

NIGERIA DEMOGRAPHIC AND HEALTH SURVEYS 2018
 HOUSEHOLD QUESTIONNAIRE

NIGERIA
 NATIONAL POPULATION COMMISSION

IDENTIFICATION																				
STATE _____	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																			
LOCAL GOVT. AREA _____																				
LOCALITY _____																				
ENUMERATION AREA _____																				
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																			
CLUSTER NUMBER																				
HOUSEHOLD NUMBER																				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)																				
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____ INT. NO. _____ RESULT* _____																
INTERVIEWER'S NAME	_____	_____	_____																	
RESULT*	_____	_____	_____	_____																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____																
TIME	_____	_____																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD _____ TOTAL ELIGIBLE WOMEN _____ TOTAL ELIGIBLE MEN _____ LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____																
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** _____ </div> <div> NATIVE LANGUAGE OF RESPONDENT** _____ </div> <div> TRANSLATOR USED (YES = 1, NO = 2) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO </div> </div>																				
SUPERVISOR NAME _____ NUMBER _____			FIELD EDITOR NAME _____ NUMBER _____																	

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Population Commission. We are conducting a survey about health and other topics all over Nigeria. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div>MINUTES</div></div> <div style="display: flex; align-items: center;"><table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></div>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 10 = NIECE/NEPHEW BY BLOOD |
| 02 = WIFE OR HUSBAND | 11 = NIECE/NEPHEW BY MARRIAGE |
| 03 = SON OR DAUGHTER | 12 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 13 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 14 = NOT RELATED |
| 06 = PARENT | 15 = CO-WIFE |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |
| 08 = BROTHER OR SISTER | |
| 09 = BROTHER-IN-LAW/SISTER IN-LAW | |

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	10 = NIECE/NEPHEW BY BLOOD
02 = WIFE OR HUSBAND	11 = NIECE/NEPHEW BY MARRIAGE
03 = SON OR DAUGHTER	12 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	13 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	14 = NOT RELATED
06 = PARENT	15 = CO-WIFE
07 = PARENT-IN-LAW	98 = DON'T KNOW
08 = BROTHER OR SISTER	
09 = BROTHER-IN-LAW/SISTER IN-LAW	

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION		
	12	13	14	15	16	17	18	19	20A	20B	20C
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest class/year (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2017-2018 (2018-2019) school year?	During [this/that] school year, what level and class/year [is/was] (NAME) attending? SEE CODES BELOW.	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/ HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
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05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
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07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
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CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION YEAR
01-03 = YEARS AT PRE-PRIMARY/KINDERGARTEN
01-06 = YEARS 1-6 AT PRIMARY LEVEL
01-06 = YEARS 1-6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

***FOR 'HIGHER' TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL**

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION		
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14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
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16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
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19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

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***FOR 'HIGHER' TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL**

IF AGE 5 YEARS OR OLDER

SEEING DIFFICULTY			HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
21	22	23	24	25	26	27	28	29	30
Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
	1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW		1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY REMEMBERING/CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/CONCENTRATE AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW
Y N DK 1 2 8 GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	Y N DK 1 2 8 GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
1 2 8 GO TO 23	1 2 3 4 8 (GO TO 24)	1 2 3 4 8	1 2 8 GO TO 26	1 2 3 4 8 (GO TO 27)	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
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IF AGE 5 YEARS OR OLDER

SEEING DIFFICULTY			HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
21	22	23	24	25	26	27	28	29	30
Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 SACHET WATER 92 OTHER 96 (SPECIFY)	→ 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F ALUM G OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 <div align="center">(SPECIFY)</div>	→ 116
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 <div align="center">(SPECIFY)</div>	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Camels?	 a) COWS/BULLS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> b) OTHER CATTLE <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> c) HORSES/DONKEYS/MULES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> d) GOATS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> e) SHEEP <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> f) CHICKENS/POULTRY <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> g) PIGS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> h) CAMEL <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121
120	How many plot/acres/hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '9950'.	PLOT 1 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> . <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ACRES 2 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> . <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> HECTARES 3 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> . <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> 95 OR MORE PLOT/ACRES/HECTARES .. 9950 DON'T KNOW 9998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have:	YES NO		
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer?	e) COMPUTER 1	2	
	f) A refrigerator?	f) REFRIGERATOR 1	2	
	g) A table?	g) TABLE 1	2	
	h) A chair?	h) CHAIR 1	2	
	i) A bed?	i) BED 1	2	
	j) A sofa?	j) SOFA 1	2	
	k) A cupboard?	k) CUPBOARD 1	2	
	l) An air conditioner?	l) AIR CONDITIONER 1	2	
	m) An electric iron?	m) ELECTRIC IRON 1	2	
	n) A generator?	n) GENERATOR 1	2	
	o) A fan?	o) FAN 1	2	
122	Does any member of this household own:	YES NO		
	a) A watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
	h) A canoe?	h) CANOE 1	2	
	i) A Keke Napep?	i) KEKE - NAPEP 1	2	
123	Does any member of this household have a bank account?	YES 1 NO 2		
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5		
127	Does your household have any mosquito nets?	YES 1 NO 2		→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED 3	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED 3	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED 3
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONGLIFE 13 DURANET 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL 18 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONGLIFE 13 DURANET 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL 18 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONGLIFE 13 DURANET 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL 18 OTHER/DON'T KNOW BRAND 16 OTHER TYPE 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a net mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep inside this mosquito net last night?	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←
136A	Why did not anyone sleep inside this net?	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG .. 14 OTHER 96 (SPECIFY) DON'T KNOW 98 (SKIP TO 138) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG .. 14 OTHER 96 (SPECIFY) DON'T KNOW 98 (SKIP TO 138) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG .. 14 OTHER 96 (SPECIFY) DON'T KNOW 98 (SKIP TO 138) ←
137	Who slept inside this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/>	NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME LINE NO. <input type="text"/> <input type="text"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 142 </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET/RUG 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/ZINC 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>									
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
