



Republic of Botswana

CONFIDENTIAL

2015/16 BOTSWANA MULTI-TOPIC SURVEY



Household questionnaire Book 1

GEOGRAPHICAL DESCRIPTORS

Census EA Number				
Stratum number				
District Name/Code				
Village Name/Code				
Locality Name/Code				

HOUSEHOLD INFORMATION

Occupied household serial number from listing			
Household number in occupied household (If more than one)			
Name of the head of the household (and serial number in HH roster)			
Contact telephone numbers			
Full address description:			

FIELDWORK STAFF

Name	Code
Team supervisor	
Enumerator	
Entry operator	

BMTHS HOUSEHOLD ID NUMBER

--	--	--	--	--

Enumeration Area serial number (001-599) Selected HH number (01-15)

Visits	Date (dd/mm/yyyy)	Modules completed
1		
2		
3		
4		
5		
6		
7		
8		

FINAL RESULT AS PER THE TEAM SUPERVISOR

Fully completed	1
Partially completed	2
Refused	3
No member available for interview	4
Household members away temporarily	5
Other (Specify)	98

Total Number of Persons in the Household		Male		Female	
--	--	------	--	--------	--

Comments:

SEX		AGE	HOUSEHOLD ROSTER FLAP	
			<p>List the names of all persons who usually live and eat together in this household, and have no other usual residence. USE THE QUESTIONS ABOVE TO LIST THE HOUSHOLD MEMBERS.</p> <p>COMPLETE QUESTIONS 101-105 FOR ALL INDIVIDUALS BEFORE GOING TO QUESTIONS 106-112</p>	
			SERIAL NUMBER	
				01
				02
				03
				04
				05
				06
				07
				08
				09
				10
				11
				12

Copy Sex from question 104
and age from question 106

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1.DEMOGRAPHIC CHARACTERISTICS,PART A - ROSTER

	All persons						12 years and over				
	102	103	104	105	106	107	108	109	110	111	112
SERIAL NUMBER	What is [NAME]'s relationship to the household head? Head 01 Spouse/Partner 02 Son/Daughter 03 Child in-law 04 Step child 05 Grandchild 06 Parent 07 Parent in law 08 Grandparent 09 Brother/Sister 10 Nephew/Niece 11 Other relative 12 Not related 13	How old is [NAME] in completed years? IF AGE IS 98 AND ABOVE, RECORD '98'. FOR A CHILD LESS THAN A YEAR RECORD '00' COPY RESPONSE TO THE FLAP	What is [NAME]'s sex? COPY RESPONSE TO THE FLAP Male 1 Female 2	Does [NAME] normally live and eat here? Yes 1 No 2 ► CROSS OUT NAME FROM ROSTER AND FLAP AND ► NEXT PERSON	Has [NAME] been away from the household for more than one month continuously in the past 12 months? Yes 1 No 2 ►108	For how many months was [NAME] away? IF MORE THAN 6 MONTHS AWAY, CROSS NAME FROM ROSTER AND FLAP AND ► NEXT PERSON	ENUMERATOR CHECK. IS [NAME] 12 years old or older? CROSS CHECK WITH Q 103 Yes 1 No 2 ►113	What is [NAME]'S marital status? Married 1 Living together 2 Separated 3 ► 113 Divorced 4 ► 113 Widow/ Widower 5 ► 113 Never married 6 ► 113	Is the Spouse/ Partner of [NAME] living in this household? Yes 1 No 2 ►112	RECORD SERIAL NUMBER OF SPOUSE / PARTNER ► 113	Where is the spouse/ partner of [NAME] currently living? IF LIVING ELSEWHERE IN BOTSWANA, WRITE NAME OF THE LOCALITY AND RECORD THE CENSUS DISTRICT CODE. IF IN ANOTHER COUNTRY, WRITE COUNTRY NAME AND RECORD THE COUNTRY CODE Elsewhere in this locality 96 Elsewhere in Botswana (write locality & record 2 digit census district code) Other country (write country & record 3 digit code)
											LOCALITY CODE
	01	01									
	02										
	03										
	04										
	05										
	06										
	07										
	08										
	09										
	10										
	11										
	12										

1.DEMOGRAPHIC CHARACTERISTICS,PART A - ROSTER

SERIAL NUMBER	All persons		0-15 years	16 years +		All persons			
	113	114	115	116	117	118	119	120	121
	What is [NAME]'s country of citizenship?	ENUMERATOR CHECK : Is [NAME] 16 years old or older?	Does [NAME] have a birth certificate?	Has [NAME] registered for a National Identity (OMANG) card?	Where was [NAME] born? (usual place of mother's residence at time of birth) IF BORN IN BOTSWANA, WRITE THE NAME OF THE LOCALITY AND RECORD THE CENSUS DISTRICT CODE FROM THE CODES ABOVE. IF BORN IN ANOTHER COUNTRY, NAME AND COUNTRY CODE In this locality 96 Elsewhere in Botswana (write locality/record 2 digit census district code) Other country (write country & record 3 digit code)	Did [NAME] live all the time in this locality during the past 5 years?	In which locality was [NAME] living before moving to this locality? (The most recent place before this one) Elsewhere in Botswana (write locality & record 2 digit census district code) Other country (write country & record 3 digit code)	When did [NAME] move to this locality? Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12 Month : Year	What was the main reason for [NAME] to move to this locality? To work 01 Job transfer 02 Look for paid work 03 To start a business 04 Look for land for farming 05 Family moved 06 Marriage/Living together 07 School/Training 08 To live with relatives 09 Divorce/Separation 10 Adventure 11 Don't know 99 Other (specify) 98
	SEE COUNTRY CODES ABOVE IF NON-CITIZEN ►117	Yes 1 ► 116	Yes 1	Yes 1	Yes 1	Yes 1 ► NEXT PERSON, Q 106	LOCALITY CODE	LOCALITY CODE	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

