



A.12 Reference Number

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PLEASE USE NO. 2 PENCIL	
RIGHT	WRONG

CONFIDENTIAL

REPUBLIC OF GHANA

CORE WELFARE INDICATORS QUESTIONNAIRE (CWIQ)

A - GENERAL INFORMATION

A.1 ENUMERATOR'S NAME

--

A.3 RESPONDENT'S NAME

--

A.4 REGION NAME

--

A.5 DISTRICT NAME

--

A.2 Enumerator's
ID number

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

A.6 ENTER TODAY'S DATE

A.7 ENTER TIME NOW

A.8 RESPONDENT
NUMBER (from household
roster on next page)

DAY MONTH YEAR

--	--	--	--	--	--

0	0	0	0	0	0
1	1	1	1	1	1
2	2		2	2	2
3	3		3	3	3
4		4	4	4	4
5		5	5	5	5
6		6	6	6	6
7		7	7	7	7
8		8	8	8	8
9		9	9	9	9

HOURS MIN

--	--	--	--

0	0	0	0	A	AM
1	1	1	1	P	PM
2	2	2	2		
3	3	3	3		
4	4	4	4		
5	5	5	5		
6		6			
7		7			
8		8			
9		9			

--	--

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

QUESTIONNAIRE INSTRUCTIONS

STEP 1: BUBBLE IN ALL THE ANSWERS. VERIFY THERE IS ONLY ONE ANSWER PER QUESTION, UNLESS OTHERWISE SPECIFIED.

STEP 2: EXAMINE ALL NUMBER GRIDS AND MAKE SURE THE NUMBERS BUBBLED IN MATCH THE NUMBERS WRITTEN IN THE BOX ABOVE EACH GRID.

A.9a REGION ID A.9b DISTRICT ID A.10 EA's ID A.11 HOUSEHOLD

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

!!! IMPORTANT!!!

Create a unique reference number above, by combining region, district, ea and household number. Write this number **NOW** on top of all odd numbered pages, including this one.

COMMENTS

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[illegible][illegible][illegible]

Interviewer, check one member

Skip if 1 member household

~~~~~

[illegible]

Fill 00 if  
under 1 year  
old.

