

# **APPENDIX B 2003 EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY QUESTIONNAIRES**

---

ARAB REPUBLIC OF EGYPT  
MINISTRY OF HEALTH AND POPULATION  
NATIONAL POPULATION COUNCIL

**INTERIM EDHS**

**2003**

**HOUSEHOLD QUESTIONNAIRE**

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL AND WILL  
BE USED FOR SCIENTIFIC PURPOSES ONLY

**EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY 2003**  
**HOUSEHOLD QUESTIONNAIRE**

| IDENTIFICATION   |  |  |  |  |   |  |  |  |  |
|--|--|--|--|--|---|--|--|--|--|
| GOVERNORATE _____ PSU/ SEGMENT NO _____                            |  |  |  |  | GOVERNORATE<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>     |  |  |  |  |
| KISM/ MARQAZ. _____ BUILDING NO. _____                             |  |  |  |  | PSU/ SEGMENT NO<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |  |  |  |  |
| SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____                      |  |  |  |  | HOUSEHOLD NO<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>    |  |  |  |  |
| HOUSEHOLD NO. INSIDE SEGMENT. _____                                |  |  |  |  | URBAN/ RURAL<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>    |  |  |  |  |
| URBAN ..... 1 RURAL ..... 2  |  |  |  |  |   |  |  |  |  |
| LARGE CITY ..... 1 SMALL CITY ..... 2 TOWN ..... 3 VILLAGE ..... 4 |  |  |  |  |   |  |  |  |  |
| NOT SLUM AREA ..... 1 SLUM AREA ..... 2                            |  |  |  |  |   |  |  |  |  |
| NAME OF HOUSEHOLD HEAD _____                                       |  |  |  |  | LOCALITY<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>        |  |  |  |  |
| ADDRESS IN DETAIL _____  |  |  |  |  | NOT SLUM/SLUM<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |  |  |  |  |

  

| INTERVIEWER VISITS  |   |   |   | FINAL VISIT  |   |  |  |
|---|---|---|---|--|---|--|--|
| DATE  | 1 | 2 | 3 | DAY<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  | MONTH<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> | YEAR<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
| TEAM  |   |   |   | TEAM<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |   |  |  |
| INTERVIEWER   |   |   |   | INTERVIEWER<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>  |   |  |  |
| SUPERVISOR ASSISTANT  |   |   |   | SUPERVISOR ASSISTANT<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |   |  |  |
| SUPERVISOR  |   |   |   | SUPERVISOR<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |   |  |  |
| RESULT  |   |   |   | RESULT<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |   |  |  |
| NEXT VISIT: DATE  |   |   |   | TOTAL NUMBER OF VISITS<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>   |   |  |  |
| TIME  |   |   |   |  |   |  |  |
| <b>RESULT CODES:</b><br>1 COMPLETED<br>2 NOT HOUSEHOLD MEMBER AT HOME/<br>NO COMPETENT PERSON AT HOME<br>3 ENTIRE HOUSEHOLD ABSENT FOR AN<br>EXTENDED PERIOD<br>4 POSTPONED<br>9 OTHER _____<br>(SPECIFY) |   |   |   | 5 REFUSED<br>6 DWELLING VAGANT/ADDRESS<br>NOT A DWELLING<br>7 DWELLING DESTROYED<br>8 DWELLING NOT FOUND<br>TOTAL IN HOUSEHOLD<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>TOTAL ELIGIBLE WOMEN<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div><br>LINE NO. OF RESPONDENT<br>FROM HH Q.<br><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> |   |  |  |

  

|  |  |
|--|--|
| ADDRESS CHECKED YES ..... 1 BY _____<br>NO ..... 2 | REINTERVIEW YES ..... 1 BY _____<br>NO ..... 2 |
|--|--|

  

| NAME      | FIELD EDITOR   | OFFICE EDITOR  | CODER  | KEYER  |
|-----------|--|--|--|--|
| DATE      | / / 2003   | / / 2003   | / / 2003   | / / 2003   |
| SIGNATURE | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> |

### HOUSEHOLD SCHEDULE

We would like some information about people who usually live in your household or who are staying with you now.