INFORMATION FOR THE HOUSEHOLD ROSTER

INTERVIEWER: PERSON TO INTERVIEW IS PREFERABLY THE HEAD OF THE HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, INTERVIEW THE HEAD'S SPOUSE. IF SPOUSE NOT AVAILABLE FIND ANOTHER MEMBER OF THE HH WHO IS ABLE, ON BEHALF OF THE HH HEAD, TO GIVE ACCURATE INFORMATION ON ALL THE HOUSEHOLD MEMBERS

Questions 102-105: I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling, and consider it their primary residence, and have lived here for 6 months of the last 12 months.

I would like to start with the head of household followed by the wife/husband

*Next please give me the names of any married children of the head living in the household, then his or her spouse and their children from oldest to youngest, who normally live and eat their meals here.

*Next please give me the names of any unmarried children of the head living in the household, from the oldest to the youngest.

*Next please give me the names of a father or mother of the head and the head's spouse

*Next please give me the names of any other relatives of the head or the head's spouse who live in this dwelling.

* Finally, please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here, and consider it their primary residence.

CENSUS DISTRICT CODES

COUNTRY CODES

Code	Census District name	Country	Code
01	Gaborone	Botswana	101
02	Francistown	Angola	102
03	Lobatse	Lesotho	103
04	Selibe Phikwe	Malawi	104
05	Orapa	Mozambique	105
06	Jwaneng	Namibia	106
07	Sowa	South Africa	107
10	Ngwaketse/ Southern	Swaziland	108
11	Barolong	Zambia	109
12	Ngwaketse West	Zimbabwe	110
20	South East	Tanzania	111
30	Kweneng East	DRC	112
31	Kweneng West	Mauritius	113
40	Kgatleng Central Serowe/	Seychelles	114
50	Palapye	Madagascar	115
51	Central Mahalapye	Other Africa	116
52	Central Bobonong	India	117
53	Central Boteti	China	118
54	Central Tutume	United Kingdom	119
60	North East	United States of America	120
70	Ngamiland East	Europe	121
71	Ngamiland West	America	122
72	Chobe	Asia	123
73	Delta	Rest of the World	124
80	Ghanzi	Not Known	999
81	Central Kalahari Game Reserve (CKGR)		
90	Kgalagadi South		
91	Kgalagadi North		

CENSUS DISTRICT CODES**COUNTRY CODES**

Code	Census District name	Country	Code
01	Gaborone	Botswana	101
02	Francistown	Angola	102
03	Lobatse	Lesotho	103
04	Selibe Phikwe	Malawi	104
05	Orapa	Mozambique	105
06	Jwaneng	Namibia	106
07	Sowa	South Africa	107
10	Ngwaketse/ Southern	Swaziland	108
11	Barolong	Zambia	109
12	Ngwaketse West	Zimbabwe	110
20	South East	Tanzania	111
30	Kweneng East	DRC	112
31	Kweneng West	Mauritius	113
40	Kgatleng Central Serowe/	Seychelles	114
50	Palapye	Madagascar	115
51	Central Mahalapye	Other Africa	116
52	Central Bobonong	India	117
53	Central Boteti	China	118
54	Central Tutume	United Kingdom	119
60	North East	United States of America	120
70	Ngamiland East	Europe	121
71	Ngamiland West	America	122
72	Chobe	Asia	123
73	Delta	Rest of the World	124
80	Ghanzi	Not Known	999
81	Central Kalahari Game Reserve (CKGR)		
90	Kgalagadi South		
91	Kgalagadi North		

1.DEMOGRAPHIC CHARACTERISTICS, PART B - INFORMATION ON PARENTAL SURVIVAL

FOR PERSONS 18 YEARS OR LESS										
	122	123	124	125	126	127	128	129	130	131
SERIAL NUMBER	ENUMERATOR CHECK: Is [NAME] aged 18 years or less?	Is [NAME]'s biological mother alive?	How old was [NAME] when his/ her mother died? IF LESS THAN 1 YEAR WRITE '0'	Was [NAME's] mother a member of this household at the time of her death?	Did [NAME of child] live in this household before his/her mother's death?	Does [NAME]'s biological mother live in this household?	RECORD SERIAL NUMBER OF MOTHER	Does/did (NAME's) mother contribute financially, including in-kind contributions to this household for the support of (NAME)?	What is/was the relation of [NAME]'S mother to the current head of this household?	What is/was [NAME's] mother's highest level of education?
	Yes 1	Yes 1 ► 127					►132		None 01	
	No 2	No 2							Non-formal 02	
	► NEXT PERSON	DON'T 9 ► 130 KNOW		Yes 1 ► 130	Yes 1 ► 129	Yes 1			Spouse/Partner 02	Some Primary 03
				No 2	No 2 ► 130	No 2 ► 129			Daughter 03	Completed Primary 04
									Daughter-in-law 04	Some Junior Secondary 05
									Sister 05	Completed Junior Secondary 06
									Sister-in-law 06	Some Senior Secondary 07
									Mother 07	Completed Senior Secondary 08
									Other relative 08	Some Vocational/Technical 09
									Not related 09	Completed Vocational/Technical 10
								Yes 1		Some University/ college 11
							No 2		Completed university/ college 12	
									Don't know 99	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

