

RWANDA DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

**IDENTIFICATION (1)**

PROVINCE \_\_\_\_\_ DISTRICT \_\_\_\_\_ SECTOR \_\_\_\_\_

NAME OF HOUSEHOLD HEAD \_\_\_\_\_

CLUSTER NUMBER .....

STRUCTURE NUMBER .....

HOUSEHOLD NUMBER .....

HOUSEHOLD SELECTED FOR MAN'S SURVEY AND RDHS BIOMAKER ? (1=YES, 2=NO) .....

HOUSEHOLD SELECTED FOR WOMEN'S DV? (1=YES, 2=NO) .....

HOUSEHOLD SELECTED FOR MEN'S DV? (1=YES, 2=NO) .....

HOUSEHOLD SELECTED FOR MICRONUTRIENT BIOMAKER (1=YES, 2=NO) .....


**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____
RESULT*	_____	_____	_____	YEAR _____
NEXT VISIT: DATE	_____	_____		INT. NO. _____
TIME	_____	_____		RESULT*
*RESULT CODES:				TOTAL NUMBER OF VISITS
1 COMPLETED				TOTAL PERSONS IN HOUSEHOLD
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE WOMEN
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				TOTAL ELIGIBLE MEN
4 POSTPONED				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
5 REFUSED				
6 DWELLING VACANT OR ADDRESS NOT A DWELLING				
7 DWELLING DESTROYED				
8 DWELLING NOT FOUND				
9 OTHER _____ (SPECIFY)				

LANGUAGE OF QUESTIONNAIRE\*\* **0 1** LANGUAGE OF INTERVIEW\*\* \_\_\_\_\_ NATIVE LANGUAGE OF RESPONDENT\*\* \_\_\_\_\_ TRANSLATOR USED (YES = 1, NO = 2) \_\_\_\_\_

LANGUAGE OF QUESTIONNAIRE\*\* **ENGLISH**

\*\*LANGUAGE CODES:  
01 ENGLISH  
02 KINYARWANDA

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ NUMBER _____	NAME _____ NUMBER _____	NUMBER _____	NUMBER _____



INTRODUCTION AND CONSENT

(2)

Hello. My name is \_\_\_\_\_. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health and other topics all over Rwanda. 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 15 to 20 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.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

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

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  → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  → ADD TO TABLE NO

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- 01 = HEAD OF HH
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/ FOSTER/ STEPCHILD
- 11 = BROTHER/ SISTER IN LAW
- 12 = NOT RELATED
- 13 = WAGED DOMESTIC WORKE
- 98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS			IF AGE 7+ YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	INSURANCE		
	12	13	14	15	16	17	18	19	20	21	22	23
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s biological natural father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night?  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 grade (NAME) completed in that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2019/2020 school year?  (3)	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate from civil authority?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Is (NAME) covered by any health insurance?	What is (NAME) main type of health insurance?  SEE CODES BELOW.	Does (NAME) currently smoke?  1=YES 2=NO 8=DK
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 20 OR 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20 OR 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
03	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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
04	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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
06	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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
10	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 20 OR 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

- 1= PRE-PRIMARY
- 2 = PRIMARY
- 3 = POST-PRIMARY/VOCATIONAL
- 4= SECONDARY
- 5= UNIVERSITY/ HIGHER EDUCATION
- 8 = DONT KNOW

GRADE

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY.)
- THIS CODE IS NOT ALLOWED FOR Q. 19.)
- 98 = DON'T KNOW

CODE FOR Q.22

- 1=MUTUELLE/ COMMUNITY HEALTH INSURANCE
- 2=RAMA/RSSB , 3=MMI
- 4=PRIVATE INSURANCE COMPANY
- 5= EMPLOYER
- 6=OTHER
- 8=DONT KNOW

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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				MARITAL STATUS	9		10	11		
1	2	3	4	5	6	7	8	9	10	11
	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.  AFTER ASKING QUESTIONS 2 TO 7 ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY  CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
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            | 08 = BROTHER OR SISTER      |
| 02 = SPOUSE          | 09 = OTHER RELATIVE         |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/ FOSTER/       |
| 04 = SON-IN-LAW OR   | STEPCHILD                   |
| DAUGHTER-IN-LAW      | 11 = BROTHER/ SISTER IN LAW |
| 05 = GRANDCHILD      | 12 = NOT RELATED            |
| 06 = PARENT          | 13 = WAGED DOMESTIC WORKER  |
| 07 = PARENT-IN-LAW   | 98 = DON'T KNOW             |