| LINE NO. | USUAL RESIDENTS AND VISITORS  | RELATIONSHIP  | RESIDENCE                      |                                   | SEX  | AGE  | MARITAL STATUS   | ELIGIBILITY  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|----------|---|---|--------------------------------|-----------------------------------|--|--|--|--|---|---|--|---|---|--|--|--|--|--|--|----|----|
|          |   |   |                                |                                   |  |  | IF AGE 15 OR OLDER   | WOMEN  | CHILDREN                                |   |  |   |   |  |  |  |  |  |  |    |    |
| 001      | 002   | 006   | 007                            | 008                               | 009  | 010  | 011  | 012  | 013                                     |   |  |   |   |  |  |  |  |  |  |    |    |
|          | 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.<br><br><b>AFTER LISTING NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.</b> | What is the relationship of (NAME) to the head of the household?<br><br>(SEE CODES BELOW).                          | Does (NAME) usually live here? | Did (NAME) sleep here last night? | Is (NAME) male or female?  | How old was (NAME) at his/her last birthday?<br><br>RECORD IN COMPLETED YEARS. | What is (NAME'S) current marital status?<br><br>1 MARRIED<br>2 WIDOWED<br>3 DIVORCED<br>4 SEPARATED<br>5 NEVER MARRIED/<br>SIGNED CONTRACT | CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW) | CIRCLE LINE NUMBER OF CHILD UNDER AGE 6 |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   | YES NO                         | YES NO                            | M F  | IN YEARS   |  | LINE NO.   | LINE NO.                                |   |  |   |   |  |  |  |  |  |  |    |    |
| 01       | _____   | HEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>1</td></tr></table> | 0                              | 1                                 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 01 | 01 |
| 0        | 1   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 02       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 02 | 02 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 03       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 03 | 03 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 04       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 04 | 04 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 05       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 05 | 05 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 06       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 06 | 06 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 07       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 07 | 07 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 08       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 08 | 08 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 09       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 09 | 09 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 10       | _____   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>        |                                |                                   | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1  | 2  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table>   | 1                                       | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td></tr></table> | 1 | 2 | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> |  |  | 10 | 10 |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
| 1        | 2   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |
|          |   |   |                                |                                   |  |  |  |  |   |   |  |   |   |  |  |  |  |  |  |    |    |

**Just to make sure that I have a complete listing:**

003 Are there any other persons such as small children or infants who are not listed?  
 YES ☐ → ADD TO 002 NO ☐

004 In addition, 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 ☐ → ADD TO 002 NO ☐

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?  
 YES ☐ → ADD TO 002 NO ☐

**CODES FOR Q006 RELATIONSHIP TO HOUSEHOLD HEAD:**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| 01 = HEAD                         | 08 = BROTHER / SISTER               |
| 02 = WIFE / HUSBAND               | 09 = BROTHER-IN-LAW / SISTER-IN-LAW |
| 03 = SON / DAUGHTER               | 10 = OTHER RELATIVE                 |
| 04 = SON-IN-LAW / DAUGHTER-IN-LAW | 11 = ADOPTED / FOSTER CHILD         |
| 05 = GRANDCHILD                   | 12 = STEP CHILD                     |
| 06 = PARENT                       | 13 = NOT RELATED                    |
| 07 = PARENT-IN-LAW                | 98 = DON'T KNOW                     |