1. DEMOGRAPHIC CHARACTERISTICS,PART B - INFORMATION ON PARENTAL SURVIVAL

FOR PERSONS 18 YEARS OR LESS									
SERIAL NUMBER	132	133	134	135	136	137	138	139	140
	Is [NAME]'s biological father alive?	How old was [NAME] when his/her father died? IF NOT YET BORN OR LESS THAN 1 YEAR, WRITE '0	Was [NAME]'s father a usual member of this household at the time of his death?	Did [NAME] usually live in this household before [NAME]'s father's death?	Does [NAME]'s biological father usually live in this household?	RECORD SERIAL NUMBER OF FATHER	Does/did (NAME's) father contribute financially, including in-kind contributions to this household for the support of (NAME)?	What is/was the relation of [NAME]'S father to the current head of this household?	What is/was [NAME's] father's highest level of education?
	Yes 1 ▶136								None 01
	No 2								Non-formal 02
	DON'T 9▶139 KNOW							Spouse/Partner 02	Some Primary 03
								Son 03	Completed Primary 04
								Son-in-law 04	Some. Junior Secondary 05
								Brother 05	Completed Junior Secondary 06
								Brother-in-law 06	Some Senior Secondary 07
								Father 07	Completed Senior Secondary 08
								Other relative 08	Some Vocational/Technical 09
								Not related 09	Completed Vocational/Technical 10
									Some University/ college 11
								Completed university/ college 12	
									Don't know 99
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

1. DEMOGRAPHIC CHARACTERISTICS,PART C- HOUSEHOLD MEMBERS' CHILDREN LIVING ELSE WHERE

<p><u>RESPONDENT</u> SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGEABLE ADULT</p> <p>141 Do you or any member of your household have children aged below 21 years who are <u>not living in the household</u>? Yes 1 No 2 ►PART 1D <input type="checkbox"/></p> <p>DO NOT INCLUDE PERSONS LISTED AS HOUSEHOLD MEMBERS IN PART A</p>											
CHILD ORDER	142	143	144	145	146	147	148	149	150	151	152
	Please tell me the names of any household member's child (below 21 years old) who is not living in the household. LIST NAMES OF ALL CHILDREN BELOW 21 YEARS LIVING ELSEWHERE BEFORE GOING TO QUESTIONS 143-152 NAME	What is [NAME]'s main reason for not living in this household? Attending school 1 Working 2 Living with his/her other parent 3 Living with grandparent(s) 4 Living with other relatives 5 Marriage 6 Living with boyfriend/ girlfriend 7 Accommodation shortage 8 Other (specify) 98	What is [NAME]'s sex? Male 1 Female 2	How old is [NAME] in completed years? AGE	Does [NAME]'s biological father live in this household? Yes 1 No 2 ►148	RECORD SERIAL NUMBER OF FATHER	Does [NAME]'s biological mother live in this household? Yes 1 No 2 ►150	RECORD SERIAL NUMBER OF MOTHER	Where is [NAME] living? (REFERS TO THE CHILD) Elsewhere in this locality 96 Elsewhere in Botswana (write locality & record 2 digit census district code) Other country(write country & record 3 digit code) Don't know 999 LOCALITY CODE	What is the highest grade that [NAME] completed? None 88 Pre-school 00 01 02 03 09 Non formal 60 61 62 63 64 65 69 Primary 10 11 12 13 14 15 16 17 19 Secondary 21 22 23 24 25 26 29 Vocational 31 32 33 34 35 39 University/ College 41 42 43 44 45 49 Don't know 99	Is [NAME] currently enrolled in school? Yes 1 No 2
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											

CENSUS DISTRICT CODES**COUNTRY CODES**

Code	Census District name	Country	Code
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05	Oropa	Mozambique	105
06	Jwaneng	Namibia	106
07	Sowa	South Africa	107
10	Ngwaketse/ Southern	Swaziland	108
11	Barolong	Zambia	109
12	Ngwaketse West	Zimbabwe	110
20	South East	Tanzania	111
30	Kweneng East	DRC	112
31	Kweneng West	Mauritius	113
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50	Palapye	Madagascar	115
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71	Ngamiland West	America	122
72	Chobe	Asia	123
73	Delta	Rest of the World	124
80	Ghanzi	Not Known	999
81	Central Kalahari Game Reserve (CKGR)		
90	Kgalagadi South		
91	Kgalagadi North		

