



The Central Statistical Office  
Saint Lucia

# C W I Q

## Core Welfare Indicators Questionnaire

### A - INTERVIEW INFORMATION

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

Q.1 INTERVIEWER'S NAME

Q.2 NAME OF HEAD OF HOUSEHOLD

Q.3 DISTRICT NAME

Q.4 SETTLEMENT NAME

A.1 ED

A.2 HOUSEHOLD

A.3 INTERVIEWER

A.4 DATE

A.5 TIME

A.6 RESPONDENT

A.7 SEQ.

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| Day | Month | Year |
|-----|-------|------|
|     |       |      |

| Hour | Minute |
|------|--------|
|      |        |

○ AM  
○ PM

| Member No. |
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|            |

| Quest. No. |
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|            |

Respondent's telephone number

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Comments

## B - LIST OF HOUSEHOLD MEMBERS

|  |  |  |  |
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| MEMBER NUMBER      | 1   | 2                       | 3                       | 4                       | 5                       | 6                       | 7                       | 8                       | 9                       | 10                      |   |
|--------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
|                    |   |                         |                         |                         |                         |                         |                         |                         |                         |                         | WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD. |
|                    | Head  |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
|                    | <b>B.1 Is [NAME] male or female?</b>                                    |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
| Male               | <input type="radio"/> M   | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M | <input type="radio"/> M |   |
| Female             | <input type="radio"/> F   | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F | <input type="radio"/> F |   |
|                    | <b>B.2 Has [NAME] been away in the last 12 months and for how long?</b> |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
| Never              | <input type="radio"/> 1   | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |   |
| Less than 6 months | <input type="radio"/> 2   | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |   |
| 6 months or more   | <input type="radio"/> 3   | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |   |
|                    | <b>B.3 What is [NAME]'s relationship to the head of household?</b>      |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
| Head               | <input type="radio"/> 1   | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |   |
| Spouse             | <input type="radio"/> 2   | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |   |
| Child              | <input type="radio"/> 3   | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |   |
| Parent             | <input type="radio"/> 4   | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |   |
| Other relative     | <input type="radio"/> 5   | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |   |
| Not related        | <input type="radio"/> 6   | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |   |
|                    | <b>B.4 How old was [NAME] at last birthday?</b>                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | RECORD AGE IN COMPLETED YEARS.  |
|                    | <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"/>    |   |
|                    | <b>B.5 What is [NAME]'s union status?</b>                               |                         |                         |                         |                         |                         |                         |                         |                         |                         | IF AGE UNDER 15 GO TO B6  |
| Not in union       | <input type="radio"/> 1   | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |   |
| Legally married    | <input type="radio"/> 2   | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |   |
| Common law union   | <input type="radio"/> 3   | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |   |
| Visiting partner   | <input type="radio"/> 4   | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |   |
| Divorced/Separated | <input type="radio"/> 5   | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 | <input type="radio"/> 5 |   |
| Widowed            | <input type="radio"/> 6   | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 | <input type="radio"/> 6 |   |
|                    | <b>B.6 Is [NAME]'s father alive?</b>                                    |                         |                         |                         |                         |                         |                         |                         |                         |                         | IF AGE OVER 17 GO TO NEXT PERSON  |
| Yes                | <input type="radio"/> Y   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |   |
| No                 | <input type="radio"/> N   | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |   |
| Don't know         | <input type="radio"/> X   | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | IF NO OR DON'T KNOW GO TO B8  |
|                    | <b>B.7 Is [NAME]'s father living in the household?</b>                  |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
| Yes                | <input type="radio"/> Y   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |   |
| No                 | <input type="radio"/> N   | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |   |
|                    | <b>B.8 Is [NAME]'s mother alive?</b>                                    |                         |                         |                         |                         |                         |                         |                         |                         |                         | IF NO OR DON'T KNOW GO TO NEXT PERSON   |
| Yes                | <input type="radio"/> Y   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |   |
| No                 | <input type="radio"/> N   | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |   |
| Don't know         | <input type="radio"/> X   | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X | <input type="radio"/> X |   |
|                    | <b>B.9 Is [NAME]'s mother living in the household?</b>                  |                         |                         |                         |                         |                         |                         |                         |                         |                         |   |
| Yes                | <input type="radio"/> Y   | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y | <input type="radio"/> Y |   |
| No                 | <input type="radio"/> N   | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N | <input type="radio"/> N |   |