```
Begin with 0
for ages <=9.
Fill 99 for all
ages > 99
```

[illegible]

MEMBER  
NUMBER[illegible]

NO (Go to next section)

*Indicate last or latest year's level  
for members currently in school*

[illegible]

**C.5 Is [NAME] currently in school ? (Skip to C.9 if NO)**

NO (Go to C.9)

**C.6 What is the current level [NAME] is attending ?(see school codes)**

[illegible]

### C.7 Who runs the school [NAME] is attending ?

[illegible]

**C.8 Did [NAME] meet any problems with the school ? Interviewer, probe respondent and estimate answer, SKIP TO NEXT SECTION**

*Interviewer, you may mark more than one answer*

[illegible]

**C.9 If [NAME] is not currently in school (see C.5), explain why.**

*Interviewer, you may mark more than one answer*

[illegible]

| MEMBER NUMBER |                                     | 1                                                                                                                                                                     | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11                                                                                                     | 12 |
|---------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|--------------------------------------------------------------------------------------------------------|----|
|               |                                     | D.1 Is [NAME] physically or mentally handicapped or disabled ?                                                                                                        |   |   |   |   |   |   |   |   |    | Include member only if handicap prevents him/her from maintaining a significant activity or schooling. |    |
| f             | YES                                 | Y                                                                                                                                                                     | Y | Y | Y | Y | Y | Y | Y | Y | Y  | Y                                                                                                      | Y  |
| f             | NO                                  | N                                                                                                                                                                     | N | N | N | N | N | N | N | N | N  | N                                                                                                      | N  |
|               |                                     | D.2 Is/was [NAME] currently or recently pregnant (less than 6 months ago) ?                                                                                           |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | Currently pregnant                  | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Was pregnant less than 6 months ago | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
|               |                                     | D.3 What kind of care does/did [NAME] receive during/after pregnancy?                                                                                                 |   |   |   |   |   |   |   |   |    | Interviewer, you may mark more than one answer                                                         |    |
| f             | Pre/Post natal care                 | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Delivery care                       | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
|               |                                     | D.4 Was [NAME] unable to engage in normal activities (work, school, taking care of family) because he/she was sick/injured in the past 4 weeks? (Skip to D.7 if NO)   |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | YES                                 | Y                                                                                                                                                                     | Y | Y | Y | Y | Y | Y | Y | Y | Y  | Y                                                                                                      | Y  |
| f             | NO (Go to D.7)                      | N                                                                                                                                                                     | N | N | N | N | N | N | N | N | N  | N                                                                                                      | N  |
|               |                                     | D.5 What sort of sickness/injury did [NAME] suffer?                                                                                                                   |   |   |   |   |   |   |   |   |    | Interviewer, you may mark more than one answer                                                         |    |
| f             | Fever/Malaria                       | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Diarrhoea/Gastro Intestinal         | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | Accident/ Injury                    | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
| f             | Cereb. Spin. Meningitis             | 4                                                                                                                                                                     | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4  | 4                                                                                                      | 4  |
| f             | Dental                              | 5                                                                                                                                                                     | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5  | 5                                                                                                      | 5  |
| f             | Skin condition                      | 6                                                                                                                                                                     | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6  | 6                                                                                                      | 6  |
| f             | Eye                                 | 7                                                                                                                                                                     | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  | 7                                                                                                      | 7  |
| f             | Ear Nose and Throat                 | 8                                                                                                                                                                     | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8  | 8                                                                                                      | 8  |
| f             | Other _____                         | 9                                                                                                                                                                     | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9  | 9                                                                                                      | 9  |
