



IDENTIFIER						
HEALTH DISTRICT			HF NUMBER		PATIENT NUMBER	

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE	LOCALITY NAME	LOCALITY CODE

GPS COORDINATES OF HEALTH FACILITY									
LATITUDE (NORTH)				.					
LONGITUDE (EAST)				.					

NAME OF HEALTH FACILITY	LOCATION OF HEALTH FACILITY

INTERVIEWER	CODE	

VISIT 1	DAY		MONTH		YEAR			

VISIT 2	DAY		MONTH		YEAR			

VISIT 3	DAY		MONTH		YEAR			

<div> <div>RESULT OF THE INTERVIEW</div> <div></div> </div>	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	PERSON IN CHARGE REFUSED INTERVIEW	03
	PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
	FACILITY IS EMPTY (NO STAFF MEMBERS)	05
	HEALTH FACILITY NOT FOUND	06
	OTHER, SPECIFY:	96

LANGUAGE			
LANGUAGE 1	01	TAJIK	04
LANGUAGE 2	02	RUSSIAN	05
LANGUAGE 3	03	OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT	Translator Used?	NEVER	()
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOMETIMES	()
			ALWAYS	()

SUPERVISOR

CODE	

DAY		MONTH		YEAR			

DATA ENTRY OPERATOR

CODE	

DAY		MONTH		YEAR			

(1) Identification		RECORD RESPONSE
INTERVIEWER: ASK THE FOLLOWING QUESTIONS TO THE HEALTH WORKER.		
(1.01)	INTERVIEWER: ENTER HEALTH WORKER TRACKING NUMBER.	FROM THE STAFF ROSTER IN FORM F1
(1.03)	Sex of the health worker	MALE 01
		FEMALE 02
INTERVIEWER: ASK THE FOLLOWING QUESTIONS TO THE CAREGIVER OF THE PATIENT.		
(1.06)	Is it the first time the child is brought to this facility for this disease or this purpose of the visit?	YES 1
		NO 2
(1.07)	What is the child's sex?	MALE 01
		FEMALE 02
(1.08)	What is the age of the child? INTERVIEWER: ENTER COMPLETED YEARS AND MONTHS. IF THE CHILD'S AGE IS MORE THAN 4 YEARS AND 11 MONTHS, STOP THE OBSERVATION AND MOVE TO THE NEXT SAMPLED CHILD.	a. YEARS (COMPLETED. RANGE IS 0 TO 4)
		b. MONTHS (COMPLETED. RANGE IS 0 TO 11)
(1.09)	How are you related to the child?	Mother 01
		Father 02
		Female caregiver (including other family member) 03
		Male caregiver (including other family member) 04
		Other, specify: 96

(1.10)	Can you read and write?	Yes	1	
		No	2	
(1.11)	What is the highest level and grade of education that you completed?	Primary	01	
		Secondary	02	
		Lyceum/College/Special education	03	
		University	04	
		None	98 ▶ (1.12)	
		GRADE / YEARS WITHIN THAT LEVEL		
(1.12)	What is your marital status?	Single	01	
		Married/Living together	02	
		Widowed	03	
		Divorced/separated	04	