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| MEMBER NUMBER   | 1   | 2  | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |  |                        |
|---|---|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|------------------------|
| <b>C3 and C6</b><br>00 None<br>01 Nursery<br>02 Pre-school<br>03 Kindergarten/Stage 1<br>11 G1/Stage 2<br>12 G2/Stage 3<br>13 G3/Std 1<br>14 G4/Std 2<br>15 G5/Std 3<br>16 G6/Std 4<br>21 G7/Std 5/Frm 1/SP1<br>22 G8/Std 6/Frm 2/SP2<br>23 G9/Std 7/Frm 3/SP3<br>24 G10/Frm 4<br>25 G11/Frm 5<br>26 G12/Frm 6<br>31 Tertiary<br>32 University<br>41 Vocational/<br>Technical | Yes   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <b>IF PERSON IS UNDER AGE 15 GO TO C2.</b>                                 |                        |
|   | No  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
|   | Yes   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <b>IF NO GO TO C9.</b> |
|   | No  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
|   |   | <b>C.1 Can [NAME] read and write?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |  | <b>IF NO GO TO C9.</b> |
|   |   | <b>C.2 Has [NAME] ever attended school?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
|   |   | <b>C.3 What is the highest grade [NAME] completed?</b><br><div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
|   |   | <b>C.4 Did [NAME] attend school last year?</b>   |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
|   | Yes   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |                        |
|   | No  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  |                        |
|   | <b>C.5 Is [NAME] currently in school?</b>   |  |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
| Yes   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| No  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
|   | <b>C.6 What is the current grade [NAME] is attending?</b><br><div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> |  |                       |                       |                       |                       |                       |                       |                       |                       | <b>YOU MAY MARK MORE THAN ONE ANSWER.</b><br><br><b>GO TO NEXT PERSON.</b> |                        |
|   | <b>C.7 Who runs the school [NAME] is attending?</b>   |  |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
| Government  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Church  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Private   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Community   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Other   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
|   | <b>C.8 Did [NAME] have any problems with the school?</b>  |  |                       |                       |                       |                       |                       |                       |                       |                       |  |                        |
| No problem (satisfied)  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Lack of books/supplies  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Poor teaching   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Teachers often absent   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Lack of teachers  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Lack of space   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Facilities in bad condition   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Other problem   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
|   | <b>C.9 Why is [NAME] not currently in school?</b>   |  |                       |                       |                       |                       |                       |                       |                       |                       | <b>YOU MAY MARK MORE THAN ONE ANSWER.</b>                                  |                        |
| Too old/completed   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Too far away  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Too expensive   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Is working (home or job)  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Useless/uninteresting   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Failed exam   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Illness   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Pregnancy   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Got married   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Too young   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |
| Other   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |                        |

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| MEMBER NUMBER             | 1   | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | ONLY FOR FEMALES<br>AGE 15 TO 49 YEARS<br>ELSE GO TO D3. |  |
|---------------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|                           | <b>D.1 Did [NAME] have a live birth in the last 12 months?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>IF NO GO TO D3.</b>                                   |  |
| Yes                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.2 Did [NAME] receive pre-natal care during the pregnancy?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Yes                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.3 Is [NAME] physically or mentally handicapped or disabled?</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>IF NO GO TO D7.</b>                                   |  |
| Yes                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.4 Was [NAME] sick or injured in the last 4 weeks?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>IF NO GO TO D7.</b>                                   |  |
| Yes                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.5 What sort of sickness/injury did [NAME] suffer?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       | YOU MAY MARK<br>MORE THAN<br>ONE ANSWER.                 |  |
| Accident                  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Fever                     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Hypertension/diabetes     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Chicken pox               | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Red eye/conjunctivitis    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Bronchial infections/flu  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Throat infections         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Other                     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.6 How many days of work/school did [NAME] miss due to illness/injury?</b>                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
|                           | <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"/>  |  |  |
|                           | <b>D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>IF NO GO TO D11.</b>                                  |  |
| Yes                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No                        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.8 What was the last health provider [NAME] saw?</b>  |                       |                       |                       |                       |                       |                       |                       |                       |                       | YOU MAY MARK<br>MORE THAN<br>ONE ANSWER.                 |  |
| Public hospital           | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Private hospital          | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| CHC                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Family planning clinic    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Private doctor/dentist    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Traditional healer        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Out of state hospital     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Pharmacy/chemist          | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Other                     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.9 How many times did [NAME] use the service in the last 4 weeks?</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
|                           | <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"/>  |  |  |
|                           | <b>D.10 Did [NAME] have any problems with the provider/service at the time of the visit?</b>              |                       |                       |                       |                       |                       |                       |                       |                       |                       | YOU MAY MARK<br>MORE THAN<br>ONE ANSWER.                 |  |
| No problem (satisfied)    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Facilities were not clean | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GO TO NEXT<br>PERSON                                     |  |
| Long waiting time         | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No trained professionals  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Too expensive             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| No drugs available        | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Treatment unsuccessful    | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Other                     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
|                           | <b>D.11 Why did [NAME] not use medical care in the last 4 weeks?</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       | YOU MAY MARK<br>MORE THAN<br>ONE ANSWER.                 |  |
| No need                   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Too expensive             | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Too far                   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Untreatable               | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |
| Other                     | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |  |

