL 06 UNDERGRADUATE 07 BACHELOR 08 HIGHER EDUCATION 09 MASTER / MAGISTRACY 10 GRADUATE/ASPIRANTURA 11 POST GRADUATE 12 NONE 13 ► (1.26) DON'T KNOW 14 ► (1.26)	WRITE 0 IF NO GRADE WAS COMPLETED WITHIN THAT LEVEL	NONE 01 CATHOLIC 02 PROTESTANT 03 ADVENTIST 04 MUSLIM 05 BUDDHIST 06 HINDU 07 SIKH 08 TRADITIONAL 09 SHINTOIST 10 OTHER, SPECIFY 96	TAJIK 01 UZBEK 02 RUSSIAN 03 KYRGYZ 04 TATAR 05 TURKMEN 06 KOREAN 07 KAZAKH\ 08 OTHER, SPECIFY 96	YES 01 NO 02 ► (1.30)		YES 01 NO 02
		MOTHER'S ID CODE	LEVEL	GRADE				MONTHS	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

## 2 EDUCATION

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(2.01)	(2.02)	(2.03)	(2.04)			(2.05)
	ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)	What is [NAME]'s mother tongue?	Can [NAME] read and write in any language?	What other languages is [NAME] able to read and write? [SOME OPTIONS OF ANSWERS]			Has [NAME] ever attended school?
				TAJIK 01			
				UZBEK 02			
				RUSSIAN 03			
				KYRGYZ 04			
				ENGLIS 05			
				OTHER, SPECIFY 96			
	ID CODE OF RESPONDENT	TAJIK 01	YES 01 NO 02 ► (2.05)	LANGUAGE 1	LANGUAGE 2	LANGUAGE 3	YES 01
		UZBEK 02					NO 02 ► (2.07)
RUSSIAN 03							
	KYRGYZ 04						
	OTHER, SPECIFY 96						
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

[illegible]

## 2 EDUCATION

FOR ALL HOUSEHOLD MEMBERS 5 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(2.11)	(2.12)	(2.13)						
	How many days of absence did [NAME] have from school during the past 2 weeks?	What was the <u>main</u> reason for [NAME]'s absences from school during the past 2 weeks?	In the past 14 days, how many hours did [NAME] spend in the following activities:						
		NO FOOD 01							
		NO TRANSPORTATION 02							
		ILL / INJURED 03							
	(DON'T CONSIDER WEEKENDS)	ILLNESS IN THE FAMILY 04							
	(FOR PRIMARY LEVEL)	NEEDED FOR DOMESTIC CHORES 05							
	SCHOOLS SATURDAY AND SUNDAY ARE WEEKENDS]	SCHOOL TOO DIFFICULT/FAR 06							
	(FOR THE OTHER LEVEL)	CHILD NOT INTERESTED 07	NO TIME SPENT IN THIS ACTIVITY 00						
	SCHOOLS ONLY SUNDAY IS WEEKEND]	HELP IN FAMILY BUSINESS / EARN MONEY 08							
		TAKE CARE OF SIBLINGS 09							
		EDUCATION NOT USEFUL 10							
		GOT PREGNANT 11							
		NO TEACHER 12							
		SCHOOL CLOSED 13							
	IF NEVER ABSENT, WRITE 0	SCHOOL NOT IN SESSION 14							
	AND ► (2.13)	BAD WEATHER 15	a	b	c	d	e	f	g
		HOLIDAYS 16	School	Studying	Caring for Children	Caring for Sick Relative	Housework	Work for Income	Recreation
		CEREMONIES (MARRIAGE, BIRTH, FUNERAL, ETC.) 17							
	DAYS	OTHER, SPECIFY 96							
01									
02									
03									
04									
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13									
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15									



### 3 LABOR

FOR ALL HOUSEHOLD MEMBERS 12 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	PRIMARY WORK						
	(3.01)	(3.02)	(3.03)	(3.04)	(3.05)	(3.06)	
	ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)	In the last 12 months, what was [NAME]'s employment status?	In the last 12 months, did [NAME] do anything to earn income or help the family earn income?	In the last 12 months, what was the main industry/sector of economic activity that [NAME] was active in?	In the last 12 months, who does [NAME] work for in [HIS/HER] primary work?	How often does [NAME] get paid for this work?	
		WAGE EMPLOYEE 01 ► (3.04)		AGRICULTURE AND FISHING 01	IN CASE THERE IS MORE THAN ONE ACTIVITY, INDICATE THE PRIMARY WORK THAT CONSUMED THE MOST TIME  INTERVIEWER: CHECK WITH (3.01)	DAY 01	
		PIECE WORK 02 ► (3.04)		MINING 02		WEEK 02	
		SELF-EMPLOYED / OWN BUSINESS 03 ► (3.04)		MANUFACTURING 03		FAMILY MEMBER 02	EVERY TWO WEEKS 03
		MEMBER OF A PRODUCER'S COOPERATIVE 04 ► (3.04)		ENERGY AND WATER 04		PRIVATE SECTOR FIRM 03	MONTH 04
		CONTRIBUTING FAMILY WORKER 05 ► (3.04)		CONSTRUCTION 05		PUBLIC SECTOR 04	EVERY THREE MONTH 05
		OTHER WORKER 06 ► (3.04)		TRADE AND REPAIR 06		NON-PROFIT SECTOR 05	YEAR 07
		LOOKING FOR WORK 07		HOTELS AND RESTAURANTS 07		OTHER, SPECIFY 96	
		CAPABLE BUT NOT LOOKING FOR WORK 08		TRANSPORT AND COMMUNICATIONS 08			PERIOD
		NOT WORKING (FULL TIME STUDENT) 09		FINANCE 09			
		HOMEMAKER / HOUSEWIFE 10		REAL ESTATE, RENTING AND BUSINESS 10			
		NOT WORKING (RETIRED) 11		PUBLIC ADMINISTRATION 11			
		NOT WORKING (TOO OLD) 12		EDUCATION 12			
		NOT WORKING (TOO SICK) 13		HEALTH AND SOCIAL WORK 13			
		LABOUR MIGRATION 14 ► (3.04)	YES 01	UTILITIES, SOCIAL AND PERSONAL SERVICES 14			
		OTHER, SPECIFY 96	NO 02	PRIVATE HOUSEHOLDS WITH EMPLOYED PERSONS 15			
	ID CODE OF RESPONDENT		► (3.21)	EXTRA-TERRITORIAL ORGANIZATIONS (E.G. EMBASSIES, UN) 16			
				OTHER, SPECIFY 96			
01							
02							
03							
04							
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06							
07							
08							
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### 3 LABOR

