

2022 NEPAL DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH AND POPULATION

IDENTIFICATION					
NAME AND CODE OF DISTRICT _____					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME AND CODE OF GAUNPALIKA/MUNICIPALITY _____					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WARD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> 207 </div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	_____	_____	_____	RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
TIME	_____	_____			
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right; margin-right: 50px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">01</div>		LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 MAITHILI 02 NEPALI 04 BHOJPURI			
TEAM <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> NUMBER		TEAM SUPERVISOR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> NAME NUMBER			

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working for New ERA to collect data on 2022 Nepal Demographic and Health Survey being conducted under the aegis of the Ministry of Health and Population. We are conducting a survey about health and other topics all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 30 to 35 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				5	6		MARITAL STATUS	9	10	10A	11
1	2	3	4	5	6	7	8	9	10	10A	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-35 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>IF HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL WOMEN AND MEN AGE 15 AND ABOVE</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|--------------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = BROTHER-IN-LAW OR SISTER-IN-LAW |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = CO-WIFE |
| 05 = GRANDCHILD | 12 = OTHER RELATIVE |
| 06 = PARENT | 13 = ADOPTED/FOSTER/STEPCHILD |
| 07 = PARENT-IN-LAW | 14 = NOT RELATED |
| | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER			IF AGE 4-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	16A	17	18	19	20
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or any early childhood education program?	Has (NAME) ever participated in a literacy program or any other program that involves learning to read and write (not including primary school)?	What is the highest grade (NAME) has completed?	Did (NAME) attend school or any early childhood education program at any time during the 2078 school year?	During [this/that] school year, what grade [is/was] (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with gaunpalika/municipality? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE

00 = LESS THAN 1 YEAR COMPLETED

01-12=GRADE 1 - GRADE 12

13= ABOVE GRADE 12

94=SCHOOL BASED PRE-PRIMARY CENTERS

95= INFORMAL PRESCHOOL

98 = DON'T KNOW

HOUSEHOLD SCHEDULE

		HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/>		HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY <input type="checkbox"/>		A01
LINE NO.	IF AGE 5 OR OLDER					
	26	27	28	29	30	31
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	Y N 1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
2	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
3	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
4	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
5	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
6	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
7	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
8	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
9	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8
10	1 2 ↓ GO TO 28	1 2 3 4 8 ↓ (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 ↓ (GO TO 32)	1 2 3 4 8

HOUSEHOLD SCHEDULE

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

ACCIDENTS AND INJURIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A01	<p>Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in.</p> <p>During the past 12 months, was anyone in your household killed in a road traffic accident, or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?</p>	<p>YES 1</p> <p>NO 2</p>	→ A17
A02	<p>What is the name of the first/next person killed or injured in a road traffic accident?</p> <p>ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A03, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.</p>		
A03	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A04	<p>Was (NAME) in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, or was (NAME) a pedestrian?</p> <p>IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY.</p>	<p>CAR 01</p> <p>TRUCK 02</p> <p>BUS 03</p> <p>MOTORCYCLE 04</p> <p>BICYCLE 05</p> <p>PEDESTRIAN 06</p> <p>THREE WHEEL TEMPO 07</p> <p>OTHER VEHICLE _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
A05	Is (NAME) still alive?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ A10</p> <p>→ A10</p>
A06	Was (NAME) male or female?	<p>MALE 1</p> <p>FEMALE 2</p>	
A07	<p>What was (NAME)'s age when (NAME) died?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
A08	Was (NAME)'s death related to the road traffic accident?	<p>YES 1</p> <p>NO 2</p>	→ A16
A09	<p>What kind of injuries did (NAME) have as a result of the accident?</p> <p>RECORD ALL MENTIONED.</p>	<p>CUT/OPEN WOUND A</p> <p>BROKEN BONE B</p> <p>BURN C</p> <p>HEAD INJURY D</p> <p>INTERNAL INJURY E</p> <p>SUFFOCATION F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	→ A16

ACCIDENTS AND INJURIES

NO.	NAME OF PERSON KILLED OR INJURED.		NAME _____	
A10	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER _____ <input type="text"/> <input type="text"/> NOT IN HOUSEHOLD 00		→ A13
A11	Is (NAME) male or female?	MALE 1 FEMALE 2		
A12	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98		
A13	What kind of injuries did (NAME) have as a result of the accident? RECORD ALL MENTIONED.	CUT/OPEN WOUND A BROKEN BONE B BURN C HEAD INJURY D INTERNAL INJURY E SUFFOCATION F SPINAL CORD INJURY G OTHER _____ X (SPECIFY) DON'T KNOW Z		
A14	Does (NAME) continue to have any health problems as a result of the road traffic accident?	YES 1 NO 2 DON'T KNOW 8		→ A16
A15	In what ways does (NAME) continue to have health problems as a result of the road traffic accident? RECORD ALL MENTIONED.	PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION E LOSS OF EYESIGHT F LOSS OF HEARING G CHRONIC PAIN H EMOTIONAL TRAUMA I OTHER _____ X (SPECIFY) DON'T KNOW Z		
A16	Was any other member of this household killed or injured in a road traffic accident in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> (RETURN TO A02 FOR NEXT HOUSEHOLD MEMBER) →			→ A17

