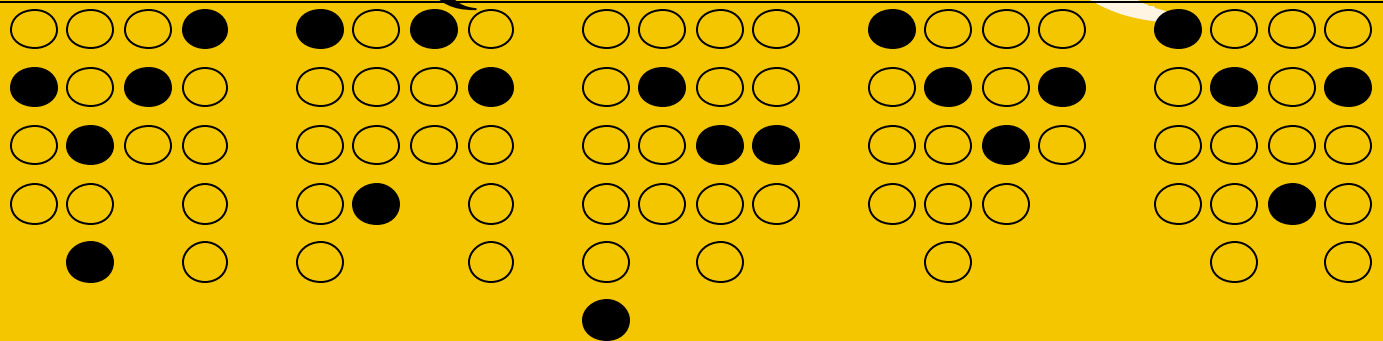


CWIIQ

Core Welfare Indicators Questionnaire



Lesotho 2002 CWIQ Survey

Core Welfare Indicators & Tables

December 3, 2002

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C W I Q

Core Welfare Indicators Questionnaire

BUREAU OF STATISTICS
Maseru, Lesotho

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 CLUSTER (PSU) NAME

A.1 CLUSTER (PSU) A.2 HOUSEHOLD A.3 INTERVIEWER A.4 DATE A.5 TIME A.6 RESPONDENT A.7 SEQ.

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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

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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

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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

Day Month Year

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

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

Hour Min.

--	--	--	--

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

☐ AM

☐ PM

Member No.

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

Quest. No.

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1
2
3
4
5
6
7
8
9

IMPORTANT

Create a reference number by combining the cluster, household and questionnaire numbers.
Write this number NOW on the top of all pages.

COMMENTS

A.8 RESULT

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- ☐ Complete with selected household
☐ Complete with replacement - refusal
☐ Complete with replacement - not found
☐ Incomplete

A.9 INTERVIEW END

Hour Min.

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

☐ AM

☐ PM

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B - LIST OF HOUSEHOLD MEMBERS

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.1 Is [NAME] male or female?										
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.2 How long has [NAME] been away in the last 12 months?										
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.3 Does [NAME] contribute to household income?										
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.4 What is [NAME]'s relationship to the head of household?										
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.5 How old was [NAME] at last birthday?										
	<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"/>	RECORD AGE IN COMPLETED YEARS.
	<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	
	<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	
	<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	
	<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	
	<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	
	<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	
	<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	
	<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	
	<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	
	<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.6 What is [NAME]'s marital status?										
Never married	<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	
Married(monogamous)	<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	
Married(polygamous)	<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	
Divorced/Separated	<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	
Widowed	<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	
Living Together	<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	