| LINE NO. | EDUCATION   |   |                          | ATTENDANCE DURING THE 2002-2003 SCHOOL YEAR  |  |                          | ATTENDANCE DURING THE 2001-2002 SCHOOL YEAR |   |  |  |
|----------|---|---|--------------------------|--|--|--------------------------|---|---|--|--|
|          | IF AGE 6 YEARS OR OLDER   |   |                          | IF AGE 3 – 24 YEARS  |  |                          | IF AGE 3 – 24 YEARS                         |   |  |  |
| 001      | 014   | 015   | 016                      | 017  | 018  | 019                      | 020   | 021   | 022  |  |
|          | Has (NAME) ever been to school?<br><br>IF YES: ASK QUESTION S 015-022 AS APPROPRIATE.<br><br>IF NO: GO TO 006 FOR NEXT PERSON | IF ATTENDED SCHOOL<br><br>What is the highest level of school (NAME) attended?<br><br>1 PRIMARY<br>2 PREPARATORY<br>3 SECONDARY<br>4 UPPER INTERMEDIATE<br>5 UNIVERSITY<br>6 MORE THAN UNIVERSITY |                          | Has (NAME) attended school at any time during the 2002-2003 school year, that is since September 2002 current (school year)?<br><br>IF YES: ASK QUESTIONS 018-019.<br><br>IF NO: GO TO 020 | IF ATTENDED SCHOOL<br><br>During this school year, what level is (NAME) been attending?<br><br>0 NURSERY/<br>KINDERGARTEN<br>1 PRIMARY<br>2 PREPARATORY<br>3 SECONDARY<br>4 UPPER INTERMEDIATE<br>5 UNIVERSITY<br>6 MORE THAN UNIVERSITY |                          | What grade is he/she attending?             | Did (NAME) attend school at any time during the 2001-2002 school year, that is the school year beginning in September 2001(the pervious school year)?<br><br>IF YES: ASK QUESTIONS 021-022.<br><br>IF NO: GO TO 006 | IF ATTENDED SCHOOL<br><br>What level of school did (NAME) attend during the 2001- 2002 school year?<br><br>0 NURSERY/<br>KINDERGARTEN<br>1 PRIMARY<br>2 PREPARATORY<br>3 SECONDARY<br>4 UPPER INTERMEDIATE<br>5 UNIVERSITY<br>6 MORE THAN UNIVERSITY |  |
|          | YES NO  | LEVEL   | GRADE                    | YES NO   | LEVEL  | GRADE                    | YES NO                                      | LEVEL   | GRADE  |  |
| 01       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 02       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 03       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 04       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 05       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 06       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 07       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 08       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 09       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 10       | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/> | 1 2  | <input type="checkbox"/>   | <input type="checkbox"/> | 1 2   | <input type="checkbox"/>  | <input type="checkbox"/>   |  |
| 023      | CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN  |   |                          | <input type="text"/>   |  |                          |   |   |  |  |
| 024      | CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN   |   |                          | <input type="text"/>   |  |                          |   |   |  |  |
| 025      | TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED  |   |                          | <input type="checkbox"/>   |  |                          |   |   |  |  |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP TO  |
|-----|--|--|--|
| 026 | What type of dwelling does your household live in?   | APARTMENT ..... 1<br>FREE STANDING HOUSE ..... 2<br>OTHER ..... 6<br>(SPECIFY)   |  |
| 027 | Is your dwelling owned by your household or not?<br><br>IF OWNED: Is it owned solely by your household or jointly with someone else? | OWNED ..... 1<br>OWNED JOINTLY ..... 2<br>RENTED ..... 3<br>OTHER ..... 6<br>(SPECIFY)   | → 030  |
| 028 | Is there a possibility that you could be evicted from this dwelling?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 030  |
| 029 | How likely is it that you could be evicted, would you say very likely, somewhat likely or very little likely?                        | LIKELY ..... 1<br>SOMEWHAT LIKELY ..... 2<br>VERY LITTLE LIKELY ..... 3<br>DON'T KNOW ..... 8  |  |