(2) Treatment and counseling		RECORD RESPONSE
INTERVIEWER: INTRODUCE THIS SECTION WITH "Now I would like to ask you some questions about this visit to the health center."		
(2.01)	What is the purpose of the child's visit to the health center today? INTERVIEWER: RECORD "1" IF PURPOSE APPLIES AND "2" OTHERWISE.	a Vaccination ► (2.04)
		b Child growth monitoring ► (2.04)
		c Well baby check-up ► (2.04)
		d Child illness
(2.02)	How long ago in days did this illness start?	NUMBER OF DAYS
(2.03)	What was the reason for bringing the child to the health facility today? INTERVIEWER: DO NOT READ OPTIONS ALOUD; FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a DIARRHEA
		b FEVER
		c COUGH/DIFFICULTY BREATHING
		d SKIN INFECTION/ PUS WOUND
		e TONSILLITIS/ SORE THROAT
		f OTITIS MEDIA/ PAIN IN EAR
		g INJURY
		h OTHER, SPECIFY:
(2.04)	Did you come to this facility on your own, or based on a referral from Health house, or based on a referral from a health worker?	Came directly on own 01
		Referred by health worker in another facility 02
		Referred by a Health worker 03
(2.05)	Did someone in the health facility ask the age of the child?	YES 1
		NO 2
(2.06)	Did someone in the health facility weigh the child?	YES 1
		NO 2
(2.07)	Did someone in the health facility measure the height of the child?	YES 1
		NO 2
(2.08)	Did someone in the health facility plot weight or height against a growth chart?	YES 1
		NO 2
(2.09)	Did the health worker physically examine the child?	YES 1
		NO 2
(2.10)	At this visit, did the health worker also tell you that there was something wrong with the child?	YES 1
		NO 2 ► (2.24)

(2.11)	What did the health worker say was wrong with the child? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a	MALARIA	
		b	FEVER	
		c	MEASLES	
		d	DEHYDRATION	
		e	VIRAL INFECTION/FLU	
		f	DIARRHEA	
		g	DYSENTERY/ BLOODY DIARRHEA	
		h	COLD/ UPPER RESPIRATORY INFECTION	
		i	PNEUMONIA	
		j	MALNUTRITION	
		k	PARASITIC INFECTIONS	
l	OTHER, SPECIFY:			
(2.12)	Did the health worker tell you things to do at home to help treat the child's illness?	YES	1	
		NO	2 ► (2.14)	
(2.13)	What did the health worker tell you to do? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a	GIVE MORE FLUIDS	
		b	CONTINUE OR INCREASE FEEDINGS AND/OR BREASTFEEDING	
		c	TEPID BATHS FOR FEVER	
		d	KEEP THE CHILD WARM	
		e	AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY	
		f	OTHER, SPECIFY:	
(2.14)	Did the health worker tell you to bring the child back if the child's condition becomes worse?	YES	1	
		NO	2 ► (2.16)	
(2.15)	From the advice given to you by the health worker, how will you know if the child's condition becomes worse and should be brought back? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a	FEVER DOES NOT GO AWAY AFTER CERTAIN TIME	
		b	FEVER DEVELOPS	
		c	CHILD IS UNABLE TO DRINK OR IS DRINKING POORLY	
		d	CHANGE IN CONSCIOUSNESS	
		e	DIARRHEA PERSISTS	
		f	BLOOD APPEARS IN THE STOOL	
		g	CHILD DEVELOPS RAPID OR DIFFICULT BREATHING	
		h	CHILD BECOMES SICKER FOR ANY REASON	
		i	NEW SYMPTOMS DEVELOP	
		j	OTHER, SPECIFY:	

(2.16)	Did the child receive any medicine or prescriptions today from the health facility?	Received medicine at health facility	01	(2.23)
		Received prescription to fill outside the health facility	02	
		Received neither medicine nor prescription at the health facility	03	
(2.17)	In total, how many medications were given or prescribed to the child?			
INTERVIEWER: CHECK ANSWER FROM (2.16). IF ANSWER=01 ► (2.18). IF ANSWER=02 ► (2.19).				
(2.18)	What medicines were given at the facility? INTERVIEWER: CHECK ON THE MEDICINES GIVEN FOR CONFIRMATION. ► (2.20)	1.		
		2.		
		3.		
		4.		
		5.		
(2.19)	What medicines were prescribed? INTERVIEWER: CHECK ON THE MEDICINES ON THE PRESCRIPTION FOR CONFIRMATION.	1.		
		2.		
		3.		
		4.		
		5.		
(2.20)	How long does it take you to travel from this health facility to the location (pharmacy) where you get the prescribed medicine using your usual mode of transportation? (One way. IF IN FACILITY, RECORD 0)	MINUTES		
(2.21)	Did the health worker fully explain how to take the medicines?	YES	1	
		NO	2	
(2.22)	Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine might have?	YES	1	
		NO	2	
(2.23)	Did the health worker give you a specific date to bring the child back to the health facility for a follow-up visit?	YES	1	
		NO	2	
(2.24)	Is the child immunization passport available?	YES	1	
		NO	2	