## E - EMPLOYMENT

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

| MEMBER NUMBER                  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10   | IF PERSON IS UNDER 15 GO TO NEXT PERSON<br>IF YES GO TO E5. |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|---|
|                                | <b>E.1 Did [NAME] do any type of work in the last 7 days?</b>                        |  |  |  |  |  |  |  |  |  | <b>IF YES GO TO E5.</b>                                     |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |
|                                | <b>E.2 Was [NAME] absent from work in the last 7 days?</b>                           |  |  |  |  |  |  |  |  |  | <b>IF YES GO TO E5.</b>                                     |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |
|                                | <b>E.3 Has [NAME] been looking for work and ready for work in the last 2 months?</b> |  |  |  |  |  |  |  |  |  |   |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |
|                                | <b>E.4 What was the main reason [NAME] was not working in the last 7 days?</b>       |  |  |  |  |  |  |  |  |  | <b>GO TO E12.</b>   |
| No work available              | <input type="radio"/> 1  | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            |   |
| Seasonal inactivity            | <input type="radio"/> 2  | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            |   |
| Student                        | <input type="radio"/> 3  | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            |   |
| Household/family duties        | <input type="radio"/> 4  | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            |   |
| Too old/too young              | <input type="radio"/> 5  | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            |   |
| Infirmary                      | <input type="radio"/> 6  | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            |   |
| Other                          | <input type="radio"/> 7  | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            |   |
|                                | <b>E.5 How many jobs did [NAME] have in the last 7 days?</b>                         |  |  |  |  |  |  |  |  |  |   |
|                                | <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"/>                               |   |
|                                | <b>E.6 What is [NAME'S] status in the main job?</b>                                  |  |  |  |  |  |  |  |  |  |   |
| Employer                       | <input type="radio"/> 1  | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            |   |
| Self employed                  | <input type="radio"/> 2  | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            |   |
| Paid employee                  | <input type="radio"/> 3  | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            |   |
| Paid domestic worker           | <input type="radio"/> 4  | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            |   |
| Unpaid family worker           | <input type="radio"/> 5  | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            |   |
| Other                          | <input type="radio"/> 6  | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            |   |
|                                | <b>E.7 For whom did [NAME] work in the main job?</b>                                 |  |  |  |  |  |  |  |  |  |   |
| Government                     | <input type="radio"/> 1  | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            |   |
| Statutory body                 | <input type="radio"/> 2  | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            |   |
| Private business               | <input type="radio"/> 3  | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            |   |
| Self-employed                  | <input type="radio"/> 4  | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            |   |
| Private person or household    | <input type="radio"/> 5  | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            |   |
| Other                          | <input type="radio"/> 6  | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            |   |
|                                | <b>E.8 What is the main activity at the place of [NAME's] main job?</b>              |  |  |  |  |  |  |  |  |  |   |
| Agriculture/fishing            | <input type="radio"/> 0  | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            | <input type="radio"/> 0                            |   |
| Manufacturing                  | <input type="radio"/> 1  | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            |   |
| Construction                   | <input type="radio"/> 2  | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            |   |
| Wholesale & retail             | <input type="radio"/> 3  | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            |   |
| Hotel & restaurant             | <input type="radio"/> 4  | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            |   |
| Transport                      | <input type="radio"/> 5  | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            | <input type="radio"/> 5                            |   |
| Services                       | <input type="radio"/> 6  | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            | <input type="radio"/> 6                            |   |
| Admin./social security         | <input type="radio"/> 7  | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            | <input type="radio"/> 7                            |   |
| Educ./health/social work       | <input type="radio"/> 8  | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            | <input type="radio"/> 8                            |   |
| Other                          | <input type="radio"/> 9  | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            | <input type="radio"/> 9                            |   |
|                                | <b>E.9 Did [NAME] try to increase his or her earnings in the last 7 days?</b>        |  |  |  |  |  |  |  |  |  | <b>IF NO GO TO E12.</b>                                     |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |
|                                | <b>E.10 How did [NAME] try to increase earnings in the last 7 days?</b>              |  |  |  |  |  |  |  |  |  |   |
| More hours current activity    | <input type="radio"/> 1  | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            | <input type="radio"/> 1                            |   |
| More hours additional activity | <input type="radio"/> 2  | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            | <input type="radio"/> 2                            |   |
| Change activity                | <input type="radio"/> 3  | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            | <input type="radio"/> 3                            |   |
| Other                          | <input type="radio"/> 4  | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            | <input type="radio"/> 4                            |   |
|                                | <b>E.11 Is [NAME] ready to take on additional work in the next 4 weeks?</b>          |  |  |  |  |  |  |  |  |  |   |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |
|                                | <b>E.12 Does [NAME] contribute to household income?</b>                              |  |  |  |  |  |  |  |  |  |   |
| Yes<br>No                      | <input type="radio"/> Y<br><input type="radio"/> N                                   | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N | <input type="radio"/> Y<br><input type="radio"/> N |   |