| 030 | <b>MAIN MATERIAL OF THE FLOOR.</b><br><br><b>RECORD YOUR OBSERVATIONS.</b>   | NATURAL FLOOR<br>EARTH/SAND ..... 11<br>RUDIMENTARY FLOOR<br>WOOD PLANKS ..... 21<br>FINISHED FLOOR<br>PARQUET OR POLISHED WOOD ..... 31<br>CERAMIC/MARBLE TILES ..... 32<br>CEMENT TILES ..... 33<br>CEMENT ..... 34<br>WALL-TO-WALL CARPET ..... 35<br>VINYL ..... 36<br>OTHER ..... 96<br>(SPECIFY)   |  |
| 031 | How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?                            | ROOMS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>   |  |
| 032 | What is the main source of drinking water for members of your household?   | PIPED WATER<br>PIPED INTO RESIDENCE ..... 11<br>PIPED INTO YARD/PLOT ..... 12<br>PUBLIC TAP ..... 13<br>WATER FROM OPEN WELL<br>OPEN WELL IN RESIDENCE ..... 21<br>OPEN WELL IN YARD/PLOT ..... 22<br>OPEN PUBLIC WELL ..... 23<br>WATER FROM PROTECTED WELL<br>PROTECTED WELL IN RESIDENCE ..... 31<br>PROTECTED WELL IN YARD/PLOT ..... 32<br>PROTECTED PUBLIC WELL ..... 33<br>SURFACE WATER<br>NILE/CANALS ..... 41<br>BOTTLED WATER ..... 51<br>OTHER ..... 96<br>(SPECIFY) | → 034<br>→ 034<br>→ 034<br>→ 034<br>→ 034<br>→ 034<br>→ 034<br>→ 034 |
| 033 | How long does it take to go there, get water, and come back?   | MINUTES ..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>   |  |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP TO        |
|-----|--|--|----------------|
| 034 | During the last two weeks, has there been any time when <u>water was not</u> available from (source in 032)?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 036          |
| 035 | Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?   | DAILY/ALMOST DAILY ..... 1<br>FEW TIMES PER WEEK ..... 2<br>LESS FREQUENTLY ..... 3<br>DON'T KNOW ..... 8  |                |
| 036 | Do you store water in the household?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  | → 039          |
| 037 | <b>ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED</b><br>Could you show me in which container(s) you store water?<br><b>OBSERVE:</b> Are the container(s) covered? | ALL COVERED ..... 1<br>SOME COVERED ..... 2<br>NONE COVERED ..... 3<br>NOT ABLE TO OBSERVE ..... 8   | → 039          |
| 038 | <b>OBSERVE:</b> Do(es) the container(s) have a narrow or wide mouth (s)?   | NARROW MOUTH(S) ..... 1<br>WIDE MOUTH(S) ..... 2<br>BOTH TYPES ..... 3   |                |
| 039 | What kind of toilet facility do most members of your household use?  | MODERN FLUSH TOILET ..... 11<br>TRADITIONAL WITH TANK FLUSH ..... 12<br>TRADITIONAL WITH BUCKET FLUSH ..... 13<br>PIT TOILET/LATRINE ..... 21<br>NO FACILITY ..... 31<br>OTHER ..... 96<br>(SPECIFY)                         | → 045          |
| 040 | Is this toilet in working condition at this time?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                |
| 041 | Into where does this facility drain?   | PUBLIC SEWER ..... 01<br>VAULT (BAYARA) ..... 02<br>SEPTIC SYSTEM ..... 03<br>PIPE CONNECTED TO CANAL ..... 04<br>PIPE CONNECTED TO GROUND WATER ..... 05<br>EMPTIED (NO CONNECTION) ..... 06<br>OTHER ..... 96<br>(SPECIFY) | → 043<br>→ 043 |
| 042 | Are you or your neighbors currently experiencing any problems with this drainage system?<br><br>IF YES: What type of problems?   | POOLING AROUND OWN DWELLING ..... A<br>POOLING AROUND NEIGHBOR'S DWELLING ..... B<br>COST OF EVACUATION ..... C<br>OTHER ..... X<br>(SPECIFY)<br>NO PROBLEM (S) ..... Y<br>DON'T KNOW ..... Z                                |                |
| 043 | Do you share this facility with other households?<br><br>IF YES: How many other households sharing this facility?  | NUMBER OF OTHER HOUSEHOLDS SHARING TOILET FACILITY ..... <input type="text"/><br>NOT SURE HOW MANY SHARING ..... 98<br>TOILET NOT SHARED ..... 00  |                |
| 044 | <b>ASK TO SEE THE TOILET FACILITY USED BY MOST HOUSEHOLD MEMBERS. OBSERVE WHETHER THERE IS FECAL MATTER INSIDE THE FACILITY ON THE FLOOR OR WALLS.</b>                   | YES, MATTER PRESENT ..... 1<br>NO, NO MATTER ..... 2<br>NOT ABLE TO DETERMINE ..... 3<br>NOT ABLE TO OBSERVE TOILET ..... 8  |                |