(2.25)	INTERVIEWER: CHECK CHILD'S IMMUNIZATION STATUS.							
	RECORD "01" FOR RECEIVED AND "02" FOR NOT RECEIVED. IF DON'T KNOW "-99"	RECEIVED	NOT RECEIVED	RECORD RESPONSE				
A	BCG	01	02					
B	DPT1	01	02					
C	DPT2	01	02					
D	DPT3	01	02					
E	OPV0	01	02					
F	OPV1	01	02					
G	OPV2	01	02					
H		01	02					
I	Measles	01	02					
(2.26)	Did your child receive an immunization today?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>			YES	1	NO	2
YES	1							
NO	2							
(2.29)	Did the health worker ask you to bring back the child to receive immunization another day?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table> <div>► (3.01)</div>			YES	1	NO	2
YES	1							
NO	2							
(2.30)	When did the health worker ask you to bring the child back?	a.	MONTH (MM)					
		b.	YEAR (YYYY)					

(3)	Patient travel and expenditure		RECORD RESPONSE												
(3.01)	How far is your household from this health facility in kilometers? <i>IF DON'T KNOW "-99"</i>	Kilometers													
(3.02)	How long did it take you/the patient to reach this health facility from home today? (<u>One way</u>)	MINUTES													
(3.03)	What was your primary mode of transportation today? (<u>One way</u>)	<table border="1"> <tr><td>By foot</td><td>01</td></tr> <tr><td>Bicycle</td><td>02</td></tr> <tr><td>Animal</td><td>03</td></tr> <tr><td>Private car</td><td>04</td></tr> <tr><td>Public car/bus</td><td>05</td></tr> <tr><td>Other, specify:</td><td>96</td></tr> </table>	By foot	01	Bicycle	02	Animal	03	Private car	04	Public car/bus	05	Other, specify:	96	
By foot	01														
Bicycle	02														
Animal	03														
Private car	04														
Public car/bus	05														
Other, specify:	96														
(3.04)	How much did it cost in Somoni for you to travel to the health facility today? (<u>One way</u>)	Somoni													
(3.05)	How long did you/the patient wait in the health facility before being seen in consultation by the health worker?	MINUTES													
(3.06)	How long did you/the patient spend with the doctor or nurse during the consultation?	MINUTES													
(3.07)	Do you think this was too long?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2									
YES	1														
NO	2														
(3.08)	Was a registration fee charged?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.09)</td></tr> </table>	YES	1	NO	2 ► (3.09)									
YES	1														
NO	2 ► (3.09)														
(3.08)	How much was paid in Somoni for this?	Somoni													
(3.09)	Was a consultation fee charged?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.14)</td></tr> </table>	YES	1	NO	2 ► (3.14)									
YES	1														
NO	2 ► (3.14)														
(3.10)	How much was paid in Somoni for this?	Somoni													
(3.11)	Did you give any non-monetary gifts to the consultation?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.16)</td></tr> </table>	YES	1	NO	2 ► (3.16)									
YES	1														
NO	2 ► (3.16)														
(3.12)	What was the approximate value of the gift?	Value in Tajik Somoni													
(3.13)	Was a registration doctor fee charged?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.15)</td></tr> </table>	YES	1	NO	2 ► (3.15)									
YES	1														
NO	2 ► (3.15)														
(3.14)	How much was paid in Somoni for this?	Somoni													
(3.15)	Was a consultation doctor fee charged?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.19)</td></tr> </table>	YES	1	NO	2 ► (3.19)									
YES	1														
NO	2 ► (3.19)														
(3.16)	How much was paid in Somoni for this?	Somoni													
(3.17)	Did you give any monetary gifts to the consultation?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.19)</td></tr> </table>	YES	1	NO	2 ► (3.19)									
YES	1														
NO	2 ► (3.19)														
(3.18)	How much was this amount of money?	Sum in Tajik Somoni													
(3.19)	Was a laboratory test done?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.21)</td></tr> </table>	YES	1	NO	2 ► (3.21)									
YES	1														
NO	2 ► (3.21)														
(3.20)	How much was paid in Somoni for this?	Somoni													
(3.21)	Was an xray done?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (3.23)</td></tr> </table>	YES	1	NO	2 ► (3.23)									
YES	1														
NO	2 ► (3.23)														