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**F.1 Does the household own the dwelling?**

- Owns the dwelling (1)  
 Rents the dwelling (2)  
 Uses without paying rent (3)  
 Temporary dwelling (4)  
 Squatting (5)

**F.2 Does the household own the land beneath the dwelling?**

- Owned with title (1)  
 Family owned (2)  
 Rents the land (3)  
 Leases the land (4)  
 Squatting (5)  
 Not owned (6)

**F.3 How many separate rooms/bedrooms are there in your dwelling? (exclude kitchens and bathrooms)**Rooms 

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Bedrooms 

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**F.4 How many acres of land are owned by the household? (with one decimal, e.g. 24.7)**

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95.0 = 95.0 acres or more  
 99.9 = don't know

**IF F4 = 0 GO TO F6****F.5 Ownership status of land owned by the household?**

- Owned with title (1)  
 Family owned (2)  
 Other (3)

**F.6 How does the amount of land owned now compare with one year ago?**

- Less now (1)  
 Same now (2)  
 More now (3)  
 Don't know (4)

**F.7 How many acres of land did the household farm in the last 12 months? (with one decimal, e.g. 24.7)**

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95.0 = 95.0 acres or more  
 99.9 = don't know

For area of land (F4/F7)  
 40,000 sq. feet = 1.0 acres  
 30,000 sq. feet = 0.7 acres  
 20,000 sq. feet = 0.5 acres  
 10,000 sq. feet = 0.3 acres

**F.8 How many of these animals are currently owned by the household?**Cattle 

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Sheep, goats 

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Pigs 

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Poultry 

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Rabbits 

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950 = 950 or more  
 999 = don't know

**F.9 Does the household own any of the following (include items only if they are in working condition)?**

- |                     |     |     |
|---------------------|-----|-----|
| Electric iron       | (Y) | (N) |
| Refrigerator        | (Y) | (N) |
| Television          | (Y) | (N) |
| DVD/Video           | (Y) | (N) |
| Stereo/Radio        | (Y) | (N) |
| Clock               | (Y) | (N) |
| Sewing machine      | (Y) | (N) |
| Stove               | (Y) | (N) |
| Washing machine     | (Y) | (N) |
| Computer            | (Y) | (N) |
| Fixed telephone     | (Y) | (N) |
| Mobile telephone    | (Y) | (N) |
| Internet connection | (Y) | (N) |
| Motorcycle          | (Y) | (N) |
| Vehicle             | (Y) | (N) |