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C - EDUCATION

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
	C.1 Can [NAME] read and write?										IF PERSON IS UNDER AGE 15 GO TO C2.	
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"/>		
	C.2 Has [NAME] ever attended school?										IF NO GO TO NEXT PERSON.	
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"/>		
00 None	C.3 What is the highest grade [NAME] completed?											
01 Pre-school												
11 Std1												
12 Std2												
13 Std3												
14 Std4												
15 Std5												
16 Std6												
17 Std7												
21 Form1												
22 Form2												
23 Form3												
24 Form4												
25 Form5												
31 University												
41 Vocational												
42 Teacher training												
43 Technical												
	C.4 Did [NAME] attend school last year?											
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"/>		
	C.5 Is [NAME] currently in school?										IF NO GO TO C9.	
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"/>		
01 Pre-school	C.6 What is the current grade [NAME] is attending?											
11 Std1												
12 Std2												
13 Std3												
14 Std4												
15 Std5												
16 Std6												
17 Std7												
21 Form1												
22 Form2												
23 Form3												
24 Form4												
25 Form5												
31 University												
41 Vocational												
42 Teacher training												
43 Technical												
	C.7 Who runs the school [NAME] is attending?											
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"/>		
	C.8 Did [NAME] have any problems with the school?										YOU MAY MARK MORE THAN 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"/>		
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"/>		
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"/>		
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"/>	GO TO NEXT PERSON.	
	C.9 Why is [NAME] not currently in school?											
Too old/completed school	<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"/>	YOU MAY MARK MORE THAN ONE ANSWER.	
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"/>		
Illness/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"/>		
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"/>		
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"/>		
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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D - HEALTH

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
	D.1 Did [NAME] have a live birth in the last 12 months?										IF MALE OR UNDER 13 GO TO D3.
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"/>	IF NO GO TO D3.
	D.2 Did [NAME] receive pre-natal care during the pregnancy?										
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"/>	
	D.3 Is [NAME] physically or mentally handicapped or disabled?										
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"/>	IF NO GO TO D5
	D.4 Does [NAME]'s handicap prevent him or her from maintaining a significant activity or schooling?										
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"/>	
	D.5 Was [NAME] sick or injured in the last 4 weeks?										
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"/>	IF NO GO TO D8.
	D.6 What sort of sickness/injury did [NAME] suffer?										YOU MAY MARK MORE THAN ONE ANSWER.
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"/>	
Diarrhea	<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"/>	
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"/>	
Dental	<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"/>	
Skin 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"/>	
Eye	<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"/>	
Ear, nose or throat	<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"/>	
	D.7 How many days of work/school did [NAME] miss due to illness/injury?										
None	<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"/>	
1 week or less	<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"/>	
1 to 2 weeks	<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"/>	
More than 2 weeks	<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"/>	
	D.8 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?										
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"/>	IF NO GO TO D12.
	D.9 What kind of health provider did [NAME] see?										
Private dispensary/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"/>	
Public dispensary/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"/>	
Community health center	<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"/>	
District 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"/>	
Missionary hospital/disp.	<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"/>	
	D.10 How many times did [NAME] use the service in the last 4 weeks?										
1 to 3	<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"/>	
4 to 6	<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"/>	
More than 6	<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"/>	
	D.11 Did [NAME] have any problems at the time of the visit?										YOU MAY MARK MORE THAN 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"/>	
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"/>	GO TO NEXT PERSON
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"/>	
	D.12 Why did [NAME] not use medical care in the last 4 weeks?										YOU MAY MARK MORE THAN 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"/>	
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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E - EMPLOYMENT

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
	E.1 Did [NAME] do any type of work in the last 7 days?										IF PERSON IS UNDER 5 GO TO NEXT PERSON IF YES GO TO E5.	
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		
	E.2 Was [NAME] absent from work in the last 7 days?										IF YES GO TO E5.	
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		
	E.3 Has [NAME] been looking for work and ready for work in the last 4 weeks?										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		
	E.4 What was the main reason [NAME] was not working in the last 7 days?											
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		
	E.5 How many jobs did [NAME] have in the last 7 days?											
One	<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		
Two	<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		
More than two	<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		
	E.6 How was [NAME] paid in the main job?											
Wages/salary/payment in kind	<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		
Casual (hourly/daily)	<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		
Unpaid contributing worker	<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		
	E.7 For whom did [NAME] work in the main job?											
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		
Parastatal	<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		
Private person or household	<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		
	E.8 What is the main activity at the place of [NAME's] main job?											
Agriculture	<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		
Mining/quarrying	<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		
Manufacturing/processing	<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		
Construction	<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		
Transport	<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		
Trade/selling	<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		
Education/health	<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		
Administration	<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		
	E.9 Did [NAME] seek to increase his or her earnings in the last 7 days?										IF NO 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		
	E.10 How did [NAME] seek to increase earnings in the last 7 days?											
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		
	E.11 Is [NAME] ready to take additional work in the next 4 weeks?											
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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F - HOUSEHOLD ASSETS

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

- Owns the dwelling (1)
 Rents the dwelling (2)
 Uses without paying rent (3)
 Nomadic or temporary dwelling (4)

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.3 How many hectares of land are owned by the household?
 (with one 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.4 How does the amount of land owned compare with one year ago?