1. DEMOGRAPHIC CHARACTERISTICS, PART D - RECENT DEATHS OF ADULT HOUSEHOLD MEMBERS

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGABLE ADULT All deaths for individuals aged 12 and over											
ORDER OF DEATH	153 I would like to ask you about recent deaths of adult members of this household, that is, individuals aged 12 years or older. Has any member of this household (12 years or older) died in the last two years, that is, since [CURRENT MONTH TWO YEARS AGO]?						Yes 1 No 2 ► NEXT SECTION				
	154	155	156	157	158	159	160	161	162	163	
	DEATHS	What was the person's name?	When did [NAME] die?	How old was [NAME] when he/she died?	What was [NAME's] sex?	Before the death of [NAME] was he/ she the head of the household?	What was [NAME]'s relationship to the current head of this household?	What was the cause of [NAME]'s death?	Was the death registered with civil registration?	Did [NAME] contribute to the household income anytime in the two years before his/her death?	
	ASK FOR MOST RECENT DEATH, THEN PROMPT FOR EARLIER DEATHS UNTIL DONE.	PROMPT FOR OTHER DEATHS IN THE LAST 2 YEARS	Jan 1	<div style="border: 2px solid black; padding: 5px; text-align: center;">AGE IN COMPLETED YEARS</div>				Spouse/Partner 02			
			Feb 2					Son/Daughter 03			
			Mar 3					Child in-law 04			
			Apr 4					Step child 05			
			May 5					Grandchild 06			
			Jun 6					Parent 07			
			Jul 7					Parent in-law 08			
Aug 8			Grandparent 09								
Sep 9			Brother/Sister 10								
Oct 10			Nephew/Niece 11								
Nov 11	Other relative 12										
Dec 12	Not related 13										
	Name	Month	Year	Male 1	Yes 1	Other relative 12	Natural disaster 7	Do not know 9			
				Female 2	No 2	Not related 13	Other (specify) 98				
01	Most recent										
02	2nd most recent										
03	3rd most recent										
04	4th most recent										
05	5th most recent										
06	6th most recent										
07	7th most recent										

2. EDUCATION

All persons 2 years and older									
	200	201	202	203	204	205	206	207	
SERIAL NUMBER	ENUMERATOR CHECK : IS [NAME] 2 YEARS OR OLDER?	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did [NAME] attend preschool?	Has [NAME] ever attended school, including non-formal government education?	Why did [NAME] never attend school? (MAIN REASON)	Can [NAME] read a short sentence in any language?	How old was [NAME] when entering primary school? (STD 1)	What is the last grade that [NAME] completed?	
	CAPTURE DURATION OF ATTENDANCE		Too expensive 01 School too far 02 No school in area 03 Impaired sight 04 Impaired hearing 05 Speech impediment 06 Physical disability 07 Parents did not want/ Did 08 not allow to attend Own illness 09 Caring for ill family member 10 Taking care of other siblings/family members 11	Looking after cattle/ working 12 on the land Helping at home 13 Still too young 14 Cultural/ religious beliefs 15 Other (specify) 98	Yes, less than 1 year 1 Yes, 1 - 2 years 2 Yes, more than 2 years 3 Still attending 4 ► 217 No 5	Yes 1 ► 206 No 2	Yes, easily 1 Yes, with 2 difficulty No 3	RECORD AGE IN COMPLETED YEARS (IF ABOVE AGE 15, WRITE '15')	None 88 Non formal 60 61 62 63 64 65 69 Primary 10 11 12 13 14 15 16 17 19 Secondary 21 22 23 24 25 26 29 Vocational 31 32 33 34 35 39 University/ College 41 42 43 44 45 49 Post Graduate 51 52 53 54 55 59 Don't know 99
	Yes 1 No 2 ► NEXT PERSON		Yes 1 ► 206 No 2	Yes, easily 1 Yes, with 2 difficulty No 3	IF DID NOT ATTEND STD1, WRITE '88'	IF DON'T KNOW, WRITE '99'			
	Yes 1 No 2 ► NEXT PERSON		Yes 1 ► 206 No 2	Yes, easily 1 Yes, with 2 difficulty No 3	IF DID NOT ATTEND STD1, WRITE '88'	IF DON'T KNOW, WRITE '99'			
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

2. EDUCATION

		TRAINING: FOR PERSONS AGED 12 OR MORE					FOR PERSONS 25 YEARS OR LESS WHO ARE ATTENDING SCHOOL				
		208	209	210	210A	211	212	213	214	215	216
SERIAL NUMBER	ENUMERATOR CHECK: IS [NAME] 12 YEARS OR OLDER?	Has [NAME] ever attended training of any type, including in private colleges, for at least 3 months? If yes, what is the status of the training?	What is/was the highest level of training [NAME] obtained/ intended/ intends to obtain? <div style="border: 1px solid black; padding: 2px;"> Apprentice certificate 01 Brigades certificate 02 Vocational certificate 03 Educ. College certificate 04 University certificate 05 Other certificate 06 Vocational diploma 07 Educ. College diploma 08 University diploma 09 IHS diploma 10 Other diploma 11 Job specific training 12 </div>	When did [NAME] obtain/ intends to obtain the highest level of training? (Year)	What is/was [NAME's] subject of training? Explain with a few words.	ENUMERATOR CHECK: Is [NAME] 25 YEARS OLD OR LESS?	ENUMERATOR CHECK: Check Question 203: Has [NAME] ever attended school?	Is [NAME] currently enrolled in school?	How old was [NAME] when he/she stopped going to school?	What was the <u>main reason</u> [NAME] stopped going to school? <div style="border: 1px solid black; padding: 2px;"> Too expensive 01 No interest/ not useful 02 School too far 03 Own illness 04 Family illness/Death 05 Started working 06 Schools bad quality 07 Completed desired level 08 Sexual harassment 09 Bullying 10 </div>	
	Yes 1	No training 1				Yes 1					
	No 2 ► 212	► 212				No 2 ► 240					
		Still training 2					Yes 1	Yes 1 ► 217			
		Completed training 3					No 2 ► 240	No 2			
		Discontinued 4									
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