(3.22)	How much was paid for this in Somoni?	Somoni	
(3.23)	Were medicines dispensed to you at the facility?	YES 1	
		NO 2 ► (3.25)	
(3.24)	How much was paid in Somoni for this?	Somoni	
(3.25)	How much was spent in total in Somoni at the facility for this visit, not including transportation costs?	Somoni	
(3.26)	<p>Where did the money come from that was used to pay for health care today?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED</p> <p>MENTIONED.....1</p> <p>NOT MENTIONED..2</p>	a. Savings or regular household budget	
		b. Credit in the Bank	
		c. Selling household possessions	
		d. Mortgaging or selling land	
		e. From a friend or relative	
		f. Borrowed from someone other than friend or family	
		g. Other, specify:	

(4)	Patient satisfaction	RECORD RESPONSE																
(4.01)	What was the main reason you chose this health facility today instead of a different source of care? INTERVIEWER: DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.	<table border="1"> <tr> <td>Location close to home</td> <td>01</td> </tr> <tr> <td>Low cost</td> <td>02</td> </tr> <tr> <td>Trust in providers/ high quality care</td> <td>03</td> </tr> <tr> <td>Availability of drugs</td> <td>04</td> </tr> <tr> <td>Availability of female provider</td> <td>05</td> </tr> <tr> <td>Recommendation or referral</td> <td>06</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	Location close to home	01	Low cost	02	Trust in providers/ high quality care	03	Availability of drugs	04	Availability of female provider	05	Recommendation or referral	06	Other, specify:	96		
Location close to home	01																	
Low cost	02																	
Trust in providers/ high quality care	03																	
Availability of drugs	04																	
Availability of female provider	05																	
Recommendation or referral	06																	
Other, specify:	96																	
(4.02)	What was the next most important reason you chose this health facility today instead of a different source of care? INTERVIEWER: DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.	<table border="1"> <tr> <td>No other reason</td> <td>01</td> </tr> <tr> <td>Location close to home</td> <td>02</td> </tr> <tr> <td>Low cost</td> <td>03</td> </tr> <tr> <td>Trust in providers/ high quality care</td> <td>04</td> </tr> <tr> <td>Availability of drugs</td> <td>05</td> </tr> <tr> <td>Availability of female provider</td> <td>06</td> </tr> <tr> <td>Recommendation or referral</td> <td>07</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	No other reason	01	Location close to home	02	Low cost	03	Trust in providers/ high quality care	04	Availability of drugs	05	Availability of female provider	06	Recommendation or referral	07	Other, specify:	96
No other reason	01																	
Location close to home	02																	
Low cost	03																	
Trust in providers/ high quality care	04																	
Availability of drugs	05																	
Availability of female provider	06																	
Recommendation or referral	07																	
Other, specify:	96																	