| NO.                              | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP TO |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
|----------------------------------|--|---|---------|-----|----|--------------------|---|---|---------------------------|---|---|--------------------|---|---|---------------|---|---|----------------------|---|---|---------------------------------|---|---|-----------------------------|---|---|----------------------------------|---|---|---------------------|---|---|-------------------|---|---|----------------------|---|---|--|
| 045                              | Does your household have any place used for hand washing?  | YES..... 1<br>NO..... 2   | → 048   |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 046                              | ASK TO SEE THE PLACE USED MOST OFTEN FOR HANDWASHING. INDICATE IF PLACE IS IN SAME ROOM/IN ROOM ADJACENT TO THE TOILET FACILITY USED BY HOUSEHOLD MEMBERS.   | IN SAME/ADJACENT ROOM ..... 1<br>NOT NEAR TOILET FACILITY ..... 2<br>NOT ABLE TO DETERMINE/ NO TOILET FACILITY ..... 3<br>NOT ABLE TO OBSERVE HANDWASHING AREA ..... 8  | → 048   |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 047                              | OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT IN THE AREA USED FOR HANDWASHING.<br>Water/tap?<br>Soap, ash or other cleansing agent?<br>Towel or cloth?<br>Basin?   | <table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>WATER/TAP .....</td><td>1</td><td>2</td></tr><tr><td>SOAP/ASH/OTHER .....</td><td>1</td><td>2</td></tr><tr><td>TOWEL/CLOTH .....</td><td>1</td><td>2</td></tr><tr><td>BASIN .....</td><td>1</td><td>2</td></tr></tbody></table>   |         | YES | NO | WATER/TAP .....    | 1 | 2 | SOAP/ASH/OTHER .....      | 1 | 2 | TOWEL/CLOTH .....  | 1 | 2 | BASIN .....   | 1 | 2 |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
|                                  | YES  | NO  |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| WATER/TAP .....                  | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| SOAP/ASH/OTHER .....             | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| TOWEL/CLOTH .....                | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| BASIN .....                      | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 048                              | How does this household primarily dispose of kitchen waste and trash?<br><br>RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE HIGHEST METHOD ON THE LIST.  | COLLECTED<br>FROM HOME ..... 11<br>FROM CONTAINER IN THE STREET ..... 12<br>DUMPED<br>INTO STREET/EMPTY PLOT ..... 21<br>INTO CANAL/DRAINAGE ..... 22<br>BURNED ..... 31<br>FED TO ANIMALS ..... 41<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 049                              | What type of fuel does your household use for cooking?   | ELECTRICITY ..... 01<br>LPG/NATURAL GAS ..... 02<br>KEROSENE ..... 03<br>COAL/IGNITE ..... 04<br>CHARCOAL ..... 05<br>FIREWOOD/STRAW ..... 06<br>DUNG ..... 07<br>OTHER ..... 96<br>(SPECIFY)   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 050                              | Does your household have:<br>Electricity?<br>A radio with cassette recorder?<br>A television?<br>A video?<br>A telephone?<br>A Mobile?<br>A personal home computer?  | <table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>ELECTRICITY .....</td><td>1</td><td>2</td></tr><tr><td>RADIO WITH CASSETTE .....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION .....</td><td>1</td><td>2</td></tr><tr><td>VIDEO .....</td><td>1</td><td>2</td></tr><tr><td>TELEPHONE .....</td><td>1</td><td>2</td></tr><tr><td>MOBILE .....</td><td>1</td><td>2</td></tr><tr><td>COMPUTER.....</td><td>1</td><td>2</td></tr></tbody></table>   |         | YES | NO | ELECTRICITY .....  | 1 | 2 | RADIO WITH CASSETTE ..... | 1 | 2 | TELEVISION .....   | 1 | 2 | VIDEO .....   | 1 | 2 | TELEPHONE .....      | 1 | 2 | MOBILE .....                    | 1 | 2 | COMPUTER.....               | 1 | 2 |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
|                                  | YES  | NO  |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| ELECTRICITY .....                | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| RADIO WITH CASSETTE .....        | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| TELEVISION .....                 | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| VIDEO .....                      | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| TELEPHONE .....                  | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| MOBILE .....                     | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| COMPUTER.....                    | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| 051                              | Does your household have:<br>An electric fan?<br>A water heater?<br>A refrigerator?<br>A freezer?<br>A sewing machine?<br>An automatic washing machine?<br>Any other washing machine?<br>A Gas/electric cooking stove?<br>An air condition?<br>A dish washer?<br>A satallite dish? | <table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>ELECTRIC FAN .....</td><td>1</td><td>2</td></tr><tr><td>WATER HEATER .....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR .....</td><td>1</td><td>2</td></tr><tr><td>FREEZER .....</td><td>1</td><td>2</td></tr><tr><td>SEWING MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>AUTOMATIC WASHING MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>OTHER WASHING MACHINE .....</td><td>1</td><td>2</td></tr><tr><td>GAS/ELECTRIC COOKING STOVE .....</td><td>1</td><td>2</td></tr><tr><td>AIR CONDITION .....</td><td>1</td><td>2</td></tr><tr><td>DISH WASHER .....</td><td>1</td><td>2</td></tr><tr><td>SATALLITE DISH .....</td><td>1</td><td>2</td></tr></tbody></table> |         | YES | NO | ELECTRIC FAN ..... | 1 | 2 | WATER HEATER .....        | 1 | 2 | REFRIGERATOR ..... | 1 | 2 | FREEZER ..... | 1 | 2 | SEWING MACHINE ..... | 1 | 2 | AUTOMATIC WASHING MACHINE ..... | 1 | 2 | OTHER WASHING MACHINE ..... | 1 | 2 | GAS/ELECTRIC COOKING STOVE ..... | 1 | 2 | AIR CONDITION ..... | 1 | 2 | DISH WASHER ..... | 1 | 2 | SATALLITE DISH ..... | 1 | 2 |  |
|                                  | YES  | NO  |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| ELECTRIC FAN .....               | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| WATER HEATER .....               | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| REFRIGERATOR .....               | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| FREEZER .....                    | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| SEWING MACHINE .....             | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| AUTOMATIC WASHING MACHINE .....  | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| OTHER WASHING MACHINE .....      | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| GAS/ELECTRIC COOKING STOVE ..... | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| AIR CONDITION .....              | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| DISH WASHER .....                | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |
| SATALLITE DISH .....             | 1  | 2   |         |     |    |                    |   |   |                           |   |   |                    |   |   |               |   |   |                      |   |   |                                 |   |   |                             |   |   |                                  |   |   |                     |   |   |                   |   |   |                      |   |   |  |