2. EDUCATION

FOR PERSONS 25 YEARS OR LESS WHO ARE ATTENDING SCHOOL

	217	218	219	220	221	222	223	224
SERIAL NUMBER	<p>What grade is [NAME] currently attending? (or attended during last session if on school break)</p> <p>Pre-school 01 02 03 ► 219</p> <p>Non formal 61 62 63 64 65 ► 225</p> <p>Primary 11 12 13 14 15 16 17</p> <p>Secondary 21 22 23 24 25 26</p> <p>Vocational 31 32 33 34 35</p> <p>University/ College 41 42 43 44 45</p> <p>Graduate 51 52 53 54 55</p>	<p>What is the name of the school [NAME] is currently attending? (or attended during last session)</p> <div> <p>PROBE FOR THE COMPLETE SCHOOL NAME</p> </div>	<p>What type of school is this?</p> <p>Government 1</p> <p>Private 2</p> <p>Mission 3</p> <p>Other (specify) 98</p>	<p>How far is this school from this household?</p> <p>UNIT CODES</p> <p>Meters 1</p> <p>Kilometers 2</p>	<p>Was [NAME]'s school open last week?</p> <p>Yes 1</p> <p>No 2 ► 225</p>	<p>How many days last week was [NAME]'s school open?</p>	<p>How many days last week did [NAME] attend school?</p> <p>IF SAME AS DAYS OPEN, ► 225</p>	<p>Why was [NAME] not at school every day last week?</p> <p>Sick 1</p> <p>Caring for sick family members 2</p> <p>Childcare/other chores 3</p> <p>Had to work for family/others 4</p> <p>Not interested/Not useful 5</p> <p>Waiting for results 6</p> <p>Other (specify) 98</p>
		School name		Number Unit				
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

2. EDUCATION

FOR PERSONS 25 YEARS OR LESS WHO ARE ATTENDING SCHOOL														
	225	226	227	228	229	230	231	232	233	234	235	236	237	238
SERIAL NUMBER	<p>During the <u>current school year</u>, that is, the year that began in January [CURRENT YEAR] how much did your household spend or expect to spend on [NAME]'s education for:</p> <p style="text-align: center;">IF BETWEEN SCHOOL YEARS, ASK ABOUT RECENTLY COMPLETED YEAR</p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">IF NOTHING WAS SPENT FOR AN ITEM, PUT '00'.</p> <p style="text-align: center;">"TOTAL" COLUMN TO BE CALCULATED BY INTERVIEWER.</p> <p style="text-align: center;">IF RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE '00' IN ALL ITEM COLUMNS AND ENTER THE TOTAL IN THE TOTAL COLUMN.</p> <p style="text-align: center;">RECORD THE AMOUNTS TO THE NEAREST PULA.</p> </div>								<p>In the <u>current school year</u>, did [NAME] receive or expect to receive financial support for his/her education from the following sources? How much did [NAME] receive or expect to receive in this school year?</p> <p style="text-align: center;">IF BETWEEN SCHOOL YEARS, ASK ABOUT RECENTLY COMPLETED YEAR</p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">IF NOTHING WAS RECEIVED IN A CATEGORY, PUT '00'.</p> <p style="text-align: center;">RECORD TO THE NEAREST PULA.</p> </div>					
	School Fees and Tuition	Uniforms (including school shoes)	Textbooks	Other educational materials (notebooks, pens, etc)	School excursions & school projects	Transportation to school	Other expenses (parent teacher association fees, etc.)	TOTAL	Relative or friend from outside the household	Scholarship/ tuition reduction from the school	Employer provided schooling or subsidy	Student allowance	Needy Student Package	Other (specify)
	01													
	02													
	03													
	04													
	05													
	06													
	07													
	08													
	09													
	10													
11														
12														

2. EDUCATION

FOR ALL PERSONS 2 YEARS AND ABOVE							
	239	240	241	242	243	244	245
SERIAL NUMBER	Did [NAME] use a private tutor during the previous school year? Yes 1 No 2	In the past 12 months, has [NAME] used a computer/Laptop /Tablet? Yes 1 No 2 ► NEXT PERSON	How often does [NAME] use a computer/ laptop/ tablet? Every day 1 At least once a week 2 At least once a month 3 Within the last three months 4 Within the last six months 5 6-12 months ago 6	Where does [NAME] mainly use the computer/ laptop/ tablet? Home 1 School 2 Internet café 3 Work place 4 Post Office 5 Library 6 Other (specify) 98	Has [NAME] ever used the internet? Yes 1 No 2 ► NEXT PERSON	How often does [NAME] use the internet? Every day 1 At least once a week 2 At least once a month 3 Within the last three months 4 Within the last six months 5 Within the last 12 months 6 more than 12 months ago 7	Where does [NAME] mainly access the internet? Home 1 School 2 Internet café 3 Work place 4 Cell Phone/Tablet 5 Post Office 6 Library 7 Hotspot 8 Other (specify) 98 <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 5px;">►NEXT PERSON.</div>
	01						
	02						
	03						
	04						
	05						
	06						
	07						
	08						
	09						
10							
11							
12							