**F.10 How often in the last year did you have problems satisfying the food needs of the household?**

- Never (1)  
 Seldom (2)  
 Sometimes (3)  
 Often (4)  
 Always (5)

**F.11 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.12 How do you compare the overall economic situation of the COMMUNITY with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.13 How do you compare the willingness of people to help each other in your COMMUNITY with one year ago?**

- Much worse now (1)  
 A little worse now (2)  
 Same (3)  
 A little better now (4)  
 Much better now (5)  
 Don't know (6)

**F.14 Who contributes most to household income? (record member number from section B).**

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| <p><b>G.1 What is the type of the housing unit?</b></p> <p>Undivided private house (1)<br/> Part of a private house (2)<br/> Flat, apartment (3)<br/> Duplex, townhouse (4)<br/> Combined business and dwelling (5)<br/> Other _____ (6)</p> <p><b>G.2 What is the main material of the floor of the house?</b></p> <p>Plywood (1)<br/> Wood (2)<br/> Seasoned wood (3)<br/> Concrete (4)<br/> Dirt/straw (5)<br/> Other (6)</p> <p><b>G.3 What is the main material of the roof of the house?</b></p> <p>Sheet metal (1)<br/> Shingle (2)<br/> Tile (3)<br/> Concrete (4)<br/> Thatch (5)<br/> Other _____ (6)</p> | <p><b>G.4 What is the main material of the outer walls of the house?</b></p> <p>Plywood (1)<br/> Wood (2)<br/> Bricks (3)<br/> Stone, concrete blocks (4)<br/> Wood and concrete (5)<br/> Sheet metal (6)<br/> Cardboard, makeshift (7)<br/> Other _____ (8)</p> <p><b>G.5 What is the main source of drinking water?</b></p> <p>Public piped into dwelling (1)<br/> Public into yard (2)<br/> Public standpipe (3)<br/> Private piped into dwelling (4)<br/> Rain water (5)<br/> River (6)<br/> Bottled (7)<br/> Other _____ (8)</p> <p><b>G.6 What kind of toilet facility does your household use?</b></p> <p>None (1)<br/> Flush to sewer (2)<br/> Flush to septic tank (3)<br/> Ventilation improved pit latrine (4)<br/> Pit latrine (5)<br/> Other _____ (6)</p> | <p><b>G.7 What is the main fuel used for cooking?</b></p> <p>Firewood (1)<br/> Charcoal (2)<br/> Kerosene/oil (3)<br/> Gas (4)<br/> Electricity (5)<br/> Other _____ (6)</p> <p><b>G.8 What is the main fuel used for lighting?</b></p> <p>Kerosene/paraffin (1)<br/> Gas (2)<br/> Electricity (3)<br/> Electricity shared (4)<br/> Generator (5)<br/> Other _____ (6)</p> <p><b>G.9 What is the principal way the household disposes of garbage?</b></p> <p>Collected government (1)<br/> Government skip (2)<br/> Burning (3)<br/> Dumping (4)<br/> Other _____ (5)</p> |
|---|---|---|

**G.10 How long in hours and minutes does it usually take from here to reach the nearest ...?**

|                           | Hours:Minutes                               |                       | Hours:Minutes                               |
|---------------------------|---|-----------------------|---|
| Supply of drinking water  | <input type="text"/> : <input type="text"/> | Super/food market     | <input type="text"/> : <input type="text"/> |
| Primary school            | <input type="text"/> : <input type="text"/> | Public transportation | <input type="text"/> : <input type="text"/> |
| Secondary school          | <input type="text"/> : <input type="text"/> | All weather road      | <input type="text"/> : <input type="text"/> |
| Health clinic or hospital | <input type="text"/> : <input type="text"/> |                       |   |

## H - POVERTY PREDICTORS

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| <p><b>H.1 Did any member of the household receive remittances in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.2 Did any member of the household receive a pension in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.3 Was any member of the household the victim of a crime in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.4 Did any member of the household benefit from a school feeding programme in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.5 Did any member of the household benefit from a school book programme in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> | <p><b>H.6 Does any member of the household have an insurance policy of any kind?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.7 Has the household been disconnected from electricity in the last 12 months?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.8 Has the household eaten at least 2 meals per day in the last week?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.9 Do all members of the household sleep on a bed?</b></p> <p>Yes (Y)<br/> No (N)</p> <p><b>H.10 Does the household have two or more working lighting fixtures?</b></p> <p>Yes (Y)<br/> No (N)</p> |
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**I.1 For each child under 5 enter the child and mother's number from the list of household members.**