| NO.                       | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP TO |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
|---------------------------|---|--|---------|-----|----|---------------|---|---|---------------------------|---|---|---------------------|---|---|-----------------------|---|---|------------------------|---|---|--|
| 052                       | Do you or any member of your household own:<br>A bicycle?<br>A motorcycle or motor scooter?<br>A car/van/truck?<br>Farm or other land?<br>Livestock (donkeys, horses, cows, sheep, etc.)/poultry? | <table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>BICYCLE .....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE OR MOTOR .....</td><td>1</td><td>2</td></tr><tr><td>CAR/VAN/TRUCK .....</td><td>1</td><td>2</td></tr><tr><td>FARM/OTHER LAND .....</td><td>1</td><td>2</td></tr><tr><td>LIVESTOCK/POULTRY.....</td><td>1</td><td>2</td></tr></tbody></table> |         | YES | NO | BICYCLE ..... | 1 | 2 | MOTORCYCLE OR MOTOR ..... | 1 | 2 | CAR/VAN/TRUCK ..... | 1 | 2 | FARM/OTHER LAND ..... | 1 | 2 | LIVESTOCK/POULTRY..... | 1 | 2 |  |
|                           | YES   | NO   |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| BICYCLE .....             | 1   | 2  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| MOTORCYCLE OR MOTOR ..... | 1   | 2  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| CAR/VAN/TRUCK .....       | 1   | 2  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| FARM/OTHER LAND .....     | 1   | 2  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| LIVESTOCK/POULTRY.....    | 1   | 2  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| 053                       | How much on average does your household pay in month for the electric bill?   | IN POUNES ..... <table><tr><td></td><td></td><td></td></tr></table><br>NO ELECTRICITY..... 997<br>DON'T KNOW ..... 998   |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
|                           |   |  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |
| 054                       | ASK RESPONDENT FOR A TEASPOON OF SALT.<br>TEST SALT FOR IODINE<br><br>RECORD PPM (PARTS PER MILLION).   | 0 PPM (NO IODINE) ..... 1<br>1-25 PPM ..... 2<br>26-50 PPM ..... 3<br>51-75 PPM ..... 4<br>76-100 PPM ..... 5  |         |     |    |               |   |   |                           |   |   |                     |   |   |                       |   |   |                        |   |   |  |