(4) Patient satisfaction (continued)						
I'm going to read you a series of statements regarding this health facility. Please tell me if you agree, neither agree nor disagree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.						
INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS WITH RESPONSE CODES.						
		Agree	Neither agree nor disagree	Disagree	Not applicable	RECORD RESPONSE
(4.03)	It is convenient to travel from your house to the health facility.	1	2	3	4	
(4.04)	The health facility is clean.	1	2	3	4	
(4.05)	The health staff are courteous and respectful.	1	2	3	4	
(4.06)	The health workers did a good job of explaining your condition.	1	2	3	4	
(4.07)	It is easy to get medicine that health workers prescribe.	1	2	3	4	
(4.08)	The registration fees of this visit to the health facility were reasonable.	1	2	3	4	
(4.09)	The lab fees of this visit to the health facility were reasonable.	1	2	3	4	
(4.10)	The medication fees of this visit to the health facility were reasonable.	1	2	3	4	
(4.11)	The transport fees for this visit to the health facility were reasonable.	1	2	3	4	
(4.12)	The amount of time you spent waiting to be seen by a health provider was reasonable.	1	2	3	4	
(4.13)	You had enough privacy during your visit.	1	2	3	4	
(4.14)	The health worker spent a sufficient amount of time with you.	1	2	3	4	
(4.15)	The hours the facility is open are adequate to meet your needs.	1	2	3	4	
(4.16)	The overall quality of services provided was satisfactory.	1	2	3	4	

(5) Security and Trust (Change to Safety and Trust)						
I'm going to read you a series of statements regarding security and trust in this health facility. Please respond to the statements as you did above by confirming if you agree, neither agree nor disagree, or disagree with each statement. Some of these statements may not apply to you. Please tell me if any of those statements does not apply to you.						
INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS WITH RESPONSE CODES.						
		Agree	Neither agree nor disagree	Disagree	Not applicable	RECORD RESPONSE
(5.01)	The level of security in the health facility area makes it difficult for people in the community to use available health services.	1	2	3	4	
(5.02)	The health workers in this facility are extremely thorough and careful.	1	2	3	4	
(5.03)	You trust in the skills and abilities of the health workers of this facility.	1	2	3	4	
(5.04)	You completely trust the health worker's decisions about medical treatments in this facility.	1	2	3	4	
(5.05)	The health workers in this facility are very friendly and approachable.	1	2	3	4	
(5.06)	The health workers in this facility are easy to make contact with.	1	2	3	4	
(5.07)	The health workers in this facility care about your health just as much or more than you do.	1	2	3	4	
(5.08)	The health workers in this facility act differently toward rich people than toward poor people.	1	2	3	4	
(5.09)	All in all, you trust the health worker completely in this health facility.	1	2	3	4	