|               |                                     | D.6 How many days did [NAME] miss from work/school due to illness in the past 4 weeks?                                                                                |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | None                                | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | 1 week or less                      | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | 1 to 2 weeks                        | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
| f             | More than 2 weeks                   | 4                                                                                                                                                                     | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4  | 4                                                                                                      | 4  |
|               |                                     | D.7 Has [NAME] consulted a doctor, nurse, pharmacist, health professional, dentist of traditional healer for any reason during the past 4 weeks? (Skip to D.11 if NO) |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | YES                                 | Y                                                                                                                                                                     | Y | Y | Y | Y | Y | Y | Y | Y | Y  | Y                                                                                                      | Y  |
| f             | NO (Go to D.11)                     | N                                                                                                                                                                     | N | N | N | N | N | N | N | N | N  | N                                                                                                      | N  |
|               |                                     | D.8 What kind of health provider did [NAME] see ?                                                                                                                     |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | Public Hospital / Clinic            | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Community Health Center             | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | Private Hospital / Clinic           | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
| f             | Private doctor/dentist              | 4                                                                                                                                                                     | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4  | 4                                                                                                      | 4  |
| f             | Missionary Hospital                 | 5                                                                                                                                                                     | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5  | 5                                                                                                      | 5  |
| f             | Pharmacist/Drugstore/Chemist        | 6                                                                                                                                                                     | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6  | 6                                                                                                      | 6  |
| f             | Traditional Healer                  | 7                                                                                                                                                                     | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  | 7                                                                                                      | 7  |
| f             | Other _____                         | 8                                                                                                                                                                     | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8  | 8                                                                                                      | 8  |
|               |                                     | D.9 How many times did [NAME] use the service in the past 4 weeks?                                                                                                    |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | 1 to 3                              | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | 4 to 6                              | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | More than 6                         | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
|               |                                     | D.10 Did [NAME] meet any problems at the time of the visit ?                                                                                                          |   |   |   |   |   |   |   |   |    | Interviewer, you may mark more than one answer                                                         |    |
|               |                                     | Interviewer, probe respondent and estimate answer.                                                                                                                    |   |   |   |   |   |   |   |   |    |                                                                                                        |    |
| f             | No problem (Satisfied)              | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Facilities were not clean           | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | Long waiting time                   | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
| f             | No trained professionals            | 4                                                                                                                                                                     | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4  | 4                                                                                                      | 4  |
| f             | Too expensive                       | 5                                                                                                                                                                     | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5  | 5                                                                                                      | 5  |
| f             | No drugs available                  | 6                                                                                                                                                                     | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6  | 6                                                                                                      | 6  |
| f             | Treatment unsuccessful              | 7                                                                                                                                                                     | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  | 7                                                                                                      | 7  |
| f             | Other _____                         | 8                                                                                                                                                                     | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8  | 8                                                                                                      | 8  |