## HEIGHT AND WEIGHT

055 CHECK QUESTIONS 012 AND 013 AND IDENTIFY ALL ELIGIBLE EVER-MARRIED WOMEN 15-49 AND CHILDREN UNDER AGE 6. RECORD THE LINE NUMBERS, NAMES AND AGES OF THE WOMEN AND CHILDREN FROM THE HOUSEHOLD SCHEDULE IN THE APPROPRIATE GRID BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES TO RECORD ALL OF THE ELIGIBLE WOMEN AND CHILDREN.

| ELIGIBLE WOMEN 15 – 49          |                             |                            | HEIGHT AND WEIGHT MEASUREMENT OF ELIGIBLE WOMEN 15 - 49 |                       |                         |     |  |
|---------------------------------|-----------------------------|----------------------------|---|-----------------------|-------------------------|-----|--|
| LINE NO.<br>CHECK COLUMN<br>001 | NAME<br>CHECK COLUMN<br>002 | AGE<br>CHECK COLUMN<br>010 |   | WEIGHT<br>(KILOGRAMS) | HEIGHT<br>(CENTIMETERS) |     | RESULT:<br>1 MEASURED<br>2 NOT PRESENT<br>3 REFUSED<br>6 OTHER |
| 056                             | 057                         | 058                        | 059   | 060                   | 061                     | 062 | 063  |
| <input type="text"/>            | _____                       | <input type="text"/>       |   | <input type="text"/>  | <input type="text"/>    |     | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       |   | <input type="text"/>  | <input type="text"/>    |     | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       |   | <input type="text"/>  | <input type="text"/>    |     | <input type="text"/>   |

| ELIGIBLE CHILDREN UNDER AGE 6   |                             |                            |   | HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN UNDER AGE 6 |                         |  |  |
|---------------------------------|-----------------------------|----------------------------|---|---|-------------------------|--|--|
| LINE NO.<br>CHECK COLUMN<br>001 | NAME<br>CHECK COLUMN<br>002 | AGE<br>CHECK COLUMN<br>010 | DATE OF BIRTH<br>What is (NAME'S) date of birth?  | WEIGHT<br>(KILOGRAMS)                                 | HEIGHT<br>(CENTIMETERS) | MEASURED<br>1 LYING DOWN<br>2 STANDING | RESULT:<br>1 MEASURED<br>2 NOT PRESENT<br>3 REFUSED<br>6 OTHER |
| 056                             | 057                         | 058                        | 059   | 060   | 061                     | 062                                    | 063  |
|                                 |                             |                            | DAY    MONTH    YEAR  |   |                         |  |  |
| <input type="text"/>            | _____                       | <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/>                                  | <input type="text"/>    | 1    2                                 | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/>                                  | <input type="text"/>    | 1    2                                 | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/>                                  | <input type="text"/>    | 1    2                                 | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/>                                  | <input type="text"/>    | 1    2                                 | <input type="text"/>   |
| <input type="text"/>            | _____                       | <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/>                                  | <input type="text"/>    | 1    2                                 | <input type="text"/>   |

064 TICK IF ADDITIONAL QUESTIONNAIRE USED TO RECORD MEASUREMENTS FOR:

WOMEN ☐

CHILDREN ☐

065 NAME OF MEASURER \_\_\_\_\_

NAME OF ASSISTANT \_\_\_\_\_

### OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 066 – 067 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

|     |  |   |
|-----|--|---|
| 066 | DEGREE OF COOPERATION.                                   | POOR ..... 1<br>FAIR ..... 2<br>GOOD ..... 3<br>VERY GOOD ..... 4 |
| 067 | INTERVIEWER'S COMMENTS:<br><br><hr/><br><hr/><br><hr/>   |   |
| 068 | FIELD EDITOR'S COMMENTS:<br><br><hr/><br><hr/><br><hr/>  |   |
| 069 | SUPERVISOR'S COMMENTS:<br><br><hr/><br><hr/><br><hr/>    |   |
| 070 | OFFICE EDITOR'S COMMENTS:<br><br><hr/><br><hr/><br><hr/> |   |