(6)	Questions about the household	RECORD RESPONSE																																													
(6.01)	Does your household own any land? (Household Plots, Presidential Land, Dehqan Farm)	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																									
YES	1																																														
NO	2																																														
(6.02)	Describe the your land area	<table border="1"> <tr> <td>Household Plots</td> <td>1</td> </tr> <tr> <td>Presidential Land</td> <td>2</td> </tr> <tr> <td>Dehqan Farm</td> <td>3</td> </tr> <tr> <td>Rented/leased land</td> <td>4</td> </tr> <tr> <td>OTHER, SPECIFY:</td> <td>5</td> </tr> </table>	Household Plots	1	Presidential Land	2	Dehqan Farm	3	Rented/leased land	4	OTHER, SPECIFY:	5																																			
Household Plots	1																																														
Presidential Land	2																																														
Dehqan Farm	3																																														
Rented/leased land	4																																														
OTHER, SPECIFY:	5																																														
(6.03)	What is the total area of your land in (ha)? INTERVIEWER SPECIFY THE AREA OF LAND IN HECTARES If there is no such type of land put 0	<table border="1"> <tr> <td>Household Plots</td> <td>1</td> </tr> <tr> <td>Presidential Land</td> <td>2</td> </tr> <tr> <td>Dehqan Farm</td> <td>3</td> </tr> <tr> <td>Rented/leased land</td> <td>4</td> </tr> <tr> <td>OTHER, SPECIFY:</td> <td>5</td> </tr> </table>	Household Plots	1	Presidential Land	2	Dehqan Farm	3	Rented/leased land	4	OTHER, SPECIFY:	5																																			
Household Plots	1																																														
Presidential Land	2																																														
Dehqan Farm	3																																														
Rented/leased land	4																																														
OTHER, SPECIFY:	5																																														
(6.04)	If you were to sell the land you own, how much do you think you would receive for it in Somoni? IF DON'T KNOW "-99"	Somoni																																													
(6.05)	For your home, what is the main material used for the following: Wall, Rooftop and Floor? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD RESPONSE FOR WALL, ROOFTOP AND FLOOR SEPARATELY.	<table border="1"> <tr> <td>BRICKS OR BLOCKS</td> <td>01</td> <td>a. Wall</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ASBESTOS</td> <td>02</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CORRUGATED IRON / METAL</td> <td>03</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLASTIC</td> <td>04</td> <td>b. Rooftop</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>POLES / REED</td> <td>05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TILES/ SLATES</td> <td>06</td> <td></td> <td></td> <td></td> </tr> <tr> <td>THATCH / GRASS</td> <td>07</td> <td>c. Floor</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WOOD</td> <td>08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>EARTH / MUD</td> <td>09</td> <td></td> <td></td> <td></td> </tr> </table>	BRICKS OR BLOCKS	01	a. Wall	<input type="text"/>	<input type="text"/>	ASBESTOS	02				CORRUGATED IRON / METAL	03				PLASTIC	04	b. Rooftop	<input type="text"/>	<input type="text"/>	POLES / REED	05				TILES/ SLATES	06				THATCH / GRASS	07	c. Floor	<input type="text"/>	<input type="text"/>	WOOD	08				EARTH / MUD	09			
BRICKS OR BLOCKS	01	a. Wall	<input type="text"/>	<input type="text"/>																																											
ASBESTOS	02																																														
CORRUGATED IRON / METAL	03																																														
PLASTIC	04	b. Rooftop	<input type="text"/>	<input type="text"/>																																											
POLES / REED	05																																														
TILES/ SLATES	06																																														
THATCH / GRASS	07	c. Floor	<input type="text"/>	<input type="text"/>																																											
WOOD	08																																														
EARTH / MUD	09																																														

		CONCRETE ONLY	10	
		COVERED CONCRETE	11	
		CARDBOARD	12	
		OTHER, SPECIFY:	96	
(6.06)	How many rooms does your household have? (Including rooms outside the main dwelling, excluding kitchen and bathrooms)			
(6.07)	How many people live in your household? INTERVIEWER: WRITE THE TOTAL NUMBER IN EACH CATEGORY.	a. Men 18 years and older		
		b. Women 18 years and older		
		c. Children & adolescents between 6 & 17 years		
		d. Children 5 years and below		
		e. TOTAL		

(7)	Household assets				
		(7.01)			
	ASSET	How many [ASSET]s does your household own? INTERVIEWER: ONLY INCLUDE FUNCTIONING ASSETS. IF ZERO, RECORD "0".			
a	Bicycle?				
b	Motorbike and/or scooter?				
c	Car?				
d	Truck?				
e	Animal drawn cart?				
f	Agricultural land?				
g	Farm animals (any livestock, herds, other farm animals, beehives or poultry)?				
h	A refrigerator?				
i	An indoor heater (burzhuika)?				
j	A stock of wood or other fuel?				
k	A television?				
l	a DVD player?				
m	a satellite antenna/ dish?				
n	A computer?				
o	a phone (land and/or mobile phone)?				
p	A watch?				
q	An electric oven?				
		(7.02)			
	ANIMAL	How many [ANIMAL]s does your household own? INTERVIEWER: IF ZERO, RECORD "0".			
a	Cattle?				
b	Goats?				
c	Sheep?				
e	Poultry?				
f	Donkey/Horse?				
g	Other, specify:				
		(7.03)			
a	May we call you back?	Yes	1	No	2
b	Could you tell us your phone number				