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

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

- No (1)
 Rented (2)
 Sharecropped (3)
 Private land provided free (4)
 Open access land (5)

F.6 How many hectares of land does the household use that it does not own?
 (with one 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 other land used compare with one year ago?

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

F.8 How many head of cattle and other large livestock are currently owned 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
	0	1	2	3	4	5	6	7	8	9

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

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

F.10 How many sheep, goats and other medium size animals are currently owned 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
	0	1	2	3	4	5	6	7	8	9

F.11 How does this number of animals compare to the number one year ago?

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

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

- | | | |
|-----------------|-----|-----|
| Electric iron | (Y) | (N) |
| Refrigerator | (Y) | (N) |
| Television | (Y) | (N) |
| Mattress or bed | (Y) | (N) |
| Radio | (Y) | (N) |
| Watch or clock | (Y) | (N) |
| Sewing machine | (Y) | (N) |
| Modern stove | (Y) | (N) |
| Bicycle | (Y) | (N) |
| Motorcycle | (Y) | (N) |
| Car or truck | (Y) | (N) |
| Wheelbarrow | (Y) | (N) |

Include items only if they are in working condition

F.13 Does the household have electricity?

- Yes (Y)
 No (N)

F.14 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.15 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.16 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.17 Who contributes most to household income? (record member number from section B).

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

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G - HOUSEHOLD AMENITIES

<p>G.1 What is the material of the roof of the house?</p> <p style="text-align: right;">Mud <input type="radio"/> 1</p> <p style="text-align: right;">Thatch <input type="radio"/> 2</p> <p style="text-align: right;">Wood <input type="radio"/> 3</p> <p style="text-align: right;">Iron sheets <input type="radio"/> 4</p> <p style="text-align: right;">Cement/concrete <input type="radio"/> 5</p> <p style="text-align: right;">Roofing tiles <input type="radio"/> 6</p> <p style="text-align: right;">Asbestos <input type="radio"/> 7</p> <p style="text-align: right;">Other _____ <input type="radio"/> 8</p>	<p>G.3 What is the main source of drinking water?</p> <p style="text-align: right;">Piped into dwelling or compound <input type="radio"/> 1</p> <p style="text-align: right;">Public outdoor tap or borehole <input type="radio"/> 2</p> <p style="text-align: right;">Protected well <input type="radio"/> 3</p> <p style="text-align: right;">Unprotected well, rain water <input type="radio"/> 4</p> <p style="text-align: right;">River, lake, pond <input type="radio"/> 5</p> <p style="text-align: right;">Vendor or truck <input type="radio"/> 6</p> <p style="text-align: right;">Other _____ <input type="radio"/> 7</p>	<p>G.5 What is the main fuel used for cooking?</p> <p style="text-align: right;">Firewood <input type="radio"/> 1</p> <p style="text-align: right;">Charcoal <input type="radio"/> 2</p> <p style="text-align: right;">Kerosene/oil <input type="radio"/> 3</p> <p style="text-align: right;">Gas <input type="radio"/> 4</p> <p style="text-align: right;">Electricity <input type="radio"/> 5</p> <p style="text-align: right;">Crop residue/sawdust <input type="radio"/> 6</p> <p style="text-align: right;">Animal waste <input type="radio"/> 7</p> <p style="text-align: right;">Other _____ <input type="radio"/> 8</p>
<p>G.2 What is the material of the walls of the house?</p> <p style="text-align: right;">Mud/mud bricks <input type="radio"/> 1</p> <p style="text-align: right;">Stone <input type="radio"/> 2</p> <p style="text-align: right;">Burnt bricks <input type="radio"/> 3</p> <p style="text-align: right;">Cement/sandcrete <input type="radio"/> 4</p> <p style="text-align: right;">Wood/bamboo <input type="radio"/> 5</p> <p style="text-align: right;">Iron sheets <input type="radio"/> 6</p> <p style="text-align: right;">Cardboard <input type="radio"/> 7</p> <p style="text-align: right;">Other _____ <input type="radio"/> 8</p>	<p>G.4 What kind of toilet facility does your household use?</p> <p style="text-align: right;">None <input type="radio"/> 1</p> <p style="text-align: right;">Flush to sewer <input type="radio"/> 2</p> <p style="text-align: right;">Flush to septic tank <input type="radio"/> 3</p> <p style="text-align: right;">Pan/bucket <input type="radio"/> 4</p> <p style="text-align: right;">Covered pit latrine <input type="radio"/> 5</p> <p style="text-align: right;">Uncovered pit latrine <input type="radio"/> 6</p> <p style="text-align: right;">Ventilation improved pit latrine <input type="radio"/> 7</p> <p style="text-align: right;">Other _____ <input type="radio"/> 8</p>	<p>G.6 What is the main fuel used for lighting?</p> <p style="text-align: right;">Kerosene/paraffin <input type="radio"/> 1</p> <p style="text-align: right;">Gas <input type="radio"/> 2</p> <p style="text-align: right;">Electricity <input type="radio"/> 3</p> <p style="text-align: right;">Generator <input type="radio"/> 4</p> <p style="text-align: right;">Battery <input type="radio"/> 5</p> <p style="text-align: right;">Candles <input type="radio"/> 6</p> <p style="text-align: right;">Firewood <input type="radio"/> 7</p> <p style="text-align: right;">Other _____ <input type="radio"/> 8</p>

