

RWANDA DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

MINECOFIN

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

MINISTRY OF HEALTH

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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> INT. NO. <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> RESULT* <table border="1"><tr><td></td></tr></table>																	
INTERVIEWER'S NAME	_____	_____	_____																		
RESULT*	_____	_____	_____																		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>																	
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 <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE MEN <table border="1"><tr><td></td><td></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1"><tr><td></td><td></td></tr></table>																	

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

NAME

--	--	--	--

NUMBER

FIELD EDITOR

NAME

--	--	--	--

NUMBER

OFFICE EDITOR

NUMBER

--	--

KEYED BY

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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></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			
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 <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 OF HH	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 WORKE
07 = PARENT-IN-LAW	98 = DONT KNOW

HOUSEHOLD SCHEDULE

	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
LINE NO.	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?	Does (NAME) currently smoke? 1=YES 2=NO 8=DK
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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"/>	1 2 8 ↓ GO TO 16	<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 = DON'T KNOW

GRADE

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

CODE FOR Q.22

1=MUTUELLE/ COMMUNITY HEALTH INSURANCE
2=RAMA/RSSB , 3=MMI
4=PRIVATE INSURANCE COMPANY
5= EMPLOYER
6=OTHER
8=DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
							MARITAL STATUS			
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 CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	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 |
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| 04 = SON-IN-LAW OR 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

	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
LINE NO.	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
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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

1= PRE-PRIMARY
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3 = POST-PRIMARY/VOCATIONAL
4= SECONDARY
5= UNIVERSITY

8 = DON'T 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=DON'T 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>
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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
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/STAND PIPE 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 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 107 → 103 → 103 </div>
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 BOTTLED WATER 91 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 107 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 107 </div>
104	How long does it take you to go there, get water, and come back?	MINUTES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW998	
104A	What is the distance from your home to that water source?	LESS THAN 200 M 1 200 M - 500 M 2 MORE THAN 500 M 3 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	<div style="position: relative; height: 100px;"> → 109 </div>

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOIL A</p> <p>ADD CHLORINE B</p> <p>STRAIN THROUGH A CLOTH C</p> <p>USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D</p> <p>SOLAR DISINFECTION E</p> <p>LET IT STAND AND SETTLE F</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
108A	Is the water this household uses for drinking stored?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 109</p>
108B	<p>ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED.</p> <p>RECORD OBSERVATION.</p>	<p>JERRY CAN 1</p> <p>POT 2</p> <p>BOTTLE 3</p> <p>COOKING POT 4</p> <p>OTHER 6</p> <p align="center">SPECIFY</p> <p>NOT AVAILABLE TO BE OBSERVED 8</p>	
108C	How many times per week does your household wash these containers?	<p>NO. OF TIMES PER WEEK IF LESS THAN 7 <input type="text"/></p> <p>7 OR MORE TIMES PER WEEK 7</p> <p>DON'T KNOW 8</p>	
109	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT 23</p> <p>COMPOSTING TOILET/ (ECOSAN) 31</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>→ 113</p>
110	Do you share this toilet facility with other households?	<p>YES 1</p> <p>NO 2</p>	<p>→ 112</p>
111	Including your own household, how many households use this toilet facility?	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>	
112	Where is this toilet facility located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	
112A	<p>CLEANLINESS OF THE TOILET FACILITY</p> <p>RECORD OBSERVATION.</p>	<p>TOILET'S PLATE FORM IS</p> <p>DRY AND CLEAN A</p> <p>WITH URINE OR EXCRETA B</p> <p>WITH FLIES C</p> <p>NOT OBSERVED Y</p>	