3. HEALTH PART A - HEALTH STATUS

	ALL PERSONS						DIFFICULTIES, ALL PERSONS				
	300	301	302	303	304	305	306	307	308	309	
SERIAL NUMBER	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Has ..[NAME].. suffered from any illness or injury during the past 4 weeks, including dental problems? DO NOT INCLUDE CHRONIC ILLNESSES HERE	What is the most recent illness or injury that [NAME] suffered in the past 4 weeks?	How many days was [NAME] unable to do his/her usual daily activities because of this illness or injury in the past 4 weeks (even for one day)? IF NONE, WRITE '0'	Did [NAME] receive medical care because of this illness or injury? DO NOT INCLUDE TRADITIONAL/ SPIRITUAL CARE	Why did (NAME) not receive medical care for this illness or injury? BOUGHT MEDICINE/ TREATED ON OWN 1 CANNOT AFFORD/ COSTLY 2 TRAVEL IS TOO DIFFICULT AND COSTLY 3 NO DOCTOR/ NURSE AT THE FACILITY 4 NO MEDICAL FACILITY 5 NO MEDICINE AVAILABLE 6 ILLNESS WAS MINOR 7 NO PROPER SERVICE 8 SOCIAL AND CULTURAL REASONS 9 OTHER (SPECIFY _____) 98	Dipotso tse di latelang di itebagantse le go batla go itse bothata jo mongwe mo lwapeng a nang le jone mogo direng ditiro dingwe ka ntata ya bokoa bongwe	Do you/ [NAME] have difficulty seeing, even if wearing glasses?	Do you/ [NAME] have difficulty <u>hearing</u> , even if using a hearing aid?	Do you/ [NAME] have difficulty <u>walking or climbing steps</u> ?	
			Illnesses:								
			Malaria 01 Fatigue 14								
			Fever 02 Pneumonia 15								
			Diarrhoea / intestinal inflammation 03 Rheumatism 16								
			Anaemia 04 Back/ joint pain 17								
			Skin rash/ skin disease 05 Other illness 98 (specify)								
			Tonsilitis 06 Injury								
			Mouth or dental problem 07 Burn 18								
			Measles 08 Wound 19								
			Eye infection/ disease 09 Fracture/ sprain 20								
			Headache 10 Poisoning 21								
Migrane headache 11 Other injuries 97 (specify ____)											
Yes 1	Nose/ ear/ throat problem 12										
No 2 ► 306	Common cold/Flu 13										
01							The next questions ask about difficulties you/[NAME] may have doing certain activities because of a HEALTH PROBLEM				
02											
03											
04											
05											
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09											
10											
11											
12											

3. HEALTH, PART A - HEALTH STATUS

		DIFFICULTIES, ALL PERSONS				ALL PERSONS																											
		310	311	312	313	314	315	316			317			318																			
SERIAL NUMBER	<p>A go na le mongwe mo lwapeng yoo nang le bothata jwa go gakologelwa kgotsa go nna le kelelelo mo go se a se dirang?</p> <p>Do you/ [NAME] have difficulty remembering or concentrating?</p> <p>NO, NO DIFFICULTY 1</p> <p>YES, SOME DIFFICULTY 2</p> <p>YES, A LOT OF DIFFICULTY 3</p> <p>CANNOT DO IT AT ALL 4</p> <p>(TOO YOUNG TO TELL) 5</p>	<p>Do you/ [NAME] have difficulty with (self-care such as) <u>washing</u> <u>all over or</u> <u>dressing</u></p>	<p>Using your usual (local) language, do you/ [NAME] have difficulty communicating, for example <u>understanding or</u> <u>being understood?</u></p>	<p>What was the cause of the difficulty? MOST IMPORTANT REASON. IF MORE THAN ONE DIFFICULTY, REFER TO THE MOST SERIOUS</p> <p>BORN LIKE THIS 1 ► 315</p> <p>WORK-RELATED INJURY 2</p> <p>STREET/ TRAFFIC 3</p> <p>OTHER ACCIDENT 4</p> <p>WORK-RELATED DISEASE 5</p> <p>NON-WORK RELATED 6</p> <p>MULTIPLE DISEASES 7</p> <p>AGING 8</p> <p>OTHER (SPECIFY) 98</p>	<p>How old were you/ [NAME] when this difficulty began ? IF MORE THAN ONE DIFFICULTY , REFER TO THE MOST SERIOUS</p>	<p>Do you/ (NAME) have a chronic (long term) or permanent health condition, such as high blood pressure, diabetes, HIV, cancer, depression, TB, etc.</p> <p>Yes 1</p> <p>No 2 ► 319 (part B)</p>	<p>What is this condition? REPORT UP TO THREE CHRONIC CONDITIONS</p> <table border="1"> <tr> <td>High blood pressure 01</td> <td>Chronic kidney disease 11</td> </tr> <tr> <td>Low blood pressure 02</td> <td>TB 12</td> </tr> <tr> <td>Cancer 03</td> <td>Anaemia 13</td> </tr> <tr> <td>Cardiovascular disease 04</td> <td>Dental disease 14</td> </tr> <tr> <td>Respiratory disease 05</td> <td>HIV/AIDS 15</td> </tr> <tr> <td>Asthma 06</td> <td>Osteoporosis (brittle bones) 16</td> </tr> <tr> <td>Depression 07</td> <td>Epilepsy 17</td> </tr> <tr> <td>Chronic mental/ psychological disease 08</td> <td>Diabetes 18</td> </tr> <tr> <td>Stomach/ intestinal ulcer 09</td> <td>Refuse to answer 66</td> </tr> <tr> <td>Rheumatism/ Joint inflammation 10</td> <td>Other (specify) 98</td> </tr> </table>			High blood pressure 01	Chronic kidney disease 11	Low blood pressure 02	TB 12	Cancer 03	Anaemia 13	Cardiovascular disease 04	Dental disease 14	Respiratory disease 05	HIV/AIDS 15	Asthma 06	Osteoporosis (brittle bones) 16	Depression 07	Epilepsy 17	Chronic mental/ psychological disease 08	Diabetes 18	Stomach/ intestinal ulcer 09	Refuse to answer 66	Rheumatism/ Joint inflammation 10	Other (specify) 98	<p>How many years have you/ [NAME] had this condition?</p> <p>IF LESS THAN 1 YEAR, WRITE '0'</p>			<p>Does this/ these condition(s) prevent [NAME] from working, being active, going to school, etc?</p> <p>► 319 (Part B)</p> <p>Yes 1</p> <p>No 2</p>
	High blood pressure 01	Chronic kidney disease 11																															
	Low blood pressure 02	TB 12																															
	Cancer 03	Anaemia 13																															
	Cardiovascular disease 04	Dental disease 14																															
	Respiratory disease 05	HIV/AIDS 15																															
	Asthma 06	Osteoporosis (brittle bones) 16																															
	Depression 07	Epilepsy 17																															
	Chronic mental/ psychological disease 08	Diabetes 18																															
	Stomach/ intestinal ulcer 09	Refuse to answer 66																															
Rheumatism/ Joint inflammation 10	Other (specify) 98																																
						1st	2nd	3rd	1st	2nd	3rd																						
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