**HOUSEHOLD SCHEDULE**

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS			IF AGE 7+ YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	INSURANCE		
	12	13	14	15	16	17	18	19	20	21	22	23
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s biological natural father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night?  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 grade (NAME) completed in that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2019/2020 school year?  (3)	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate from civil authority?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Is (NAME) covered by any health insurance?	What is (NAME) main type of health insurance?  SEE CODES BELOW.	Does (NAME) currently smoke?  1=YES 2=NO 8=DK
11	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"/> GO TO 20 OR 21	Y N 1 2 ↓ GO TO 20 OR 21	LEVEL GRADE <input type="text"/> <input type="text"/> GO TO 20 OR 21	Y N 1 2 ↓ GO TO 20 OR 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<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"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<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"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/> GO TO 20 OR 21	1 2 ↓ GO TO 20 OR 21	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

**CODE FOR Q.22**

1= PRE-PRIMARY  
2 = PRIMARY  
3 = POST-PRIMARY/VOCATIONAL  
4= SECONDARY  
5= UNIVERSITY  
  
8 = DONT KNOW

**GRADE**  
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)  
98 = DONT KNOW

1=MUTELLE/ COMMUNITY HEALTH INSURANCE  
2=RAMA/RSSB , 3=MMI  
4=PRIVATE INSURANCE COMPANY  
5= EMPLOYER  
6=OTHER  
8=DONT KNOW

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER						
LINE NO.	DISABILITY					
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	Does (NAME) has difficulty seeing even when wearing glasses or contact lenses?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot see at all?  1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) has difficulty seeing?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot see at all?  1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?  (1)	Does (NAME) has difficulty hearing even when using a hearing aid?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot hear at all?  (1) 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	Does (NAME) has difficulty hearing?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot hear at all?  1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	Y N 1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
2	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
3	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
4	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
5	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
6	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
7	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
8	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
9	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
10	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER				
LINE NO.	DISABILITY			
	32	33	34	35
	<p>Does (NAME) has difficulty communicating when using his/her usual language?</p> <p>Would you say that (NAME) has some difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>Does (NAME) has difficulty remembering or concentrating?</p> <p>Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>Does (NAME) has difficulty walking or climbing steps?</p> <p>Would you say that (NAME) has walking or climbing steps, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>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</p>	<p>Does (NAME) has difficulty washing all over or dressing?</p> <p>Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>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</p>
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
6	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
7	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
9	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER						
LINE NO.	DISABILITY					
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	Does (NAME) has difficulty seeing even when wearing glasses or contact lenses?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot see at all?  1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) has difficulty seeing?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot see at all?  1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?  (1)	Does (NAME) has difficulty hearing even when using a hearing aid?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot hear at all?  (1) 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	Does (NAME) has difficulty hearing?  Would you say that (NAME) has some difficulty, a lot of difficulty, or cannot hear at all?  1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
11	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
12	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
13	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
14	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
15	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
16	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
17	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
18	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
19	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8
20	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)	1 2 3 4 8