FOR ALL HOUSEHOLD MEMBERS 12 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	PRIMARY WORK					
	(3.07)	(3.08)	(3.09)	(3.10)	(3.11)	(3.12)
	In the last 12 months, how much did [NAME] normally get paid in [HIS/HER] primary work, per [PAY PERIOD IN (3.06)]?	Is [NAME] entitled to sick leave for this primary work?	In the last 12 months, how many hours per week did [NAME] normally work in this primary work?	How many hours did [NAME] work last week in this primary work?	INTERVIEWER: IF (3,10) < (3,09): Why did [name] work fewer hours than usual in this primary work last week?  HOLIDAY/VACATION 01 SICK/ILLNESS 02 INJURY 03 CARING FOR SICK RELATIVE 04  ATTENDING A FUNERAL 05  ISNT THE SEASON FOR THIS ACTIVITY 06 OTHER, SPECIFY 96	During the last 12 months, how many months did [NAME] do this primary work to earn income or help the family earn income?
AMOUNT IN SOMONI	YES 1 NO 2	HOURS/WEEK	HOURS/WEEK		MONTHS	
01						
02						
03						
04						
05						
06						
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### 3 LABOR

FOR ALL HOUSEHOLD MEMBERS 12 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	SECONDARY WORK							
	(3.13)	(3.14)	(3.15)	(3.16)	(3.17)	(3.18)	(3.19)	(3.20)
	In addition to this primary work, did [NAME] do any other activity to earn income or help the family earn income in the last 12 months?	How often does [NAME] get paid for this secondary work?	In the last 12 months, how much did [NAME] normally get paid in this secondary work, per [PAY PERIOD IN (3.14)]?	Is [NAME] entitled to sick leave for this secondary work?	In the last 12 months, how many hours per week did [NAME] normally work in this secondary work?	How many hours did [NAME] work last week in this secondary work?	INTERVIEWER: IF (3.18) < (3.17) Why did [NAME] work fewer hours than usual in this secondary work last week?	During the last 12 months, how many months did [NAME] do this secondary work to earn income or help the family earn income?
	YES 1 NO 2 ▶ (3.21)	DAY 01 WEEK 02 EVERY TWO WEEKS 03 MONTH 04 EVERY THREE 05 HALF YEAR 06 YEAR 07		YES 1 NO 2			HOLIDAY/VACATION 01 SICK/ILLNESS 02 INJURY 03 CARING FOR SICK RELATIVE 04 ATTENDING A FUNERAL 05 ISN'T THE SEASON FOR THIS ACTIVITY 06 OTHER, SPECIFY 96	
		PERIOD	AMOUNT IN SOMONI		HOURS/WEEK	HOURS/WEEK		MONTHS
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

### 3 LABOR

FOR ALL HOUSEHOLD MEMBERS 12 YEARS AND OLDER

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	INCOME FROM OTHER WORK OR ACTIVITIES			INCOME FROM RETIREMENT, PENSION, UNEMPLOYMENT COMPENSATION		
	(3.21)	(3.22)	(3.23)	(3.24)	(3.25)	(3.26)
	During the last 12 months, has [NAME] received any income (cash or in-kind) from other work or activities not recorded already?	How often does [NAME] get paid for these other work or activities not recorded already?	How much does [NAME] normally receive from these other work or activities not recorded already, per [PAY PERIOD] IN  (3.22) ]?	During the last 12 months, has [NAME] received any income (cash or in-kind) from retirement, pension, unemployment compensation from past work?	How often does [NAME] get paid for retirement, pension, unemployment compensation from past work?	How much does [NAME] normally receive from retirement, pension, unemployment compensation from past work, per [PAY PERIOD] IN  (3.25) ]?
	YES 1 NO 2 ► (3.24)	DAY 01 WEEK 02 EVERY TWO WEEKS 03 MONTH 04 EVERY THREE 05 HALF YEAR 06 YEAR 07	INCLUDE CASH AND IN-KIND	YES 1 NO 2 ► NEXT PERSON	DAY 01 WEEK 02 EVERY TWO WEEKS 03 MONTH 04 EVERY THREE 05 HALF YEAR 06 YEAR 07	INCLUDE CASH AND IN-KIND
		PERIOD			PERIOD	
			AMOUNT IN SOMONI			AMOUNT IN SOMONI
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
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15						

## 4 MIGRATION

FOR ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER, WHO HAVE MIGRATED AT LEAST ONCE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

[illegible]

## 5 HOUSING

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER(5.01) ID CODE OF RESPONDENT: (5.02) **TYPE OF DWELLING**

SEPARATE APARTMENT IN A MULTISTORY BUILDING	01
APARTMENT OR ROOM IN MULTIPLE OCCUPATION	02
SEPARATE HOUSE	03
PART OF A HOUSE	04
HOSTEL	05
TEMPORARY PREMISE	06
OTHER NONRESIDENTIAL PREMISE USED FOR HABITATION	07
OTHER LIVING SPACE	08
BARRACKS	09
OTHER, SPECIFY	96

(5.03) **MAIN MATERIAL USED FOR:**

BRICKS OR BLOCKS	01
ASBESTOS / SLATES	02
CORRUGATED IRON / METAL	03
PLASTIC	04
POLES / REED	05
TILES	06
THATCH / GRASS/BULRUSH	07
WOOD/ LOGS	08
EARTH / MUD	09
CONCRETE ONLY	10
COVERED CONCRETE	11
CARDBOARD	12
BITUMISED CONCRETE SLAB	13
PARQUET	14
OTHER, SPECIFY	96

A. WALLS:

B. ROOF TOP:

C. FLOOR:

(5.05) **How much rent are you charged?**

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE: AMOUNT IN SOMONI:  (5.09)(5.06) **If you sold this dwelling today, how much would you receive for it?**AMOUNT IN SOMONI: (5.07) **If you rented this dwelling, how much rent would you receive?**

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE: AMOUNT IN SOMONI:  (5.09)(5.08) **If you had to rent this dwelling, how much would you have to pay?**

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE: AMOUNT IN SOMONI: (5.04) **What is the ownership status of your dwelling?**INTERVIEWER: READ THE ALTERNATIVES TO THE RESPONDENT

Owner occupied dwelling - with mortgages	01	▶	(5.06)
Owner occupied dwelling - without mortgages	02	▶	(5.06)
Rented (not tied to the job)	03		
Rented (tied to the job)	04		
Rent free (owned by government employer)	05	▶	(5.08)
Rent free (owned by private employer)	06	▶	(5.08)
Rent free (owned by municipality/govt)	07	▶	(5.08)
Rent free (other owner)	08	▶	(5.08)
Temporary housing	09	▶	(5.08)
Squatting	10	▶	(5.08)
Other, specify	96	▶	(5.08)

(5.09) **How many rooms does your dwelling have?**(INCLUDE ROOMS OUTSIDE THE MAIN DWELLING,  
DO NOT INCLUDE KITCHEN AND BATHROOMS)NUMBER OF ROOMS:

## 5 HOUSING

(5.10) What is your household's main source for drinking water?

PIPED INTO DWELLING	01
PIPED INTO YARD/PLOT	02
PUBLIC TAP/STANDPIPE	03
TUBEWELL/BOREHOLE	04
PROTECTED WELL	05
UNPROTECTED WELL	06
PROTECTED SPRING	07
UNPROTECTED SPRING	08
RAINWATER	09
TANKER TRUCK	10
CART WITH SMALL TANK	11
SURFACE WATER / PUDDLES	12
BOTTLED WATER	13
LAKE	14
RIVER/STREAM	15
OTHER, SPECIFY	96

(5.11) How long does it take you to go to this source on foot?