**Enter 00 as the mother's number if the child's mother is deceased or is not a member of the household.**

| Child  | Mother               | Child  | Mother               | Child  | Mother               | Child  | Mother               |
|--|----------------------|--|----------------------|--|----------------------|--|----------------------|
| <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> |
| <b>I.2 Enter the child's date of birth.</b>  |                      | <b>I.2 Enter the child's date of birth.</b>  |                      | <b>I.2 Enter the child's date of birth.</b>  |                      | <b>I.2 Enter the child's date of birth.</b>  |                      |
| Day  | Month                | Year   | Day                  | Month  | Year                 | Day  | Month                |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/>   | <input type="text"/> |
| <b>I.3 Where was the child delivered?</b>  |                      | <b>I.3 Where was the child delivered?</b>  |                      | <b>I.3 Where was the child delivered?</b>  |                      | <b>I.3 Where was the child delivered?</b>  |                      |
| Hospital <input type="radio"/> 1<br>Health clinic/centre <input type="radio"/> 2<br>At home <input type="radio"/> 3<br>Other <input type="text"/> <input type="radio"/> 4  |                      | Hospital <input type="radio"/> 1<br>Health clinic/centre <input type="radio"/> 2<br>At home <input type="radio"/> 3<br>Other <input type="text"/> <input type="radio"/> 4  |                      | Hospital <input type="radio"/> 1<br>Health clinic/centre <input type="radio"/> 2<br>At home <input type="radio"/> 3<br>Other <input type="text"/> <input type="radio"/> 4  |                      | Hospital <input type="radio"/> 1<br>Health clinic/centre <input type="radio"/> 2<br>At home <input type="radio"/> 3<br>Other <input type="text"/> <input type="radio"/> 4  |                      |
| <b>I.4 Who delivered the child?</b>  |                      | <b>I.4 Who delivered the child?</b>  |                      | <b>I.4 Who delivered the child?</b>  |                      | <b>I.4 Who delivered the child?</b>  |                      |
| Doctor <input type="radio"/> 1<br>Nurse, midwife <input type="radio"/> 2<br>Other/self <input type="radio"/> 3   |                      | Doctor <input type="radio"/> 1<br>Nurse, midwife <input type="radio"/> 2<br>Other/self <input type="radio"/> 3   |                      | Doctor <input type="radio"/> 1<br>Nurse, midwife <input type="radio"/> 2<br>Other/self <input type="radio"/> 3   |                      | Doctor <input type="radio"/> 1<br>Nurse, midwife <input type="radio"/> 2<br>Other/self <input type="radio"/> 3   |                      |
| <b>I.5 Did the child participate in the following development assessment programmes?</b>   |                      | <b>I.5 Did the child participate in the following development assessment programmes?</b>   |                      | <b>I.5 Did the child participate in the following development assessment programmes?</b>   |                      | <b>I.5 Did the child participate in the following development assessment programmes?</b>   |                      |
| 6 weeks <input type="radio"/> Y <input type="radio"/> N<br>8 months <input type="radio"/> Y <input type="radio"/> N<br>3 years <input type="radio"/> Y <input type="radio"/> N   |                      | 6 weeks <input type="radio"/> Y <input type="radio"/> N<br>8 months <input type="radio"/> Y <input type="radio"/> N<br>3 years <input type="radio"/> Y <input type="radio"/> N   |                      | 6 weeks <input type="radio"/> Y <input type="radio"/> N<br>8 months <input type="radio"/> Y <input type="radio"/> N<br>3 years <input type="radio"/> Y <input type="radio"/> N   |                      | 6 weeks <input type="radio"/> Y <input type="radio"/> N<br>8 months <input type="radio"/> Y <input type="radio"/> N<br>3 years <input type="radio"/> Y <input type="radio"/> N   |                      |