G.7 How long in minutes does it take from here to reach the nearest ...?

	0-14	15-29	30-44	45-59	60+
A. Supply of drinking water	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
B. Food market	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
C. Public transportation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
D. Primary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
E. Secondary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
F. Health clinic or hospital	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

H - POVERTY PREDICTORS

<p>H.1 Does the household have a sofa? Yes <input type="radio"/> Y No <input type="radio"/> N</p>	<p>H.6 Predictor 6</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		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		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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<p>H.2 Does the household have a fan? Yes <input type="radio"/> Y No <input type="radio"/> N</p>	<p>H.7 Predictor 7</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		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		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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<p>H.3 Does the household use toothpaste? Yes <input type="radio"/> Y No <input type="radio"/> N</p>	<p>H.8 Predictor 8</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		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		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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<p>H.4 Does the household own poultry? Yes <input type="radio"/> Y No <input type="radio"/> N</p>	<p>H.9 Predictor 9</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		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		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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<p>H.5 Does the household own a heater? Yes <input type="radio"/> Y No <input type="radio"/> N</p>	<p>H.10 Predictor 10</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		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		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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I - CHILDREN UNDER 5

I.1 For each child under 5 enter the child and mother's number from the list of household members.

Enter 00 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"/>
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Z - AIDS/HIV**Household information**

Z.1. Has anyone in this household aged 15-49 years been too ill to perform their normal duties for 3 months or more out of the past 12 months (or who was ill for 3 months before their death)?

Yes ☐No ☐**IF NO GO TO Z.4**

Z.2. During the past 12 months, did this household use any of the following sources for help in caring for a chronically ill person aged 15-49 years?

No need ☐Family members or neighbours ☐Religious organisations ☐Community-based organisations ☐Private services/programs/clinics ☐Government services/programs/clinics ☐Non-governmental organisations (NGOs) ☐Traditional healers ☐Other ☐Don't know ☐

*YOU MAY
MARK MORE
THAN ONE
ANSWER*

Z.3. During the past 12 months, has this household had any problems with the help received in caring for the chronically ill person?

No problem ☐Rude staff ☐Too expensive ☐Unreliable ☐Long waiting lines ☐Family problems ☐Other ☐Don't know ☐

*YOU MAY
MARK MORE
THAN ONE
ANSWER*

Z.4. During the past 12 months, did this household provide care for a child under the age of 15 whose mother, father or both parents died?

Yes ☐No ☐**IF NO GO TO Z.7 (NEXT PAGE)**

Z.5. During the past 12 months, did this household use any of the following sources for help in caring for a child under the age of 15 whose mother, father or both parents died?