ONE WAY ONLY

MINUTES:

IF WATER SOURCE IS INSIDE DWELLING, WRITE 0 AND GO TO NEXT QUESTIONS

(5.12) How do you treat your drinking water?

NO TREATMENT	01
BOIL	02
ADD CHLORINE	03
ADD IODINE	04
OTHER, SPECIFY	96

(5.13) Do you pay for water?

YES	01	► (5.15)
NO	02	

(5.14) What is the main reason you do not pay for water?

HOUSEHOLD CANNOT AFFORD TO PAY	01
HOUSEHOLD DOES NOT WANT TO PAY	02
SERVICE IS FREE	03
OTHER, SPECIFY	96

 (5.17)

(5.15) Do you pay water according to a meter reading?

YES	01
NO	02

(5.16) On average how much is your bill for water supply and what is the time interval for your water payment?

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE:

AMOUNT IN SOMONI:

(5.17) Who spends most time fetching or collecting water for your household?

WOMAN	01	► (5.19)
MAN	02	► (5.19)
FEMALE CHILD (UNDER 15 YEARS)	03	► (5.19)
MALE CHILD (UNDER 15 YEARS)	04	► (5.19)
EVERYONE SHARES THE BURDEN	05	► (5.19)
WE PAY OTHERS TO CARRY OR COLLECT IT	06	
NOBODY	07	► (5.19)
OTHER, SPECIFY	96	► (5.19)

(5.18) How much do you pay in a month to others for carrying or collecting water?

AMOUNT IN SOMONI:

## 5 HOUSING

(5.19) What type of toilet facility do your household members use at home?

FLUSH TO PIPED SEWER	01	PIT LATRINE WITHOUT SLAB	07	<input type="text"/>
FLUSH TO SEPTIC	02	COMPOSTING TOILET	08	
FLUSH TO PIT LATRINE	03	BUCKET	09	
FLUSH TO OTHER	04	HANGING TOILET	10	
VENTILATED PIT LATRINE	05	NO FACILITIES OR BUSH	11	
PIT LATRINE WITH SLAB	06	OTHER, SPECIFY	96	

(5.20) How many other households does your household share the toilet facility with?

IF HOUSEHOLD DOES NOT SHARE, WRITE '0'

NUMBER:

(5.21) How do you mainly deal with the household's refuse / rubbish?

REFUSE COLLECTED	01
THROW INTO A PIT	02
BURY	03
BURN	04
THROW ONTO STREET OR PUBLIC AREA	05
REFUSE COLLECTED AND THROWS ON THE FIELD	06
OTHER, SPECIFY	96

(5.22) What is your household's main source of energy for lighting?

KEROSINE / PARAFFIN / OIL	01	WOOD	07	<input type="text"/>
LAMP		CHARCOAL	08	
GAS	02	COAL	09	
ELECTRICITY FROM GRID	03	ANIMAL DUNG	10	
		CROPS OR OTHER	11	
ELECTRICITY FROM GENERATOR	04	AGRICULTURAL WASTE	12	
ELECTRICITY FROM SOLAR	05	SHRUBS AND STRAW	13	
PANEL		TORCH	14	
DIESEL	06	CANDLES	14	
		OTHER, SPECIFY	96	

(5.23) What is the main source of energy used for cooking?

KEROSINE / PARAFFIN	01	WOOD	07	<input type="text"/>
GAS	02	CHARCOAL	08	
ELECTRICITY FROM GRID	03	COAL	09	
ELECTRICITY FROM GENERATOR	04	ANIMAL DUNG	10	
		CROPS OR OTHER	11	
ELECTRICITY FROM SOLAR	05	AGRICULTURAL WASTE		
PANEL		SHRUBS AND STRAW	12	
DIESEL	06	OTHER, SPECIFY	96	

(5.24) What is the main source of energy used for heating?

KEROSINE / PARAFFIN	01	WOOD	07	<input type="text"/>
GAS	02	CHARCOAL	08	
ELECTRICITY FROM GRID	03	COAL	09	
ELECTRICITY FROM GENERATOR	04	ANIMAL DUNG	10	
		CROPS OR OTHER	11	
ELECTRICITY FROM SOLAR	05	AGRICULTURAL WASTE		
PANEL		SHRUBS AND STRAW	12	
DIESEL	06	OTHER, SPECIFY	96	



## 6 HOUSEHOLD ASSETS

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

### Part A: Durable Goods

DURABLE GOOD CODE	DURABLE GOOD	(6.02) How many [DURABLE GOOD]s does your household own?  ONLY INCLUDE FUNCTIONING ASSETS  IF NONE WRITE ZERO AND ► NEXT DURABLE	(6.03) If you were to sell your [DURABLE GOOD] today, how much money could you get for it?  IF MORE THAN ONE, ASK FOR THE TOTAL VALUE OF ALL ITEMS
		NUMBER	SOMONI
01	Radio/CD/DVD/cassette player		
02	Television		
03	Clothes iron		
04	Electric stove		
05	Gas stove		
06	Paraffin lamp		
07	Bed		
08	Mattress		
09	Table/chair		
10	Refrigerator / freezer		
11	Sewing machine		
12	Table (for dining)		
13	Sofa		
14	Land line telephone		
15	Mobile / Telephone		
16	Motorcycle		
17	Bicycle		
18	Truck or car		
19	Wheelbarrow		
20	Plough		
21	Hoes / harrows / axes		
22	Tractor / harvester		
23	Computer/Laptop		
24	Microwave		
25	Satellite dish		

(6.01) ID CODE OF RESPONDENT: 

### Part B: Land Ownership and Livestock

(6.04) Does your household own the land plot on which this dwelling is built?

YES 1  
NO 2 ► (6.06)

(6.05) What is the size of this plot?

AREA UNIT: SIZE:   
HECTARE 1 SQUARE METER 3  
ARE (SOTKA) 2

AREA UNIT: 

(6.06) Does your household own any land (or other land besides this residence)?

YES 1  
NO 2 ► (6.09)

(6.07) How much land does your household own?

AREA UNIT: SIZE:   
HECTARE 1 SQUARE METER 3  
ARE (SOTKA) 2

AREA UNIT: 

(6.08) If you were to rent or sell the land you own, how much do you think you would receive for it?