|               |                                     | D.11 If [NAME] did not use medical care in the past 4 weeks, explain why.                                                                                             |   |   |   |   |   |   |   |   |    | Interviewer, you may mark more than one answer                                                         |    |
| f             | No need                             | 1                                                                                                                                                                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  | 1                                                                                                      | 1  |
| f             | Too expensive                       | 2                                                                                                                                                                     | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2  | 2                                                                                                      | 2  |
| f             | Too far                             | 3                                                                                                                                                                     | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  | 3                                                                                                      | 3  |
| f             | Other _____                         | 4                                                                                                                                                                     | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4  | 4                                                                                                      | 4  |

MEMBER NUMBER

1            2            3            4            5            6            7            8            9            10            11            12

**(5 years and older)**

**E.1 Mark here members who are 5 years or older and continue with these members (refer to age on page 2)**

5 5 5 5 5 5 5 5 5 5 5 5

**E.2 What was [NAME] 's main work status during the past 4 weeks?**

[illegible]

**E.3 Has [NAME] been looking for work in the past 4 weeks ?**

[illegible]

**E.4 Has [NAME] been working full time (roughly 5 full days a week) or part time during the past 4 weeks?**

Part time work means either number of days worked per week is less than 5 or number of hours worked per day is less than 8.

[illegible]

**E.5 If [NAME] was working part time during the past 4 weeks or is not currently working, explain the main reason why.**

[illegible]

**E.6 What industry was [NAME] mainly working in during the past 4 weeks ?**

[illegible]

**E.7 What sector was [NAME] mainly working in during the past 4 weeks?**

[illegible]

## F - HOUSEHOLD ASSETS

**F.1 Does the household or a household member own this dwelling ?**

Own the dwelling 1  
Does not own and pays rent 2  
Uses dwelling without paying rent 3

**F.5 Does the household operate land it does not own?**

N/A 1  
Rented 2  
Sharecropped 3  
Private land provided free 4  
Open access land 5

**F.9 How does this number of livestock compare to the number one year ago?**

N/A 1  
Same now 2  
Less now 3  
More now 4  
Don't know 5

**F.2 How many separate rooms are there in your dwelling?**

|  |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**F.6 Number of acres of non-owned land the household operates.**

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
|   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| ● | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**F.10 How many sheep, goats and other medium size animals are owned currently by the household?**

|  |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**F.3 How many acres of land are owned by the household (with 1 decimal , e.g 24.7) ?**

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
|   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|   | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| ● | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**F.7 How does the amount of land operated but not-owned compare with one year ago?**

N/A 1  
Same now 2  
Less now 3  
More now 4  
Don't know 5

**F.11 How does this number of animals compare with one year ago?**

N/A 1  
Same now 2  
Less now 3  
More now 4  
Don't know 5

**F.4 How does the amount of land owned compare with one year ago?**

N/A 1  
Same now 2  
Less now 3  
More now 4  
Don't know 5

**F.8 How many heads of cattle and other large livestock are owned currently by the household?**

|  |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

**F.12 Does the household own any of the following ?**

*Interviewer, include items only if they are in working order*

|                 | Owned and more than 1 year old | Owned and 1 year old or less |
|-----------------|--------------------------------|------------------------------|
| Electric Iron   | A                              | A                            |
| Refrigerator    | B                              | B                            |
| Television      | C                              | C                            |
| Video deck      | D                              | D                            |
| Radio           | E                              | E                            |
| Stereo system   | F                              | F                            |
| Mattress or bed | G                              | G                            |
| Watch or clock  | H                              | H                            |
| Sewing machine  | I                              | I                            |
| Modern stove    | J                              | J                            |
| Bicycle         | K                              | K                            |
| Motorcycle      | L                              | L                            |
| Car or truck    | M                              | M                            |

# G - HOUSEHOLD AMENITIES

Reference  
Number

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G.1 What is the material of the roof of the house ?</b><br>Mud 1<br>Thatch 2<br>Wood 3<br>Iron sheets 4<br>Cement / concrete 5<br>Roofing tiles 6<br>Asbestos 7<br>Other 8                                                   | <b>G.5 What is the main source of cooking fuel?</b><br>Firewood 1<br>Charcoal 2<br>Kerosine/Oil 3<br>Gas 4<br>Electricity 5<br>Crop residue/Sawdust 6<br>Animal waste 7<br>Other 8                                                       | <b>G.7 How long does it take from here to reach the nearest...</b><br><b>C. Public transportation</b><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7<br><i>Include average waiting period if applicable.</i> |
| <b>G.2 What is the material of the walls of the house ?</b><br>Mud/Mud bricks 1<br>Stone 2<br>Burnt bricks 3<br>Cement / Sandcrete 4<br>Wood / Bamboo 5<br>Iron sheets 6<br>Cardboard 7<br>Other 8                              | <b>G.6 What is the main source of lighting fuel?</b><br>Kerosine/Paraffin 1<br>Gas 2<br>Electricity 3<br>Candles 4<br>Firewood 5<br>Other 6                                                                                              | <b>D. Primary School</b> <i>Interviewer, code to nearest 10 minutes</i><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7                                                                                       |