| <b>I.6 Has the child been vaccinated against:</b>  |                      | <b>I.6 Has the child been vaccinated against:</b>  |                      | <b>I.6 Has the child been vaccinated against:</b>  |                      | <b>I.6 Has the child been vaccinated against:</b>  |                      |
| DPT1 <input type="radio"/> Y <input type="radio"/> N<br>DPT2 <input type="radio"/> Y <input type="radio"/> N<br>DPT3 <input type="radio"/> Y <input type="radio"/> N<br>DPT4 <input type="radio"/> Y <input type="radio"/> N<br>HIB <input type="radio"/> Y <input type="radio"/> N<br>HEP B <input type="radio"/> Y <input type="radio"/> N<br>MMR1 <input type="radio"/> Y <input type="radio"/> N<br>Measles <input type="radio"/> Y <input type="radio"/> N<br>BCG <input type="radio"/> Y <input type="radio"/> N<br>Polio1 <input type="radio"/> Y <input type="radio"/> N<br>Polio2 <input type="radio"/> Y <input type="radio"/> N<br>Polio3 <input type="radio"/> Y <input type="radio"/> N<br>Polio4 <input type="radio"/> Y <input type="radio"/> N |                      | DPT1 <input type="radio"/> Y <input type="radio"/> N<br>DPT2 <input type="radio"/> Y <input type="radio"/> N<br>DPT3 <input type="radio"/> Y <input type="radio"/> N<br>DPT4 <input type="radio"/> Y <input type="radio"/> N<br>HIB <input type="radio"/> Y <input type="radio"/> N<br>HEP B <input type="radio"/> Y <input type="radio"/> N<br>MMR1 <input type="radio"/> Y <input type="radio"/> N<br>Measles <input type="radio"/> Y <input type="radio"/> N<br>BCG <input type="radio"/> Y <input type="radio"/> N<br>Polio1 <input type="radio"/> Y <input type="radio"/> N<br>Polio2 <input type="radio"/> Y <input type="radio"/> N<br>Polio3 <input type="radio"/> Y <input type="radio"/> N<br>Polio4 <input type="radio"/> Y <input type="radio"/> N |                      | DPT1 <input type="radio"/> Y <input type="radio"/> N<br>DPT2 <input type="radio"/> Y <input type="radio"/> N<br>DPT3 <input type="radio"/> Y <input type="radio"/> N<br>DPT4 <input type="radio"/> Y <input type="radio"/> N<br>HIB <input type="radio"/> Y <input type="radio"/> N<br>HEP B <input type="radio"/> Y <input type="radio"/> N<br>MMR1 <input type="radio"/> Y <input type="radio"/> N<br>Measles <input type="radio"/> Y <input type="radio"/> N<br>BCG <input type="radio"/> Y <input type="radio"/> N<br>Polio1 <input type="radio"/> Y <input type="radio"/> N<br>Polio2 <input type="radio"/> Y <input type="radio"/> N<br>Polio3 <input type="radio"/> Y <input type="radio"/> N<br>Polio4 <input type="radio"/> Y <input type="radio"/> N |                      | DPT1 <input type="radio"/> Y <input type="radio"/> N<br>DPT2 <input type="radio"/> Y <input type="radio"/> N<br>DPT3 <input type="radio"/> Y <input type="radio"/> N<br>DPT4 <input type="radio"/> Y <input type="radio"/> N<br>HIB <input type="radio"/> Y <input type="radio"/> N<br>HEP B <input type="radio"/> Y <input type="radio"/> N<br>MMR1 <input type="radio"/> Y <input type="radio"/> N<br>Measles <input type="radio"/> Y <input type="radio"/> N<br>BCG <input type="radio"/> Y <input type="radio"/> N<br>Polio1 <input type="radio"/> Y <input type="radio"/> N<br>Polio2 <input type="radio"/> Y <input type="radio"/> N<br>Polio3 <input type="radio"/> Y <input type="radio"/> N<br>Polio4 <input type="radio"/> Y <input type="radio"/> N |                      |

**A.8 RESULT**

- ☐ 1 Complete with selected household  
☐ 2 Complete with replacement - refusal  
☐ 3 Complete with replacement - not found  
☐ 4 Incomplete

**A.9 INTERVIEW END**

|                      |                      |                          |
|----------------------|----------------------|--------------------------|
| Hour                 | Min.                 | <input type="radio"/> AM |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> PM |