SOMONI FOR RENT: 

PLEASE CONSIDER ONE YEAR IF FOR RENT

SOMONI FOR SELL: 

(6.09) How much land did your household lease or sell in the last 12 months?  
RECORD THE AMOUNT AND THE UNIT OF MEASUREMENT  
RECORD 0 IN THE AMOUNT BOX IF NONE

AREA UNIT: SIZE:   
HECTARE 1 SQUARE METER 3  
ARE (SOTKA) 2

AREA UNIT: 

(6.10) How much land did your household give rent or buy in the last 12 months?  
RECORD THE AMOUNT AND THE UNIT OF MEASUREMENT  
RECORD 0 IN THE AMOUNT BOX IF NONE

AREA UNIT: SIZE:   
HECTARE 1 SQUARE METER 3  
ARE (SOTKA) 2

AREA UNIT: 

(6.11) How much land did your household get for free in the last 12 months?  
RECORD THE AMOUNT AND THE UNIT OF MEASUREMENT  
RECORD 0 IN THE AMOUNT BOX IF NONE

AREA UNIT: SIZE:   
HECTARE 1 SQUARE METER 3

AREA UNIT:

ARE (SOTKA) 2

## 6 HOUSEHOLD ASSETS

### Part B: Land Ownership and Livestock (cont.)

ANIMAL CODE	ANIMAL	(6.12) How many [ANIMAL]s does your household own?  IF NONE WRITE ZERO ► NEXT ANIMAL	(6.13) If you were to sell your [ANIMAL] today, how much money could you get for it?  IF MORE THAN ONE, ASK FOR THE TOTAL VALUE OF ALL ITEMS
		NUMBER	SOMONI
01	Cattle		
02	Goats		
03	Ewe/Sheep		
04	Poultry		
05	Game/Gibier		
06	Donkeys/Mules		
07	Horses		
09	Rabbit/Hare		
10	Beehive		
96	Other animals, specify		

### Part C: Health Related Financial Shocks (cont.)

- (6.18) In the last 12 months, did anyone in your household have to borrow money in order to pay for health care? Borrowing money is when you are expected to give the money back after some time.

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES	1	
NO	2 ►	(6.21)

- (6.19) How much money did you borrow in total over the last 12 months?

AMOUNT IN SOMONI:

- (6.20) As of today, how much money do you still need to pay back?

AMOUNT IN SOMONI:

- (6.21) In the last 12 months, did anyone in your household receive money as a gift, to help pay for health care? This includes assistance from your community to your household to help pay for bills, gifts from family outside of your household, and other gifts to help pay for health care.

### Part C: Health Related Financial Shocks

- (6.14) In the past 12 months, did you have any health expenditures that were higher than you could afford with your usual income?

YES	1	
NO	2 ►	NEXT MODULE

YES	1	
NO	2 ►	(6.23)

- (6.15) In the last 12 months, did anyone in your household have to sell any land, buildings, farm

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES	1	
NO	2 ►	(6.18)

- (6.22) How much money did you receive in total over the last 12 months?

AMOUNT IN SOMONI:

- (6.23) At this time, how much money do you still owe on health care bills?

WRITE ZERO IF NOTHING

AMOUNT IN SOMONI:

		(6.16) Did you have to sell [ASSET]?	(6.17) How much money did you get for these in total?
		YES 1	AMOUNT IN SOMONI
		NO 2 ► NEXT	
1	Land		
2	Buildings		
3	Farm equipment		
4	Livestock		
5	Other possessions		

## 7 OTHER SOURCES OF INCOME

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(7.01) ID CODE OF RESPONDENT

Now I would like to ask you some questions on other sources of income for your household, apart from payment for work.

SOURCE OF INCOME CODE	SOURCE OF INCOME	(7.02)	(7.03)
		In the past 12 months, did any member of your household receive income from [SOURCE OF INCOME]? YES 1 NO 2 ► NEXT SOURCE	In the past 12 months, how much did your household receive from [SOURCE OF INCOME]? SOMONI
<b>Rental Income</b>			
01	Renting a building, apartment, house and/or land to others		
02	Renting equipment / vehicles / machinery to others		
03	Renting animals to others		
04	Renting shops/stores to others		
<b>Government transfer</b>			
05	Old age pension		
06	Disability pension		
07	Survivors pension (loss of breadwinner)		
08	Special merit pension		
09	Social pension		
10	Pension based on years of experience		
11	One time childbirth allowance		
12	Benefit for children 0 to 18 months		
13	Compensations to needy families whose children study in secondary schools		
14	Unemployment benefit		
15	Illness Benefits (1-6 months)		
16	Maternity leave		
17	Funeral allowance		
18	Compensation to victims of chernobyl		
19	Afghan veterans		
20	Gas and electricity compensations		
21	New Social Protection Benefits		
<b>Revenue from sale of assets</b>			
22	Sale of real estate (house, land...)		
23	Sale of durable goods of the household		
24	Other sale of assets		
<b>Other income</b>			
25	Lottery or gambling winnings		
26	Interest rate gains on loans or investment income		
27	Net income from non-farm household enterprise		
28	Scholarships for study or training		
29	Assistance from community groups, NGOs, churches, etc.		
30	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends within country (for weddings, funerals, EID, school fees, etc?)		
31	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends outside country (for weddings, funerals, school fees, etc?)		
32	Inheritance		
96	Other income not from work, specify		

## 8 CONSUMPTION

### Part A: Weekly food consumption

(8.01)

ID CODE OF RESPONDENT:

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

FOOD ITEM CODE	(8.02)			(8.03)	(8.04)
	Has your household consumed [FOOD ITEM] during the past 7 days?			During the past 7 days, what is the <u>total value</u> of the [FOOD ITEM] that your household <u>consumed</u> ?	What was the main source of this [FOOD ITEM]? Was it mainly produced by the household, bought, or received for free?
	(1) ASK QUESTION (7.02) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO (2) IF THE ANSWER TO (7.02) IS YES, ASK (7.03) AND (7.04)				
	FOOD ITEM DESCRIPTION	UNIT	YES 1 NO 2	SOMONI	Produced by household 01 Bought 02 Received for free 03
01	Bread / Buns	KG			
02	Non (bread)	KG			
03	Flour [1]	KG			
04	Wheat 1	KG			
05	Cereals	KG			
06	Rice	KG			
07	Macaroni products	KG			
08	Dried Beans, pulses (beans, peas, lentils, etc.)	KG			
09	Other grain products (e.g. maize, oats, barley)	KG			
10	Onions	KG			
11	Garlic	KG			
12	Potatoes	KG			
13	Tomatoes	KG			
14	Carrots	KG			
15	CABBAGE	KG			
16	CAULIFLOWER	KG			
17	CUCUMBER	KG			
18	MUSHROOMS (fresh, salted, dried, etc.)	KG			
19	Preserved vegetables	KG			
20	Other Vegetables	KG			
21	Apples	KG			
22	ORANGES	KG			
23	Grapes	KG			
24	Watermelon, melon	KG			
25	Pumpkin	KG			
26	Other fresh fruit	KG			

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

FOOD ITEM CODE	(8.02)		(8.03)	(8.04)
	Has your household consumed [FOOD ITEM] during the past 7 days?		During the past 7 days, what is the total value of the [FOOD ITEM] that your household <b>consumed</b> ?	What was the main source of this [FOOD ITEM]? Was it mainly produced by the household, bought, or received for free?
	(1) ASK QUESTION (7.02) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO			
	(2) IF THE ANSWER TO (7.02) IS YES, ASK (7.03) AND (7.04)			
		YES 1		Produced by household 01 Bought 02
27	Dried fruits	KG		
28	Preserved fruits	KG		
29	Dried nuts	KG		
30	Beef	KG		
31	Chicken	KG		
32	Lamb	KG		
33	SAUSAGES	KG		
34	CANNED MEAT	KG		
35	Other meat products	KG		
36	Fish and Seafood (fresh or frozen, CANNED or SALTED)	KG		
37	Eggs	P		
38	Fresh milk	L		
39	CHEESE/ Yoghurt	KG		
40	POWDERED MILK	KG		
41	GHEE/ Home made butter	KG		
42	BUTTER bought in a shop (Include Margarine)	KG		
43	Vegetable oil	KG		
44	Animal fat	KG		
45	SOFT DRINKS	L		
46	FRUIT JUICE or fruit drink	L		
47	Tea/ Coffee	KG		
48	Salt / Spices / Condiments	KG		
49	Sugar	KG		
50	Sweets, Eastern sweets	KG		
51	JAM	L		
52	ICE CREAM	KG		
53	CHOCOLATE	KG		
54	Pastries	KG		
55	ALCOHOLIC DRINKS	L		
56	Food outside the household (small restaurants, street food, at school/work etc.)			