| <b>G.3 What is the main source of drinking water?</b><br>Piped into dwelling or compound 1<br>Public outdoor tap 2<br>Borehole 3<br>Protected well 4<br>Unprotected well 5<br>River, lake, pond 6<br>Vendor, truck 7<br>Other 8 | <b>G.7 How long does it take from here to reach the nearest...</b><br><b>A. supply of drinking water?</b><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7 | <b>E. Secondary School</b><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7                                                                                                                                    |
| <b>G.4 What kind of toilet facility does your household use?</b><br>None (bush) 1<br>Flush toilet (WC) 2<br>Pan/Bucket 3<br>Covered pit latrine 4<br>Uncovered pit latrine 5<br>K V I P 6<br>Other 7                            | <b>B. Food Market</b> <i>Interviewer, code to nearest 10 minutes</i><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7                                      | <b>F. Health clinic or hospital</b><br>Near the dwelling 1<br>10 Minutes 2<br>20 Minutes 3<br>30 Minutes 4<br>40 Minutes 5<br>50 Minutes 6<br>60 Minutes or more 7                                                                                                                           |

## H - POVERTY PREDICTORS

|                                                                                                         |               |                                                                                                                                         |                                            |
|---------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>H.1 Does the household use toilet paper rolls?</b>                                                   | YES Y<br>NO N | <b>H.7 How many times was a meal w/ meat prepared in your hhld in the past week? (exclude fish and chicken)</b>                         | 0 1 2 3 4 5 6 7 8 9<br>0 1 2 3 4 5 6 7 8 9 |
| <b>H.2 Does the household use toothbrush and toothpaste ?</b>                                           | YES Y<br>NO N | <b>H.8 Can your household afford 2 decent meals per day ?</b>                                                                           | YES Y<br>NO N                              |
| <b>H.3 Does the household use packaged soap for bathing?</b>                                            | YES Y<br>NO N | <b>H.9 Can your household afford decent clothing ?</b>                                                                                  | YES Y<br>NO N                              |
| <b>H.4 Can the household afford transport on a regular, as needed basis ?</b>                           | YES Y<br>NO N | <b>H.10 Does the household have access to drinking water for the most part of the year ?</b>                                            | YES Y<br>NO N                              |
| <b>H.5 Do you have any savings or easily convertible assets ?</b>                                       | YES Y<br>NO N | <b>H.11 Do you owe individuals and/or intitutions (Banks, schools etc.) for which you are unable to pay despite constant reminders?</b> | YES Y<br>NO N                              |
| <b>H.6 Can you afford medical care (doctor/dentist) and medications on a regular, as needed basis ?</b> | YES Y<br>NO N |                                                                                                                                         |                                            |

# I - CHILD ROSTER (Children under 5)

**I.1 Enter Here the child number from the household roster.  
Enter mother number to the right of each child number.**

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

| MOTHER<br>NUMBER |   | MOTHER<br>NUMBER |   | MOTHER<br>NUMBER |   | MOTHER<br>NUMBER |   |
|------------------|---|------------------|---|------------------|---|------------------|---|
| 0                | 0 | 0                | 0 | 0                | 0 | 0                | 0 |
| 1                | 1 | 1                | 1 | 1                | 1 | 1                | 1 |
| 2                | 2 | 2                | 2 | 2                | 2 | 2                | 2 |
| 3                | 3 | 3                | 3 | 3                | 3 | 3                | 3 |
| 4                | 4 | 4                | 4 | 4                | 4 | 4                | 4 |
| 5                | 5 | 5                | 5 | 5                | 5 | 5                | 5 |
| 6                | 6 | 6                | 6 | 6                | 6 | 6                | 6 |
| 7                | 7 | 7                | 7 | 7                | 7 | 7                | 7 |
| 8                | 8 | 8                | 8 | 8                | 8 | 8                | 8 |
| 9                | 9 | 9                | 9 | 9                | 9 | 9                | 9 |

**I.2 Enter the child's date of birth.**

| D | D | M | M | Y | Y | D | D | M | M | Y | Y | D | D | M | M | Y | Y | D | D | M | M | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |   |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |   |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |   |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |   |

**I.3 What was the place of child delivery ?**

|                      |   |   |   |   |
|----------------------|---|---|---|---|
| Hospital / Maternity | 1 | 1 | 1 | 1 |
| At home              | 2 | 2 | 2 | 2 |
| Other _____          | 3 | 3 | 3 | 3 |

**I.4 Who delivered the child ?**

|         |   |   |   |   |
|---------|---|---|---|---|
| Doctor  | 1 | 1 | 1 | 1 |
| Nurse   | 2 | 2 | 2 | 2 |
| Midwife | 3 | 3 | 3 | 3 |
| T.B.A   | 4 | 4 | 4 | 4 |
| Self    | 5 | 5 | 5 | 5 |

**I.5 What is the child's weight (in kilos, with one decimal point, i.e 4.6 kilos) and height (in cm, with one decimal point, i.e 24.8 cm)**

| WEIGHT |   |   | HEIGHT |   |   | WEIGHT |   |   | HEIGHT |   |   | WEIGHT |   |   | HEIGHT |   |  |
|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|---|---|--------|---|--|
| 0      | 0 | 0 | 0      | 0 | 0 | 0      | 0 | 0 | 0      | 0 | 0 | 0      | 0 | 0 | 0      | 0 |  |
| 1      | 1 | 1 | 1      | 1 | 1 | 1      | 1 | 1 | 1      | 1 | 1 | 1      | 1 | 1 | 1      | 1 |  |
| 2      | 2 | 2 | 2      | 2 | 2 | 2      | 2 | 2 | 2      | 2 | 2 | 2      | 2 | 2 | 2      | 2 |  |
| 3      | 3 | 3 | 3      | 3 | 3 | 3      | 3 | 3 | 3      | 3 | 3 | 3      | 3 | 3 | 3      | 3 |  |
| 4      | 4 | 4 | 4      | 4 | 4 | 4      | 4 | 4 | 4      | 4 | 4 | 4      | 4 | 4 | 4      | 4 |  |
| 5      | 5 | 5 | 5      | 5 | 5 | 5      | 5 | 5 | 5      | 5 | 5 | 5      | 5 | 5 | 5      | 5 |  |
| 6      | 6 | 6 | 6      | 6 | 6 | 6      | 6 | 6 | 6      | 6 | 6 | 6      | 6 | 6 | 6      | 6 |  |
| 7      | 7 | 7 | 7      | 7 | 7 | 7      | 7 | 7 | 7      | 7 | 7 | 7      | 7 | 7 | 7      | 7 |  |
| 8      | 8 | 8 | 8      | 8 | 8 | 8      | 8 | 8 | 8      | 8 | 8 | 8      | 8 | 8 | 8      | 8 |  |
| 9      | 9 | 9 | 9      | 9 | 9 | 9      | 9 | 9 | 9      | 9 | 9 | 9      | 9 | 9 | 9      | 9 |  |

**I.6 Did the child participate in the following ?**

|                   |   |   |   |   |
|-------------------|---|---|---|---|
| Nutrition program | 1 | 1 | 1 | 1 |
| Weigh-ins         | 2 | 2 | 2 | 2 |

**A.13 Result code**

**A.14 Has a supplemental form been  
used (HH has more than 12 members) ?**

**A.15 Enter time now**

Completed w/ selected household 1  
Completed with replacement household because of refusal 2  
Completed with replacement household because not found 3  
Partially completed 4

YES Y  
NO N

H  
H  
M  
M

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 |   |   |   |   |   |   |   |   |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 |   |   |   |   |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

A AM P PM