ACCIDENTS AND INJURIES

A17	<p>In the last 12 months, was anyone in your household killed or injured in an incident other than a road traffic accident?</p> <p>By injured, I mean that their injuries were severe enough that for at least one day they could not carry out their normal daily activities.</p>	<p>YES 1</p> <p>NO 2</p>	→ 101
A18	<p>What is the name of the first/next person killed or injured?</p> <p>ENTER THE NAME OF EACH PERSON KILLED OR INJURED IN A19, STARTING WITH THE NAME THE RESPONDENT MENTIONS FIRST.</p>		
A19	ENTER THE NAME OF THE PERSON KILLED OR INJURED:	NAME _____	
A20	<p>In what type of incident was (NAME) killed or injured?</p> <p>IF A PERSON HAD MORE THAN ONE INCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT INCIDENT ONLY.</p>	<p>FIRE/BURNING 01</p> <p>ANIMAL BITE 02</p> <p>FALL 03</p> <p>DROWNING/NEAR DROWNING 04</p> <p>POISONING 05</p> <p>ELECTRICAL INJURY 06</p> <p>STRUCK BY PERSON/OBJECT 07</p> <p>CUT OR STABBED 08</p> <p>GUNSHOT 09</p> <p>OCCUPATIONAL ACCIDENT (FACTORY) 10</p> <p>OCCUPATIONAL ACCIDENT (AGRICULTURE) .. 11</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
A21	How did the death or injury happen?	<p>ACCIDENTAL 1</p> <p>NATURAL DISASTER 2</p> <p>VIOLENCE/ASSAULT 3</p> <p>SELF-HARM 4</p> <p>DON'T KNOW 8</p>	
A22	Is (NAME) still alive?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ A27</p> <p>→ A27</p>
A23	Was (NAME) male or female?	<p>MALE 1</p> <p>FEMALE 2</p>	
A24	<p>What was (NAME)'s age when (NAME) died?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
A25	Was (NAME)'s death related to this incident?	<p>YES 1</p> <p>NO 2</p>	→ A33
A26	<p>What kind of injuries did (NAME) have as a result of the incident?</p> <p>RECORD ALL MENTIONED.</p>	<p>CUT/BITE/OPEN WOUND A</p> <p>BROKEN BONE B</p> <p>BURN C</p> <p>HEAD INJURY D</p> <p>INTERNAL INJURY E</p> <p>SUFFOCATION F</p> <p>POISONING G</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	→ A33

ACCIDENTS AND INJURIES

NO.	NAME OF PERSON KILLED OR INJURED:	NAME _____			
A27	RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. CIRCLE '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> NOT IN HOUSEHOLD 00			→ A30
A28	Is (NAME) male or female?	MALE 1 FEMALE 2			
A29	How old is (NAME)? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			
A30	What kind of injuries did (NAME) have as a result of the incident? RECORD ALL MENTIONED.	CUT/BITE/OPEN WOUND A BROKEN BONE B BURN C HEAD INJURY D INTERNAL INJURY E SUFFOCATION F POISONING G OTHER X (SPECIFY) DON'T KNOW Z			
A31	Does (NAME) continue to have any health problems as a result of the incident?	YES 1 NO 2 DON'T KNOW 8	→ A33		
A32	In what ways does (NAME) continue to have health problems as a result of the injury? RECORD ALL MENTIONED.	PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION E LOSS OF EYESIGHT F LOSS OF HEARING G CHRONIC PAIN H EMOTIONAL TRAUMA I OTHER X (SPECIFY) DON'T KNOW Z			
A33	Was any other member of this household killed or injured in an incident other than a road traffic accident in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 101		

(RETURN TO A18 FOR NEXT HOUSEHOLD MEMBER)