[1] Only record the amounts of flour and wheat consumed that were not used to produce bread or non

[1] Only record the amounts of flour and wheat consumed that were not used to produce bread or non

## 8 CONSUMPTION

### Part B: Monthly non-food consumption

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

NON-FOOD ITEM CODE	(8.05)		(8.06)	(8.07)
	Has your household purchased [NON-FOOD ITEM] during the past 30 days or received it for free?		In the past 30 days, how much did your household spend on [NON-FOOD ITEM]?	In the past 30 days, what is the value of [NON-FOOD ITEM] your household received for free or against an in-kind payment?
	(1) ASK QUESTION (7.05) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO		WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	(2) IF THE ANSWER TO (7.05) IS YES, ASK (7.06) AND (7.07)			
		YES 1 NO 2	SOMONI	SOMONI
01	Toiletries (soap, shaving soap, toothpaste, tissues, sanitary towels)			
02	Candles, lighters and matches			
03	Fuel and lubrication for personal vehicle - EXCLUDE COSTS OF FUEL USED FOR BUSINESS USE OF VEHICLE (TAXI, TRADING BUSINESS, ETC)			
04	Public transport (to and from work)			
05	Public transport (to and from school)			
06	Public transport (to and from health facility)			
07	Other public transport			
08	Dentist fees and related expenses			
09	Health care consultation fees, western doctors and nurses, midwives etc. (not including hospital bills)			
10	Medication and injections			
11	Laboratory fees, X-rays fees			
12	Consultation fees with traditional doctors, healers, etc.			
13	Other health related expenditures			
14	Telephone (Telephone calls, cards, flexicards, recharge vouchers, etc.)			
15	Internet charges (including Cyber cafes)			
16	Personal care services (hairdressing salons, barbers, beauty shops, etc.)			
17	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floorcloths, etc.)			
18	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc)			
19	Laundry and dry cleaning			
20	Pet food, pet supplies and services			
21	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)			

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

NON-FOOD ITEM CODE	(8.05)	(8.06)	(8.07)
	Has your household purchased [NON-FOOD ITEM] during the past 30 days or received it for free?  (1) ASK QUESTION (7.05) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO  (2) IF THE ANSWER TO (7.05) IS YES, ASK (7.06) AND (7.07)	In the past 30 days, how much did your household spend on [NON-FOOD ITEM]?  WRITE ZERO IF NOTHING	In the past 30 days, what is the value of [NON-FOOD ITEM] your household received for free or against an in-kind payment?  WRITE ZERO IF NOTHING
	YES 1		
22	Cigarettes, tobacco, cigars		
23	Newspapers and magazines		
96	Other (specify)		

## 8 CONSUMPTION

### Part C: Annual non-food consumption

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

NON-FOOD ITEM CODE	(8.08)	(8.09)	(8.10)
	Has your household purchased [NON-FOOD ITEM] during the past 12 months or received it for free?	In the past 12 months, how much did your household spend on [NON-FOOD ITEM]?	In the past 12 months, what is the value of [NON-FOOD ITEM] your household received for free or against an in-kind payment?
	(1) ASK QUESTION (7.08) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO		
	(2) IF THE ANSWER TO (7.08) IS YES, ASK (7.09) AND (7.10)	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	YES 1		
	NO 2	SOMONI	SOMONI
01	Clothing material and tailoring		
02	Shoes and footwear		
03	Furniture		
04	Household utensils (cutlery, glassware, plates, etc.)		
05	School fees		
06	Parent association fees and levies		
07	Tuition and boarding costs		
08	Textbooks		
09	Uniforms and other materials		
10	Other Education		
11	Remittances sent to family, friends		
12	Funerals (including contributions given out)		
13	Parties (wedding, birthday, child naming, etc)		
14	Vehicles (cars, motor cycles, bicycles, etc.)		
15	Jewelry, clocks and watches		
16	Home repairs and maintenance		
17	Hospital bills		



## 9 MORTALITY

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(9.01) ID CODE OF RESPONDENT:

(9.02) Has there been a death of any adult, child or infant living in this household in the past 12 months?

YES 1  
NO 2

(9.03) In the past 12 months, has there been any baby who cried or showed signs of life but only survived a few hours or days?

YES 1 **TREAT ANY SUCH BABY AS A DECEASED HOUSEHOLD MEMBER**  
NO 2

(9.04) How many household members died in the past 12 months?

IF ZERO, RECORD "0" AND ► NEXT MODULE

NUMBER:

Please tell me the names of those household members that passed away in the past 12 months, starting with the most recent death. RECORD MOST RECENT DEATH FIRST, FOLLOWED BY PREVIOUS DEATH

DECEASED CODE	NAME OF THE DECEASED	(9.05)		(9.06)	(9.07)	(9.08)		(9.09)	(9.10)
		What was the date of death?		What was the gender of the deceased?	How old was [HE/SHE] when [HE/SHE] passed away?	What was the cause of death?		Where did [HE/SHE] die?	What was the relationship of the deceased to the current head of household?
		MONTH	YEAR	MALE 01 FEMALE 02	RECORD AGE IN DAYS, MONTHS OR YEARS DAYS 1 MONTHS 2 YEARS 3	BIRTH TRAUMA 01 CONGENITAL ANOMALIES 02 SICKLE CELL 03 MEASLES 04 MALARIA 05 MALNUTRITION 06 DIARRHEA 07 PNEUMONIA 08 TUBERCULOSIS 09 AIDS 10 ACCIDENT 11 VIOLENCE 12 STROKE 13 CANCER 14 HEART DISEASE 15 OLD AGE 16 UNKNOWN 17		AT HOME 01 IN ANOTHER HOME 02 IN THE STREET 03 IN A CLINIC 04 IN A HOSPITAL 05 OTHER: 96	SPOUSE (WIFE/HUSBAND) 02 OWN SON / DAUGHTER 03 STEP SON/DAUGHTER 04 SON/DAUGHTER IN-LAW 05 GRANDCHILD 06 BROTHER/SISTER 07 PARENT 08 PARENT-IN-LAW 09 NIECE/NEPHEW 10 OTHER RELATIVE 11 DOMESTIC HELP 12 OTHER NON-RELATIVE 13 OTHER, SPECIFY 96
						NUMBER	CODE	OTHER, SPECIFY	OTHER, SPECIFY
01									
02									
03									
04									
05									
06									

## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	DISABILITY AND CHRONIC ILLNESSES					
	(10.01) ID CODE OF CAREGIVER (PERSON WHO RESPONDED ON BEHALF OF CHILD <15 yrs)	(10.02) Currently, how is YOUR/[NAME]'s health in a normal day, would you say it is excellent, good, fair or poor?	(10.03) Do YOU/Does [NAME] suffer from any disabilities or chronic illnesses?	(10.04) What disabilities or chronic illnesses do YOU/[NAME] suffer from?  <b>DISABILITIES</b> PHYSICAL DISABILITY 01 MENTAL DISABILITY 02 BLINDNESS 03 DEAFNESS/SUMBNESS 04 OTHER DISABILITY 05  <b>CHRONIC ILLNESS</b> HEART CONDITION 06 HYPERTENSION 07 DIABETES 08 EPILEPSY 09 ASTHMA 10 CANCER 11 HIV/AIDS 12 TUBERCULOSIS 13 MENTAL DISORDER 14 CONGENITAL 15 OTHER CHRONIC ILLNESS 16	(10.05) Given YOUR/[NAME]'s current health, how are YOU/[NAME] currently able to do daily activities such as work, school, etc?  EASILY 1 WITH SOME DIFFICULTY 2 WITH MUCH DIFFICULTY 3 UNABLE TO DO 4	(10.06) In the last 2 weeks, have YOU/[NAME] been sick or suffering from any illness or injury, excluding disabilities or chronic illnesses?  YES 1 NO 2 ► (10.41)
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## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ACUTE ILLNESS							
ID CODE	(10.07)	(10.08)	(10.09)	(10.10)	(10.11)		
	What were YOU/[NAME] mainly suffering from?	How long ago did the illness start?	How long did the illness last?	In the last 2 weeks, how many days of work, school, playing, or other main activities did YOU/[NAME] miss due to poor health?	In the last 2 weeks, how many days was YOU/[NAME] confined to bed due to poor health?		
	MULTIPLE ANSWERS						
	<u>DISEASES</u>	<u>SYMPTOMS</u>					
	MALARIA 01	FEVER 19					
	MEASLES 02	ABDOMINAL PAIN 20					
	ANEMIA 03	COUGH ONLY 21					
	MALNUTRITION 04	COUGH WITH DIFFICULT, FAST BREATHING 22					
	NERVOUS / PARALYSIS 05	FLU/COLD 23					
	EYE PROBLEM 06	DIARRHEA WITHOUT BLOOD 24					
	EAR PROBLEM 07	DIARRHEA WITH BLOOD 25					
	HEART DISEASE 08	DIARRHEA AND VOMITING 26					
	CHEST INFECTION 09	VOMITING 27					
	PNEUMONIA 10	HEADACHE 28					
	OTHER RESPIRATORY 11	OTHER 96					
	DIGESTIVE 12						
	MUSCLE / BONE 13						
	SKIN 14						
	GENITO-URINARY 15						
PREGNANCY / CHILDBIRTH RELATED 16							
PERINATAL 17							
INJURY OR POISONING 18							
	1st	2nd	3rd	NUMBER OF DAYS	NUMBER OF DAYS	DAYS	DAYS
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## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEKING CARE				SEEK OF CARE, PLACE	
	(10.12)	(10.13)	(10.14)	(10.15)	(10.16)	
	Did YOU/[NAME] go to any health facility, health personnel or traditional healer to seek care for this illness?	Why didn't YOU/[NAME] go to a health facility or health personnel for care?	How long after the illness started did YOU/[NAME] seek care?	Where did YOU/[NAME] seek care?	IF HOSPITAL, CLINIC OR CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE	
	PROBE WHETHER PATIENT WENT TO CENTER BUT CENTER WAS CLOSED/NOT STAFFED - COUNT THIS AS A "YES"					
		TOO EXPENSIVE 01				
		TOO FAR 02				
		TOO BUSY (WORK, CHILDREN) 03				
		WASNT SICK ENOUGH 04		CENTRAL DISTRICT HOSPITAL 01		
		FACILITY HAS POOR STRUCTURE 05		DISTRICT HEALTH CENTRE (DHC) 02		
		FACILITY POORLY STOCKED 06		RURAL HEALTH CENTRE 03		
		POOR STAFF ATTITUDE 07		HEALTH HOUSE 04		
		POOR STAFF KNOWLEDGE 08	WITHIN 24 HOURS 1	PRIVATE CLINIC 05		
		DONT TRUST THE STAFF 09		TRADITIONAL HEALER 06		
		STAFF USUALLY ABSENT 10	BETWEEN 24 AND 48 HOURS 2	OTHER, SPECIFY 96		
		HEALTH FACILITY CLOSED 11				
		NO TRANSPORTATION 12	SAME WEEK 3			
		POOR QUALITY OF CARE 13				
		INCONVENIENT HOURS 14	WITHIN 2 WEEKS 4			
		LONG WAITING TIMES 15				
		PREFER HOME CARE 16	WITHIN 3 WEEKS 5			
		SHORTAGE OF HEALTH WORKERS 17				
		OTHER (SPECIFY) 96	OTHER, SPECIFY 96			
		RECORD UP TO 3 ANSWERS				
	YES 1					
	NO 2	FIRST	SECOND	THIRD	NAME	CODE
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## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEK OF CARE, LAST VISIT		SEEK OF CARE, LAST VISIT				
	(10.17)	(10.18)	(10.19)	(10.20)	(10.21)	(10.22)	(10.23)
	For the last visit, how much time did it take to travel to the health care provider?	For the last visit, did YOU/[NAME] have a direct interaction with a health worker?	Why did YOU/[NAME] not have a direct interaction with a health worker?	For the last visit, how much time did YOU/[NAME] wait to be seen by a health worker?	For the last visit, who attended YOU/[NAME]?	Did this health care provider ask questions about how YOU/[NAME] was feeling or the symptoms that YOU/[NAME] had?	Did this health care provider do any physical exams on YOU/[NAME] such as taking blood pressure, listening to the heart, etc?
	INTERVIEWER: WRITE THE ANSWER IN MINUTES			INTERVIEWER: WRITE THE ANSWER IN MINUTES			