No need ☐Family members or neighbours ☐Religious organisations ☐Community-based organisations ☐Private services/programs/clinics ☐Government services/programs/clinics ☐Non-governmental organisations (NGOs) ☐Traditional healers ☐Other ☐Don't know ☐

*YOU MAY
MARK MORE
THAN ONE
ANSWER*

Z.6. During the past 12 months, has this household had any problems with the help received in caring for the child under the age of 15 whose mother, father or both parents died?

No problem ☐Rude staff ☐Too expensive ☐Unreliable ☐Long waiting lines ☐Family problems ☐Other ☐Don't know ☐

*YOU MAY
MARK MORE
THAN ONE
ANSWER*

GO TO Z.7 (NEXT PAGE)

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Z - HIV/AIDS**Individual information**

Member Number from List of Household members

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<p>Z.7 Do you know how the virus that causes AIDS/HIV can be transmitted between 2 people?</p> <p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No </p> <p style="text-align: center;">IF NO GO TO Z.9</p>	<p>Z.15 Did you have any problems at the time of your visits for testing or counselling?</p> <p style="text-align: center;"> No problem <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Providers were rude <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No privacy/embarrassment <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Long waiting time <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Too expensive <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Other <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes </p> <p style="text-align: center;">YOU MAY MARK MULTIPLE RESPONSES</p> <p style="text-align: center;">GO TO Z.17</p>
<p>Z.8 Tell me all the ways you know that the virus that causes AIDS/HIV can be transmitted between 2 people.</p> <p style="text-align: center;"> Infected woman to unborn child <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Infected woman to breast feeding child <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Unprotected sex with an infected partner <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Injection with an infected needle <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Incorrect methods <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Don't know <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes </p> <p style="text-align: center;">YOU MAY MARK MULTIPLE RESPONSES</p>	<p>Z.16 Reason for not having an HIV test.</p> <p style="text-align: center;"> Not available <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Not interested <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Not at risk/no need <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Scared of outcome <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Too expensive <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Test center too far <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No privacy <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Other (specify) <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes </p> <p style="text-align: center;">YOU MAY MARK MULTIPLE RESPONSES</p>
<p>Z.9 Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No Don't know <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X </p>	<p>Z.17 Do you know of any place where you can obtain condoms?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No </p> <p style="text-align: center;">IF NO GO TO Z.20</p>
<p>Z.10 Of every 10 people in your community, how many do you think have HIV/AIDS?</p> <p style="text-align: center;"> 1-3 Few <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 4-6 Some <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 7-9 Most <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 10 All <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 Other <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 Don't know <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 </p>	<p>Z.18 How long would it take for one to obtain a condom close to your house or where you work?</p> <p style="text-align: center;"> Less than 1 hour <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 1 hour to 1 day <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 More than 1 day <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 Don't know <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 </p>
<p>Z.11 Is it possible in your community for someone to get a <u>confidential</u> test to find out if they are infected with HIV? By confidential, I mean that no one will know the result if you don't want them to know.</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No Don't know <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X </p>	<p>Z.19 Have you had any problems obtaining condoms during the past 12 months?</p> <p style="text-align: center;"> No problem <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Providers were rude <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No privacy/embarrassment <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Long waiting time <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Too expensive <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Too far away <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes Other <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes </p> <p style="text-align: center;">YOU MAY MARK MULTIPLE RESPONSES</p>
<p>Z.12 Have you had an HIV test in the last 12 months?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No Don't know <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X </p> <p style="text-align: center;">IF YES GO TO Z.14</p>	<p>Z.20 In the past 12 months, did you have sexual relations with a non-regular partner (that is, a person you were not living with)?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No </p> <p style="text-align: center;">IF NO GO TO NEXT PERSON</p>
<p>Z.13 Have you ever had an HIV test?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No Don't know <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X <input type="radio"/> X </p> <p style="text-align: center;">IF NO OR DON'T KNOW GO TO Z.16</p>	<p>Z.21 Did you use a condom the last time you had sex with a non-regular partner?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No </p> <p style="text-align: center;">GO TO NEXT PERSON</p>
<p>Z.14 Please do not tell me the result, but did you go back for the result of your test?</p> <p style="text-align: center;"> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No <input type="radio"/> No </p>	