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER				
LINE NO.	DISABILITY			
	32	33	34	35
	<p>Does (NAME) has difficulty communicating when using his/her usual language?</p> <p>Would you say that (NAME) has some difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>Does (NAME) has difficulty remembering or concentrating?</p> <p>Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>Does (NAME) has difficulty walking or climbing steps?</p> <p>Would you say that (NAME) has walking or climbing steps, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>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</p>	<p>Does (NAME) has difficulty washing all over or dressing?</p> <p>Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>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</p>
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
16	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
17	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
18	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
19	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
20	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
108A	Is the water this household uses for drinking stored?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 109
108B	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED.   RECORD OBSERVATION.	JERRY CAN ..... 1 POT ..... 2 BOTTLE ..... 3 COOKING POT ..... 4 OTHER ..... 6 SPECIFY _____ NOT AVAILABLE TO BE OBSERVED ..... 8	
108C	How many times per week does your household wash these containers?	NO. OF TIMES PER WEEK IF LESS THAN 7 ..... <input type="text"/>  7 OR MORE TIMES PER WEEK ..... 7 DON'T KNOW ..... 8	
109	What kind of toilet facility do members of your household usually use?   IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> 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 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23  COMPOSTING TOILET/ (ECOSAN) ..... 31 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 113
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
112A	CLEANLINESS OF THE TOILET FACILITY  RECORD OBSERVATION.	TOILET'S PLATE FORM IS DRY AND CLEAN ..... A WITH URINE OR EXCRETA ..... B WITH FLIES ..... C  NOT OBSERVED ..... Y	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 GAS (LPG/ NATURAL GAS) ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 PEAT/ LIGNITE ..... 05 CHARCOAL ..... 06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10 BRIQUETTE ..... 11 SAW DUST ..... 12  NO FOOD COOKED IN HOUSEHOLD. .... 95  OTHER _____ 96 (SPECIFY)	→ 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 (SPECIFY)	→ 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 ..... <input type="text"/> <input type="text"/>																												
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 traditional? b) Milk Cows modern? c) Bulls? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Horses, donkeys, or mules?	<table border="1"> <tr><td>a) MILK COWS TRADITIONAL .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>b) MILK COWS MODERN .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>c) BULLS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>d) GOATS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>e) SHEEP .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>f) CHICKENS/POULTRY .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>g) PIGS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>h) RABBIT .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>i) HORSES, DONKEYS, MULES .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	a) MILK COWS TRADITIONAL .....	<input type="text"/>	<input type="text"/>	b) MILK COWS MODERN .....	<input type="text"/>	<input type="text"/>	c) BULLS .....	<input type="text"/>	<input type="text"/>	d) GOATS .....	<input type="text"/>	<input type="text"/>	e) SHEEP .....	<input type="text"/>	<input type="text"/>	f) CHICKENS/POULTRY .....	<input type="text"/>	<input type="text"/>	g) PIGS .....	<input type="text"/>	<input type="text"/>	h) RABBIT .....	<input type="text"/>	<input type="text"/>	i) HORSES, DONKEYS, MULES .....	<input type="text"/>	<input type="text"/>	
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i) HORSES, DONKEYS, MULES .....	<input type="text"/>	<input type="text"/>																												
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																											
120	How many hectares of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	HECTARES ..... <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998																												



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 ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
130	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  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.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> ROYAL SENTRY ..... 11 DAWAPLUS 2.0 ..... 12 INTERCEPTOR G2 .. 13 YAHE ..... 14 PERMANET 3.0 ..... 15 MIRANET ..... 16 OTHER/DON'T KNOW BRAND ..... 17  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> ROYAL SENTRY ..... 11 DAWAPLUS 2.0 ..... 12 INTERCEPTOR G2 .. 13 YAHE ..... 14 PERMANET 3.0 ..... 15 MIRANET ..... 16 OTHER/DON'T KNOW BRAND ..... 17  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> ROYAL SENTRY ..... 11 DAWAPLUS 2.0 ..... 12 INTERCEPTOR G2 .. 13 YAHE ..... 14 PERMANET 3.0 ..... 15 MIRANET ..... 16 OTHER/DON'T KNOW BRAND ..... 17  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a HH Mosquito net mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS DIST. VILLAGE CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 135A) ← NO ..... 4	YES, MASS DIST. VILLAGE CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 135A) ← NO ..... 4	YES, MASS DIST. VILLAGE CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 135A) ← NO ..... 4
135	Where did you get the net?	HEALTH CENTER ..... 01 DISTRICT PHARMACY ..... 02 PRIVATE PHARMACY .. 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	HEALTH CENTER ..... 01 DISTRICT PHARMACY ..... 02 PRIVATE PHARMACY .. 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	HEALTH CENTER ..... 01 DISTRICT PHARMACY ..... 02 PRIVATE PHARMACY .. 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98
135A	<b>OBSERVE CONDITION OF MOSQUITO NET:</b> DOES IT HAVE HOLES THAT ARE EQUAL TO OR LARGER THAN THE TIP OF YOUR THUMB?	YES ..... 1 NO ..... 2 NOT OBSERVED ..... 8	YES ..... 1 NO ..... 2 NOT OBSERVED ..... 8	YES ..... 1 NO ..... 2 NOT OBSERVED ..... 8
135B	OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET.	CONICAL ..... 1 RECTANGLE ..... 2 NOT OBSERVED ..... 8	CONICAL ..... 1 RECTANGLE ..... 2 NOT OBSERVED ..... 8	CONICAL ..... 1 RECTANGLE ..... 2 NOT OBSERVED ..... 8