	ONE WAY ONLY		NO HEALTH WORKER PRESENT 01 HEALTH WORKER TOO BUSY 02 HEALTH WORKER NOT SEEING PATIENTS 03 HEALTH WORKER REFUSED 04 NO FEMALE HEALTH WORKER 05 HEALTH WORKER NOT QUALIFIED 06 WAITING TIME TOO LONG 07 PATIENT ARRIVED LATE 08 COULD NOT AFFORD FEE 09 OTHER, SPECIFY: _____ 96		Family doctor 01 FAMILY NURSE 02 Feldsher 03 Hospital doctor 04 Specialist at PHC 05 Obstetrician/Gynecol 06 MIDWIFE 07 TRADITIONAL BIRTH ATTENDANT 08 Private doctor 09 TRADITIONAL HEALER 10 LAB TECHNICIAN 11 PHARMACIST 12 DRUG SELLER 13 OTHER, SPECIFY 96	YES 1 NO 2	YES 1 NO 2
	MINUTES	YES 1 ► (10.20) NO 2	<input type="text"/> ► (10.29)	MINUTES			
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# 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEK OF CARE, LAST VISIT					EXPENDITURES					
	(10.24)	(10.25)	(10.26)	(10.27)	(10.28)	(10.29)			(10.30)		
	Did this health care provider administer any rapid test (such as a fingerprick)?	Did this health care provider order any X-rays or laboratory examinations such as urine or blood tests?	Did YOU/[NAME] have these tests done?	Did YOU/[NAME] receive results?	Did this health care provider prescribe any medicines?	In the last 2 weeks, how much did your household spend out of its own pocket for the treatment of YOU/[NAME]'s illness? Specifically, how much did your household pay out of pocket for .....			Did an employer pay for any of the provider fees, laboratory and X ray fees or transportation?		
	READ ALOUD EACH CATEGORY										
	YES 1	NO 2	YES 1	NO 2	YES 1	NO 2	YES 1	NO 2	YES 01	NO 02	
							A. Official provider fees	B. Laboratory and X-ray Fees	C. Any other payments to the provider?	D. Transportation	OTHER, SPECIFY 96
							SOMONI	SOMONI	SOMONI	SOMONI	
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## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	HOSPITALIZATION			MEDICINES						
	(10.31)	(10.32)	(10.33)	(10.34)	(10.35)	(10.36)	(10.37)			
	In the last 2 weeks, did YOU/[NAME] have to spend the night in a health facility or hospital to treat this illness?	Over the last 2 weeks, how many nights did YOU/[NAME] spend in the health facility or hospital?	In the last 2 weeks, how much did your household spend out of its own pocket on YOUR/[NAME]'s stay on the health facility or hospital to treat this illness?	Now I am going to ask some questions regarding medicines that YOU/[NAME] may have taken to treat this illness. In the last 2 weeks, did YOU/[NAME] take any medicines to address this illness?	How many different kinds of medicines did YOU/[NAME] take?	Now I am going to ask you some questions about the medicines that YOU/[NAME] took. What kinds of medication did YOU/[NAME] take?	Did YOU/[NAME] obtain this medication with a doctor's prescription?			
	YES 1 NO 2 ► (10.34)		PROBE TO BE SURE THIS AMOUNT IS IN ADDITION TO COSTS IN (10.29)  NIGHTS SOMONI	PROBE FOR INJECTIONS THAT MAY HAVE BEEN ADMINISTERED  YES 1 NO 2 ► (10.40)		INTERVIEWER, PLEASE NOTE THE NAMES OF THE MEDICINES RECEIVED BY THE RESPONDENT  IF THE RESPONDENT DOESNT REMEMBER THE NAME OF THE MEDICINE PLEASE ASK HIM/HER TO SHOW THE BOX OR THE PRESCRIPTION OF THE MEDICINE	PROBE: A DOCTOR'S PRESCRIPTION IS A PIECE OF PAPER WHERE THE DOCTOR WRITES THE NAME OF THE MEDICATION AND HOW MUCH MEDICATION THE PATIENT HAS TO TAKE. PATIENTS CAN TAKE THIS TO A PHARMACY IN ORDER TO GET THE RIGHT MEDICATION. DID YOU OBTAIN SUCH A PRESCRIPTION?  YES 1 NO 2			
					Medication 1	Medication 2	Medication 3			
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## 10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	MEDICINES			CARE FOR OTHERS					
	(10.38) In the last 2 weeks, how much did your household spend out of pocket in total to obtain these medications for YOU/[NAME]?  PROBE TO BE SURE THIS AMOUNT IS IN ADDITION TO COSTS IN (10.29)  IF NOTHING, RECORD ZERO  SOMONI	(10.39) Did your employer or insurance pay for any of this medication?  YES 01 NO 02 OTHER, SPECIFY 96 <div>▶ (10.41)</div>	(10.40) What is the main reason YOU/[NAME] did not take medication for the illness?  01 TOO FAR 02 TOO BUSY (WORK, CHILDREN) 03 OUT OF STOCK 04 WASNT SICK ENOUGH 05 DOESN'T HELP 06 DOESN'T LIKE SIDE EFFECTS 07 08 POOR QUALITY OF DRUGS 09 INCONVENIENT HOURS 10 LONG WAITING TIMES 11 PREFERS TRADITIONAL CARE 12 OTHER, SPECIFY 96	(10.41) ARE YOU/[NAME] 5 YEARS OLD OR OLDER? SEE QUESTION (1.03)  YES 1 NO 2 ▶ NEXT PERSON	(10.42) In the last 2 weeks, did YOU/[NAME] stop regular activities at any time to take care of a sick household member?  YES 1 NO 2 ▶ NEXT PERSON	(10.43) Who did YOU/[NAME] take care of?  RECORD UP TO 3 PEOPLE HEAD OF HOUSEHOLD 01 SPOUSE (WIFE/HUSBAND) 02 OWN SON / DAUGHTER 03 STEP SON/DAUGHTER 04 SON/DAUGHTER IN-LAW 05 GRANDCHILD 06 BROTHER/SISTER 07 PARENT / PARENT-IN-LAW 08 GRAND PARENT / GRAND PARENT-IN-LAW 09 NIECE/NEPHEW 10 OTHER RELATIVE 11 DOMESTIC HELP / MAID 12 OTHER NON-RELATIVE 13 CO-WIFE 14 OTHER, SPECIFY 96 CODE1 CODE2 CODE3			(10.44) In the last 2 weeks, how many days of regular activities did YOU/[NAME] miss to take care of sick household members?  ROUND UP TO THE NEXT FULL NUMBER  DAYS
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# 11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