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 300px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 106 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> DON'T KNOW 998	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-left: 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-left: 5px;"></div>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .. 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET (SLAB) 31 COMPOSTING TOILET (WITHOUT SLAB) .. 32 BUCKET TOILET 41 BIOGAS ATTACHED TOILET 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 117		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px; text-align: center;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, 31, OR 32 CIRCLED ↓ OTHER <input type="checkbox"/>		→ 117		
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117		
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	→ 116 → 116		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115A	The last time the (septic tank/pit latrine/composting toilet) was emptied, who emptied it?	HOUSEHOLD MEMBER 1 OTHER 2 DON'T KNOW 8	
116	Where were the contents emptied to?	A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 SMOKELESS/IMPROVED STOVE 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	
119	Does the stove have a fan?	YES 1 NO 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE/OPEN FIRE 06 NO SPACE HEATING IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 125 → 125 → 126 → 125
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 SOLAR AIR HEATER 03 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04 BIOGAS 05 ALCOHOL/ETHANOL 06 GASOLINE/DIESEL 07 KEROSENE 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Buffalo? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Ducks? h) Pigs? i) Yaks?	a) COWS/BULLS b) BUFFALO c) HORSES/DONKEYS/MULES d) GOATS e) SHEEP f) CHICKENS/POULTRY g) DUCKS h) PIGS i) YAKS	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																																	
130	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 132																																																	
131	How many bigha/ropani of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	BIGHA 1 <table><tr><td></td><td></td></tr></table> . <table><tr><td></td></tr></table> ROPANI 2 <table><tr><td></td><td></td></tr></table> . <table><tr><td></td></tr></table> 95 OR MORE BIGHA/ROPANI 950 DON'T KNOW 998																																																		
132	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A table? h) A chair? i) A bed? j) A sofa? k) A cupboard? l) A clock? m) A fan? n) An invertor? o) Dhiki/janto?	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>a) ELECTRICITY</td><td>1</td><td>2</td></tr><tr><td>b) RADIO</td><td>1</td><td>2</td></tr><tr><td>c) TELEVISION</td><td>1</td><td>2</td></tr><tr><td>d) NON-MOBILE TELEPHONE ..</td><td>1</td><td>2</td></tr><tr><td>e) COMPUTER</td><td>1</td><td>2</td></tr><tr><td>f) REFRIGERATOR</td><td>1</td><td>2</td></tr><tr><td>g) TABLE</td><td>1</td><td>2</td></tr><tr><td>h) CHAIR</td><td>1</td><td>2</td></tr><tr><td>i) BED</td><td>1</td><td>2</td></tr><tr><td>j) SOFA</td><td>1</td><td>2</td></tr><tr><td>k) CUPBOARD</td><td>1</td><td>2</td></tr><tr><td>l) CLOCK</td><td>1</td><td>2</td></tr><tr><td>m) FAN</td><td>1</td><td>2</td></tr><tr><td>n) INVERTOR</td><td>1</td><td>2</td></tr><tr><td>o) DHIKI/JANTO</td><td>1</td><td>2</td></tr></table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) TABLE	1	2	h) CHAIR	1	2	i) BED	1	2	j) SOFA	1	2	k) CUPBOARD	1	2	l) CLOCK	1	2	m) FAN	1	2	n) INVERTOR	1	2	o) DHIKI/JANTO	1	2		
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o) DHIKI/JANTO	1	2																																																		
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle/rickshaw? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car/truck/tractor? g) A three wheel tempo/e-rickshaw?	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>a) WATCH</td><td>1</td><td>2</td></tr><tr><td>b) MOBILE PHONE</td><td>1</td><td>2</td></tr><tr><td>c) BICYCLE/RICKSHAW</td><td>1</td><td>2</td></tr><tr><td>d) MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr><tr><td>e) ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr><tr><td>f) CAR, TRUCK, OR TRACTOR ..</td><td>1</td><td>2</td></tr><tr><td>g) THREE WHEEL TEMPO</td><td>1</td><td>2</td></tr></table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE	1	2	c) BICYCLE/RICKSHAW	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR, TRUCK, OR TRACTOR ..	1	2	g) THREE WHEEL TEMPO	1	2																										
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
137	Does your household have any mosquito nets?	YES 1 NO 2	→ 149
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	
138A	How many of these mosquito nets are LLIN?	NONE 0 NUMBER OF LLIN <input type="text"/> DON'T KNOW 8	→ 149 → 149
138B	Where did you get the LLIN/(s)? Anywhere else?	DISTRIBUTION CAMPAIGN A GOVERNMENT HEALTH FACILITY B PRIVATE HEALTH FACILITY C PHARMACY D SHOP/MARKET E CHW F SCHOOL G OTHER X (SPECIFY) DON'T KNOW Z	
138C	Did anyone sleep under an LLIN last night?	YES 1 NO 2	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE IN DWELLING 1 OBSERVED, FIXED PLACE IN YARD 2 OBSERVED, MOBILE 3 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 4 NOT OBSERVED, NO PERMISSION TO SEE .. 5 NOT OBSERVED, OTHER REASON 6	<div> <div></div> <div>→ 152</div> </div>
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/GALVANIZED SHEET 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>MUD/SAND 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>METAL/GALVANIZED SHEET 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
155	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3</p> <p>HOUSEHOLD DOES NOT USE SALT 4</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>	

FOOD INSECURITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
	Now I would like to ask you some questions about food. During the last 12 months, was there a time when:										
155A	You or others in your household worried about not having enough food to eat because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155B	Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155C	Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155D	Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155E	Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155F	Was there a time when your household ran out of food because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155G	Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
155H	Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	YES 1 NO 2 REFUSED TO ANSWER 7 DON'T KNOW 8									
156	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