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8
137	Who slept under 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"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> SKIP TO 138	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> SKIP TO 138	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> SKIP TO 138
137A	Why did no one sleep under this mosquito net?	DAMAGED ..... 1 DIFFICULT TO HUNG ..... 2 NO SLEEPING BED ..... 3 DON'T LIKE IT ..... 4 ABSENT LAST NIGHT ..... 5 OTHER ..... 6 _____ SPECIFY DON'T KNOW ..... 8	DAMAGED ..... 1 DIFFICULT TO HUNG ..... 2 NO SLEEPING BED ..... 3 DON'T LIKE IT ..... 4 ABSENT LAST NIGHT ..... 5 OTHER ..... 6 _____ SPECIFY DON'T KNOW ..... 8	DAMAGED ..... 1 DIFFICULT TO HUNG ..... 2 NO SLEEPING BED ..... 3 DON'T LIKE IT ..... 4 ABSENT LAST NIGHT ..... 5 OTHER ..... 6 _____ SPECIFY DON'T KNOW ..... 8
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	→ 142
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.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 BRICKS WITHOUT CEMENT ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES/ COASTAL BRICK ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MATERIAL/ PLASTIC ..... 21 <b>FINISHED ROOFING</b> METAL SHEET ..... 31 CALAMINE / CEMENT FIBER ..... 32 CERAMIC TILES ..... 33 CEMENT/ CONCRETE ..... 34 INDUSTRIAL TILES ..... 35  OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> CANE/PALM/TRUNKS ..... 11 <b>RUDIMENTARY WALLS</b> BAMBOO / TREE TRUNKS WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 REUSED WOOD ..... 24 PLASTIC SHEETING ..... 25 <b>FINISHED WALLS</b> TREE TRUNKS WITH MUD AND CEMENT .. 31 STONE WITH LIME/CEMENT ..... 32 OVEN FIRED BRICKS ..... 33 OVEN FIRED BRICKS WITH CEMEN' ..... 34 CEMENT BLOCK ..... 35 COVERED ADOBE WITH CEMENT ..... 36 WOOD PLANKS/SHINGLES ..... 37  OTHER _____ 96 (SPECIFY)					
144A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MICRONUTRIENT BIOMAKER	YES ..... 1 NO ..... 2	→ 146				
145	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?  COLLECT SALT AND PLACE IN INDICATED CONTAINER  PUT THE 2ND BAR CODE LABEL ON SALT CONTAINEE, AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NO SALT IN THE HOUSEHOD ..... 99994 REFUSED ..... 99995 OTHER _____ 99996 (SPECIFY REASON)					
145A	CHECK THE TYPE OF SALT	REFINED SALT ..... 1 LARGER CRISTAL SALT ..... 2 OTHER ..... 6					
146	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

SELECTION OF WOMAN/ MAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)<sup>1</sup>

DVH00	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN / MAN DV MODULE?
YES <input type="checkbox"/> <span style="margin-left: 200px;">NO <input type="checkbox"/></span>	
END INTERVIEW <span style="font-size: 2em;">→</span>	

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN / MEN (COLUMN 9 / 10) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '216' AND THE HOUSEHOLD SCHEDULE COLUMN 9 / 10 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN/MEN AGE 15-49/ 15-59 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN / MEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN/ MAN WHO IS ELIGIBLE FOR THE WOMAN'S/ MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER/ HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN / MEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9								
	1	2	3	4	5	6	7	8+	
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

DVH01	NAME OF SELECTED WOMAN / MAN _____	HH LINE NUMBER OF SELECTED WOMAN / MAN	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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