	ALL PERSONS									
	319	320	321	322	323	324	325	326		
SERIAL NUMBER	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did you/ [NAME] consult a health care provider, traditional or Spritual healer for any reason in the last 4 weeks? Yes 1 No 2 ► 338	What kind of provider did you/ [NAME] consult? IF CONSULTED MORE THAN ONE, RECORD THE MOST RECENT CONSULTED	Who runs this facility?	What is the name of this facility/ provider?	Was this for outpatient or inpatient (staying overnight) care?	What was the reason for the last visit to this provider?		How many visits did you/ (NAME) make to this provider in the last 4 weeks?	
			Private doctor 1 ► 323					Malaria 01		Fatigue 14
			Clinic (fixed structure) 2					Fever 02		Cough/ rapid breathing 15
			Clinic (mobile) 3 ► 325					Diarrhoea / intestinal inflammation 03		Maternal/ Neonatal / 16
			Health Post 4 ► 323					Anaemia 04		Nutritional
			Hospital 5					Skin rash/ skin disease 05		Cardiovascular 17
			Pharmacy / 6 ► 325				Government 1	Tonsillitis 06		Injury 18
			Chemist				Private 2	Mouth or dental problem 07		Diabetes 19
			Traditional doctor / Spiritual healer 7 ► 324				Employer provided 3	Measles 08		HIV/ AIDS 20
			Other (specify) 98				Non Gov't org. 4	Eye infection/ disease 09		TB 21
							Mission 5	Headache 10		Back/ joint pain 22
							Other (specify) 98	Migrane headache 11		Other Chronic disease 23
								Nose/ ear/ throat problem 12		Check-up/ folow-up 24
		Common Cold/ Flu 13	visit							
			Other (specify) 98							
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS									
SERIAL NUMBER	327	328	329	330	331	332	333	334	335
	<p>How much did you/ [NAME] pay, either in cash or in kind for the costs of care associated with these visits in the past 4 weeks? Please indicate only the amount paid by you and not reimbursed by medical aid.</p> <p>DO NOT INCLUDE MEDICINES AND LABORATORY CHARGES IF PAID SEPARATELY</p> <p>ASK FOR CASH VALUE OF IN KIND PAYMENTS</p> <p>IF NO PAYMENT WRITE "00" ► 329</p>	<p>Were any medicines or laboratory test costs included in this amount paid for the visit(s)?</p> <p>Yes 1</p> <p>No 2</p>	<p>How much did you/ [NAME] pay for all medicines associated with the visits to this facility during the past 4 weeks (that were not included in the visit costs)? Please indicate only the amount paid by you and not reimbursed by medical aid.</p> <p>IF NOTHING WRITE '00'</p>	<p>How much did you/ [NAME] pay for laboratory tests (that were not included in the visit costs)? Please indicate only the amount paid by you and not reimbursed by medical aid.</p> <p>INCLUDE TRADITIONAL & SPIRITUAL HEALING SERVICES</p>	<p>How long did it take to travel to this health provider? (one way)</p> <p>IF TREATMENT AT OWN HOME, WRITE '0' AND ► 334</p> <p>Hours Minutes</p>	<p>How far is this health provider from this household (one way)?</p> <p>IF LESS THAN 1 KM, WRITE '0'</p> <p>Kms</p>	<p>How much did you/ [NAME] spend on transportation in total, for all visits to this provider in the last 4 weeks? INCLUDE THE TRANSPORT COSTS OF PERSONS WHO ACCOMPANIED YOU/ [NAME]</p> <p>IF NOTHING WRITE '00'</p> <p>Pula</p>	<p>Did you/ [NAME] see any other health care provider/ traditional or spiritual healer for the same problem/ reason in the last 4 weeks?</p> <p>Yes 1</p> <p>No 2 ► 338</p>	<p>What kind of provider did you/ [NAME] see? (the provider before the most recently consulted)</p> <p>Private doctor 1 ► 337</p> <p>Clinic (fixed structure) 2</p> <p>Clinic (mobile) 3 ► 338</p> <p>Health Post 4 ► 337</p> <p>Hospital 5</p> <p>Pharmacy / Chemist 6 ► 338</p> <p>Traditional doctor / Spiritual healer 7 ► 338</p> <p>Other (specify) 98</p>
01	Pula		Pula	Pula					
02									
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS				
	336	337	338	339
SERIAL NUMBER	Who runs this facility?	What is the name of this facility/provider?	Is [NAME] covered by health insurance (Medical Aid)?	What kind of insurance? Medical aid through public/parastatal employer 1 Medical aid through private employer 2 Medical aid - self insured 3 Dependent of public/parastatal employee 4 Dependent of private employee 5 Dependent of self insured 6 Other (specify) 98
	Government 1		Yes 1	
	Private 2		No 2	
	Employer provided 3		► 342 (Part C)	► Q342 (Part C) (OR IF HOUSEHOLD HEAD ► 340)
	Non Gov't org. 4			
	Mission 5			
	Other (specify) 98			
		Name		
01				
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ASK THE FOLLOWING TO THE HOUSEHOLD HEAD OR MOST INFORMED MEMBER:	
340 Now I would like to know about <u>other</u> important health expenditures your household may have made during the past 12 months, that is since [MONTH, YEAR]. Please indicate only the amounts paid by household and not reimbursed by medical aid. Include medical costs incurred outside as well as inside Botswana.	341 TOTAL PAID in the past 12 months
	PULA
1 Consultations with private doctor	
2 Consultations with traditional doctors or healers	
3 Dental treatment	
4 Cost of surgery (Specify surgery)	
5 Consultation with optician, cost of eye tests	
6 Costs of spectacles, lenses, etc.	
7 Purchases of drugs and medicines (excluding common medicines such as painkillers, cough mixture, etc.	
8 Other medical expenses (Specify)	