ID CODE	(11.01)	(11.02)	(11.03)	(11.04)	(11.05)	(11.06)
	Do you have hypertension (high blood pressure)?	How do you know that you have hypertension?	Did the doctor prescribe medication for your high blood pressure?	Do you take any medicine without doctor's prescription to lower your blood pressure?	In the last 24 hours, did you take this hypertension medication?	If not, why not? DO NOT READ SINGLE ANSWER
	Yes 1	Medical professional diagnosed it 1	Yes 1 ► (11.05)	Yes 1	All of it 1 ► (11.08)	I could not afford to buy it 1
	No 2 ► (11.14)	I diagnosed it myself 2 ► (11.04)	No 2	No 2 ► (11.06)	Part of it 2 ► (11.08)	I forgot to take it 2
	Don't know 3 ► (11.14)				None of it 3	The medication makes me sick 3
						I felt fine and did not need to take it 4
						I ran out of medication 5
						Other 6
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## 11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

[illegible]

## 11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

ID CODE	(11.12)	(11.13)	(11.14)	(11.15)	(11.16)							
	Have you recently changed your way of life in order to lower your blood pressure?	What changes have you made in order to lower your blood pressure? (MULTIPLE ANSWERS POSSIBLE)  READ OPTIONS <table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Not applicable</td><td>3</td></tr> </table>	Yes	1	No	2	Not applicable	3	Have you ever had hypertension (high blood pressure)?	When was your blood pressure last measured by a health professional?	Where was your blood pressure last measured by a health professional?	
Yes	1											
No	2											
Not applicable	3											
Yes 1 No 2 ► Next MODULE	► NEXT MODULE	Yes 1 No 2	Within the past week 1 Within the past month 2	HOSPITAL 01 DISTRICT HEALTH CENTRE (DHC) 02								
	<table border="1"> <tr><td>Using less salt in food</td></tr> <tr><td>Drinking less alcohol</td></tr> <tr><td>Getting more exercise</td></tr> <tr><td>Losing weight</td></tr> <tr><td>Smoking less</td></tr> <tr><td>Drinking less Coffee</td></tr> <tr><td>Resting more</td></tr> <tr><td>Other</td></tr> </table>	Using less salt in food	Drinking less alcohol	Getting more exercise	Losing weight	Smoking less	Drinking less Coffee	Resting more	Other	Don't know 3	Within the last three months 3 Within the last year 4 Within the last 5 years 5 Not within the past 5 years or never 6 ► Next MODULE Don't know/do not remember 7 OTHER, SPECIFY 96	RURAL HEALTH CENTRE 03 HEALTH HOUSE 04 PRIVATE CLINIC 05 HOME VISIT 06 OTHER, SPECIFY 96
Using less salt in food												
Drinking less alcohol												
Getting more exercise												
Losing weight												
Smoking less												
Drinking less Coffee												
Resting more												
Other												
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## 12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

	(12.01)	(12.02)	(12.03)	(12.04)	(12.05)												
	We would like to measure your blood pressure. The analysis of blood pressure readings can tell us a lot about the health of the population. May I measure your blood pressure?	INTERVIEWER: ASK RESPONDENT TO SIGN CONSENT SHEET.	Have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?	<p>BLOOD PRESSURE TO BE MEASURED FOR ALL RESPONDENTS EXCEPT THOSE WITH THE FOLLOWING PRESENT ON BOTH ARMS:</p> <ul style="list-style-type: none"> <li>- Rashes, gauze dressings, casts, swelling, paralysis, open sores or wounds, arterivenous (a-v) shunts</li> </ul> <p>BLOOD PRESSURE TO BE MEASURED ON RIGHT ARM UNLESS:</p> <ul style="list-style-type: none"> <li>- Blood has been drawn from the right arm within the last week</li> <li>- Presence of the following on the right arm: rash, gauze dressing, cast, swelling, paralysis, open sore or wound, arterivenous (a-v) shunt</li> <li>- Respondent has had a right mastectomy</li> <li>- Right arm amputation</li> </ul> <p>INTERVIEWER: RECORD WHICH ARM WILL BE USED</p>	<p>INTERVIEWER: SELECT CUFF. RECORD CUFF SIZE CHOSEN.</p> <table border="1"> <tr> <td>Small (17-22cm)</td> <td>1</td> <td>▶</td> <td>(12.07)</td> </tr> <tr> <td>Medium / Large (22-42 cm)</td> <td>2</td> <td>▶</td> <td>(12.07)</td> </tr> <tr> <td>None of the cuffs fit respondent's arm</td> <td>3</td> <td>▶</td> <td>(12.06)</td> </tr> </table>	Small (17-22cm)	1	▶	(12.07)	Medium / Large (22-42 cm)	2	▶	(12.07)	None of the cuffs fit respondent's arm	3	▶	(12.06)
Small (17-22cm)	1	▶	(12.07)														
Medium / Large (22-42 cm)	2	▶	(12.07)														
None of the cuffs fit respondent's arm	3	▶	(12.06)														
	<p>Yes – agrees to blood pressure 1 ▶ (12.02)</p> <p>No – refuses blood pressure 2 ▶ (12.06)</p>	<p>Signed consent obtained 1 ▶ (12.03)</p> <p>No signed consent 2 ▶ (12.06)</p>	<p>Eaten 1</p> <p>Smoked 2</p> <p>Drank alcohol 3</p> <p>Drank coffee 4</p> <p>Done vigorous exercises 5</p> <p>None of these 6</p> <p>Don't know 7</p>	<p>Right arm 1 ▶ (12.05)</p> <p>Left arm 2 ▶ (12.05)</p> <p>Cannot use either arm 3 ▶ (12.06)</p>													
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## 12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

[illegible]

## 12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18

RESPONDENT: SELF

ID CODE	(12.11)				
	INTERVIEWER: ENTER BLOOD PRESSURE READINGS OBTAINED ON THE RECORD CARD. GIVE RESPONDENT FEEDBACK AS BELOW. FEEDBACK SHOULD BE BASED ON THE LOWEST SYSTOLIC AND DIASTOLIC READINGS OBTAINED.				
	REMEMBER: The feedback you give should be based on the lowest systolic and diastolic reading.				
	Rating	Systolic		Diastolic	Feedback
	Normal	<130	and	<85	1
	High normal	130-140	or	85-89	2
	Mildly high	140-159	or	90 – 99	3
Moderately high	160-179	or	100 – 109	4	
Severely high	180 or more	or	110 or more	5	
READ OUT:					
‘Your blood pressure is normal. No further action is recommended. However, it is important to have your blood pressure measured as part of your regular health check-ups.’					
‘Although your blood pressure is normal it is on the high side of normal today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor <b>within the next six months</b> to have a further blood pressure reading, to see whether this is a one-off finding or not.’					
‘Your blood pressure is a <b>bit high</b> today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor <b>within 2 months</b> to have a further blood pressure reading, to see whether this is a one-off finding or not.’					
‘Your blood pressure is a <b>bit high</b> today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor <b>within 2 weeks</b> to have a further blood pressure reading, to see whether this is a one-off finding or not.’					
‘Your blood pressure is <b>high</b> today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are <b>strongly</b> advised to visit your doctor <b>within 5 days</b> to have a further blood pressure reading, to see whether this is a one-off finding or not.’					
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## 26 CONTACT INFORMATION

	(26.01) Could you give me the names of the household members that have a cellphone?		(26.02) Could you please give me your cellphone number, so that we can contact you again if we need to?
	RECORD ID CODE AND NAME		
	NAME	ID CODE	CELLPHONE NUMBER
1			
2			
3			
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Could you also give us the cellphone numbers of at least two other family members, relatives, or friends of your household? If we need to contact you again and your cellphone number does not work, we would call them to ask how you can be located.

	###	(26.04)	(26.05)
	NAME	CELLPHONE NUMBER	RELATIONSHIP TO HEAD
1			
2			
3			
4			
5			

### RELATIONSHIP CODES

RELATIVE	1
FRIEND	2
NEIGHBOR	3

**THANK THE HOUSHOLD MEMBERS (YOUR MANUAL TELLS YOU HOW TO END)**

WRITE DOWN A DETAILED DESCRIPTION OF HOW TO FIND THE HOUSEHOLD, STARTING FROM AN EASILY RECOGNIZABLE LANDMARK:


(26.06) RESULT OF THE INTERVIEW:

INTERVIEW DONE	1
PARTIALLY COMPLETED	2
REGISTERED PERSON REFUSED INTERVIEW	3
HOUSEHOLD MEMBERS NOT PRESENT	4
HOUSEHOLD VACATED	5
HOUSE ADDRESS NOT FOUND	6
HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	7
OTHER, SPECIFY: _____	96

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INTERVIEW NOTES

PLEASE WRITE DOWN YOUR NOTES (IF ANY) PER RESPONDENT

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