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 <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 <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?	a) MILK COWS TRADITIONAL b) MILK COWS MODERN c) BULLS d) GOATS e) SHEEP f) CHICKENS/POULTRY g) PIGS h) RABBIT i) HORSES, DONKEYS, MULES ... <table border="1" style="float: right; margin-top: 10px;"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<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																			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
121	Does your household have:	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) Electricity?</td><td>a) ELECTRICITY 1</td><td>2</td></tr> <tr> <td>b) A radio?</td><td>b) RADIO 1</td><td>2</td></tr> <tr> <td>c) A television?</td><td>c) TELEVISION 1</td><td>2</td></tr> <tr> <td>d) A non-mobile telephone?</td><td>d) NON-MOBILE TELEPHONE .. 1</td><td>2</td></tr> <tr> <td>e) A computer?</td><td>e) COMPUTER 1</td><td>2</td></tr> <tr> <td>f) A refrigerator?</td><td>f) REFRIGERATOR 1</td><td>2</td></tr> <tr> <td>g) A Mattress?</td><td>g) MATLESS 1</td><td>2</td></tr> <tr> <td>h) A bench or at least 3 Chairs?</td><td>h) BENCH OR AT LEAST 3 CHAIRS 1</td><td>2</td></tr> <tr> <td>i) A bed?</td><td>i) BED 1</td><td>2</td></tr> <tr> <td>j) A Table?</td><td>j) TABLE 1</td><td>2</td></tr> <tr> <td>k) A sofa?</td><td>k) SOFA 1</td><td>2</td></tr> <tr> <td>l) A traditional improved stove?</td><td>l) TRADITIONAL IMPROVED STOV 1</td><td>2</td></tr> <tr> <td>m) A Stove?</td><td>m) STOVE 1</td><td>2</td></tr> <tr> <td>n) A Cupboard</td><td>n) CUPBOARD 1</td><td>2</td></tr> <tr> <td>o) A dinning table</td><td>o) DINNING TABLE 1</td><td>2</td></tr> <tr> <td>p) Iron machine</td><td>p) IRON 1</td><td>2</td></tr> <tr> <td>q) A Laundry machine</td><td>q) LAUNDRY MACHINE 1</td><td>2</td></tr> <tr> <td>r) A satellite dish</td><td>r) SATELITE DISH 1</td><td>2</td></tr> </table>		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 Mattress?	g) MATLESS 1	2	h) A bench or at least 3 Chairs?	h) BENCH OR AT LEAST 3 CHAIRS 1	2	i) A bed?	i) BED 1	2	j) A Table?	j) TABLE 1	2	k) A sofa?	k) SOFA 1	2	l) A traditional improved stove?	l) TRADITIONAL IMPROVED STOV 1	2	m) A Stove?	m) STOVE 1	2	n) A Cupboard	n) CUPBOARD 1	2	o) A dinning table	o) DINNING TABLE 1	2	p) Iron machine	p) IRON 1	2	q) A Laundry machine	q) LAUNDRY MACHINE 1	2	r) A satellite dish	r) SATELITE DISH 1	2	
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122	Does any member of this household own:	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) A watch?</td><td>a) WATCH 1</td><td>2</td></tr> <tr> <td>b) A mobile phone?</td><td>b) MOBILE PHONE 1</td><td>2</td></tr> <tr> <td>c) A bicycle?</td><td>c) BICYCLE 1</td><td>2</td></tr> <tr> <td>d) A motorcycle or motor scooter?</td><td>d) MOTORCYCLE/SCOOTER 1</td><td>2</td></tr> <tr> <td>e) An animal-drawn cart?</td><td>e) ANIMAL-DRAWN CART 1</td><td>2</td></tr> <tr> <td>f) A car or truck?</td><td>f) CAR/TRUCK 1</td><td>2</td></tr> <tr> <td>g) A boat with a motor?</td><td>g) BOAT WITH MOTOR 1</td><td>2</td></tr> <tr> <td>h) A boat without a motor?</td><td>h) BOAT WITHOUT MOTOR 1</td><td>2</td></tr> <tr> <td>i) A camera</td><td>i) CAMERA 1</td><td>2</td></tr> </table>		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 boat without a motor?	h) BOAT WITHOUT MOTOR 1	2	i) A camera	i) CAMERA 1	2																												
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123	Does any member of this household have a bank account?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																																																						
YES	1																																																											
NO	2																																																											
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY</td><td>1</td></tr> <tr> <td>WEEKLY</td><td>2</td></tr> <tr> <td>MONTHLY</td><td>3</td></tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td><td>4</td></tr> <tr> <td>NEVER</td><td>5</td></tr> </table>	DAILY	1	WEEKLY	2	MONTHLY	3	LESS OFTEN THAN ONCE A MONTH	4	NEVER	5																																																
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124A	CHECK 21: AT LEAST ONE "NO" <input type="checkbox"/> ALL "YES" <input type="checkbox"/>		127																																																									
124B	Does your household plan to obtain health insurance for members that are currently not covered?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																																																						
YES	1																																																											
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127	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2	139																																																					
YES	1																																																											
NO	2																																																											
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 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 <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) 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	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) 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	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) 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	OBSERVE CONDITION OF MOSQUITO NET: 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	<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 BRICKS WITHOUT CEMENT 22 FINISHED FLOOR 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.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MATERIAL/ PLASTIC 21 FINISHED ROOFING 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	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>CANE/PALM/TRUNKS 11</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO / TREE TRUNKS WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>REUSED WOOD 24</p> <p>PLASTIC SHEETING 25</p> <p>FINISHED WALLS</p> <p>TREE TRUNKS WITH MUD AND CEMENT .. 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>OVEN FIRED BRICKS 33</p> <p>OVEN FIRED BRICKS WITH CEMENT 34</p> <p>CEMENT BLOCK 35</p> <p>COVERED ADOBE WITH CEMENT 36</p> <p>WOOD PLANKS/SHINGLES 37</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
144A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MICRONUTRIENT BIOMAKER	<p>YES 1</p> <p>NO 2</p>	→ 146								
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>COLLECT SALT AND PLACE IN INDICATED CONTAINER</p> <p>PUT THE 2ND BAR CODE LABEL ON SALT CONTAINER, AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 2px dashed black; padding: 10px; text-align: center;"> <p>PUT THE 1ST BAR CODE LABEL HERE.</p> </div> <p>NO SALT IN THE HOUSEHOD 99994</p> <p>REFUSED 99995</p> <p>OTHER 99996</p> <p align="center">(SPECIFY REASON)</p>									
145A	CHECK THE TYPE OF SALT	<p>REFINED SALT 1</p> <p>LARGER CRISTAL SALT 2</p> <p>OTHER 6</p>									
146	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><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></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><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></p>									

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

DVH00	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR WOMAN / MAN DV MODULE? <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> → END INTERVIEW </div>							
<p>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.</p> <p>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.</p>								
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 			

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