3. HEALTH PART C - HEALTH RELATED BEHAVIOURS

ALL PERSONS 12 YEARS AND OVER											
	342 a	342b	343	344		345	346	347	348		349
SERIAL NUMBER	ENUMERATOR CHECK : IS [NAME] 12 YEARS OR OLDER?	RECORD SERIAL NUMBER OF RESPONDENT PLEASE INTERVIEW THE PERSON (USE ANOTHER RESPONDENT ONLY IN EXCEPTIONAL CONDITIONS)	Do you currently smoke/sniff?	How many times do you smoke/sniff per day (daily average over the past month)?		How old were you when you first began smoking/ sniffing?	Did you ever smoke/sniff?	How old were you when you quit smoking/sniffing (last time quitting)?	When you were smoking/sniffing, about how many times did you smoke/sniff per day?		Do you think smoking / sniffing can be dangerous to your Health?
	Yes 1 No 2 ►		Yes 1 No 2 ► 346	No. of cigarettes per day	No. of sniffs per day	<div style="border: 2px solid black; padding: 5px; text-align: center;">► 349</div>	Yes 1 No 2 ► 349	AGE IN YEARS	Yes 1 No 2 ► 349	AGE IN YEARS	Yes 1 No 2
01											
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3. HEALTH, PART C - HEALTH RELATED BEHAVIORS

ALL PERSONS 12 YEARS AND OVER													
	350	351			352		353			354			355
SERIAL NUMBER	Do you consume alcoholic beverages?	How much beer or cider do you drink? How many (bottles, cans, quarts) per day, week or month? IF NONE, PUT '00' FOR NUMBER AND LEAVE UNITS BLANK			How many cartons of chibuku do you drink in a day, a week or a month?		How much home brewed alcohol (bujalwa ja Setswana, khadi, setopoti, etc) do you drink in a day, week or month ?			How much of other alcoholic beverages do you consume? (wine, whisky, etc.) in a day, a week, or a month?			How old were you when you first began drinking alcohol on a regular basis?
		<u>Size unit</u> can/bottle (330-340 ml) 1 bottle/draft (440-500 ml) 2 quart (750 ml) 3 other (specify) 98			IF NONE, PUT '00' FOR NUMBER AND LEAVE TIME UNIT BLANK		<u>Size unit</u> Cup/ mug 1 (mayonnaise) jar (375 ml) 2 large jar (750 ml) 3 Other (specify) 98			<u>Size unit</u> glass of wine 1 bottle of wine (750 ml) 2 shot (whiskey, etc) 3 nip (200 ml) 4 half-jack (375 ml) 5 straight (750ml) 6 other (specify) 98			<div>►NEXT PERSON</div>
	Yes 1	Day 1			Day 1		Day 1			Day 1			
	No 2 ►NEXT PERSON	Week 2			Week 2		Week 2			Week 2			
		Month 3			Month 3		Month 3			Month 3			
		Occas. 4			Occas. 4		Occas. 4			Occas. 4			
		Size Unit	Number	Time Unit	Number	Time Unit	Size Unit	Number	Time Unit	Size Unit	Number	Time Unit	
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	02												
	03												
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08													
09													
10													
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12													

3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

ALL CHILDREN UNDER 5 YEARS (ASK THE MOTHER OR CAREGIVER)							
	356	357	358	359	360	361	362
SERIAL NUMBER	ENUMERATOR: Check the age in the flap. Is s/he less than 5 years old? Yes 1 No 2 ► NEXT PERSON	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did [NAME] have diarrhea in the past two weeks? Yes 1 No 2 ► 360	How was it treated? (last occurrence) Reduced both food and liquids given to child 1 Reduced food but not liquids 2 Reduced liquids but not foods 3 Gave special food to child 4 Oral Rehydration Therapy 5 No treatment 6 Other (specify) 98	When was [NAME] last taken to an Under 5 clinic or other place for weighing/measuring? Within this month 1 Within last month 2 Within last 3 months 3 Within last 6 months 4 Longer than 6 months ago / never 5	Do you have an under 5 health card for [NAME]? May I see it? Yes - NEW Card provided (Revised 07/13) 1 Yes - OLD Card provided (REVISED .07) 2 Yes - Card not provided 3 ► 374 No card / Never had card 4 ► 374	RECORD WEIGHT AT BIRTH (IN KILOGRAMS WITH 1 DECIMAL) FROM BIRTH CARD (for example 3.8) IF NO BIRTH WEIGHT RECORDED WRITE "99" Weight (kg)
	01						
02							
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