

MINISTRY OF PLANNING  
AND NATIONAL DEVELOPMENT  
CENTRAL BUREAU OF STATISTICS  
NAIROBI, KENYA



REPUBLIC OF KENYA

0.11 Identification Code

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**CORE WELFARE INDICATORS QUESTIONNAIRE (CWIQ)  
WELFARE MONITORING SURVEY III**

**CONFIDENTIAL**

0.1 ENUMERATOR'S NAME

--

0.2 RESPONDENT'S NAME

--

0.3 DISTRICT NAME

--

0.4 CLUSTER NAME

--

0.5 ENTER TODAY'S DATE

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

0.6 ENTER TIME NOW

HOURS 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

(A) AM  
(P) PM

0.7 IS THE RESPONDENT  
THE HEAD OF THE  
HOUSEHOLD?

YES

NO

**QUESTIONNAIRE INSTRUCTIONS**

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

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

0.8 DISTRICT

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

0.9 CLUSTER

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

0.10 HOUSEHOLD

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

**!!! IMPORTANT!!!**

Create an identification code above, by  
combining district, cluster and  
household number. Write this number  
**NOW** on top of all odd numbered pages,  
including this one.

COMMENTS

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# PART 1: HOUSEHOLD ROSTER (Cont.)

MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	11	12
<b>HEALTH</b>	1.16 Was [NAME] in need of medical care (including pre or post-natal care) during the past month? (Skip to 1.25 if NO)											
YES	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NO (Go to 1.25)	N	N	N	N	N	N	N	N	N	N	N	N

1.17 Why did [NAME] need medical care? (see codes below)

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

1.18 How many days was [NAME] sick?

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

1.19 How many days did [NAME] miss from work/school due to illness?

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

1.20 Has [NAME] received treatment/medications for this ailment (Skip to 1.24 if NO)

YES	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NO (Go to 1.24)	N	N	N	N	N	N	N	N	N	N	N	N

1.21 What kind of health provider did [NAME] seek treatment from?

Private dispensary	1	1	1	1	1	1	1	1	1	1	1	1
Public dispensary	2	2	2	2	2	2	2	2	2	2	2	2
Community Health Center	3	3	3	3	3	3	3	3	3	3	3	3
Private Hospital	4	4	4	4	4	4	4	4	4	4	4	4
Provincial or District Hospital	5	5	5	5	5	5	5	5	5	5	5	5
Missionary hospital/dispensary	6	6	6	6	6	6	6	6	6	6	6	6
Pharmacist/Drugstore/Chemist	7	7	7	7	7	7	7	7	7	7	7	7
Private doctor/dentist	8	8	8	8	8	8	8	8	8	8	8	8
Traditional/Faith healer	9	9	9	9	9	9	9	9	9	9	9	9

**Illness codes for question 1.17**

- 01 Fever / Malaria
- 02 Measles
- 03 Diarrhoea / Gastro intestinal
- 04 Accident / Injury
- 05 Typhoid
- 06 Tuberculosis
- 07 Cholera
- 08 Pneumonia
- 09 Whooping cough
- 10 Ear Nose and Throat
- 11 Eye condition
- 12 Skin condition
- 13 Other abdominal condition
- 14 Goitre
- 15 HIV/AIDS or STD
- 16 Pre/Post natal care
- 17 Delivery care
- 18 Gynecological condition
- 19 Nutrition program
- 20 Tetanus
- 21 Mental problems
- 22 Leprosy
- 23 Elephantiasis
- 24 Other
- 25 Dental

PART 1: HOUSEHOLD ROSTER (Cont.)

Identification Code

Grid for identification code

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

1.22 How many times did [NAME] visit the service in the past month?

HEALTH (Cont.)

Table for 1.22 with rows: 1 to 3, 4 to 6, More than 6

1.23 Did [NAME] meet any problems at the time of the visit? Interviewer, you may mark more than one answer. Interviewer, probe respondent and estimate answer.

Table for 1.23 with rows: No problem (Satisfied), Facilities were not clean, Long waiting time, No trained professionals, Too expensive, No drugs available, Treatment unsuccessful, Other

1.24 If [NAME] did not use medical care in the past 4 weeks, explain why.

Table for 1.24 with rows: No need/Minor illness, Self treatment, Too expensive, Too far, HH Head would not agree, Religious convictions, Other

INTERVIEWER, COMPLETE NOW THE FOLLOWING FORM ON HEALTH, AND THEN RETURN TO THIS QUESTIONNAIRE

1.25 Mark here all members who are 5 years or older

Row of checkboxes for 1.25

EMPLOYMENT (members 5 years or older)

1.26 Has [NAME] had gainful employment during the past 7 days?

Table for 1.26 with YES/NO options

1.27 Has [NAME] been looking for work in the past 7 days?

Table for 1.27 with YES/NO options

1.28 What was [NAME]'s job during the past 12 months (Skip to 1.30 if none)

Table for 1.28 with job categories: None/No job, Agriculture, Forestry, Fishing, Sales/Service, Manufacturing, Mining, Transport, Construction

1.29 Who does [NAME] work for?

Table for 1.29 with categories: Public Sector, Semi-Public, Private Formal, Private Informal

1.30 What kind of position/situation does [NAME] hold?

Table for 1.30 with categories: Unemployed/Child not in school, Employer, Regular Employee (skilled), Regular Employee (unskilled), Casual Employee (skilled), Casual Employee (unskilled), Own Account Worker, Unpaid Family Worker/Homemaker, Student/Apprentice, Pensioner/Investor, Sick/Handicapped

## PART 2: CHILD ROSTER (Children under 5)

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

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

**2.2 Enter the child's date of birth.**

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

**2.3 What was the place of child delivery ?**

Hospital / Health facility	1		1		1		1
At home	2		2		2		2
Other	3		3		3		3

**2.4 Who delivered the child ?**

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

**2.5 What was the child's birthweight (in kilos, with one decimal point, i.e 4.6 kilos)**

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

**2.6 Has the child ever attended growth monitoring ?**

YES	Y		Y		Y		Y
NO	N		N		N		N

**2.7 Does the child have a health card?**

YES	Y		Y		Y		Y
NO	N		N		N		N

**2.8 Did the child receive BCG immunization (Skip to 2.12 if no)**

YES	Y		Y		Y		Y
NO	N		N		N		N

Identification code grid with 10 empty boxes.

2.9 Date of immunization (BCG)

Four date grids for BCG immunization, each with columns labeled D, D, M, M, Y, Y and rows 0-9.

2.10 Did the child receive POLIOB immunization (Skip to 2.12 if no)

Four YES/NO response grids for POLIOB immunization, each with columns labeled D, D, M, M, Y, Y and rows YES (Y) and NO (N).

2.11 Date of immunization (POLIOB)

Four date grids for POLIOB immunization, each with columns labeled D, D, M, M, Y, Y and rows 0-9.

2.12 Did the child receive POLIO1 immunization (Skip to 2.14 if no)

Four YES/NO response grids for POLIO1 immunization, each with columns labeled D, D, M, M, Y, Y and rows YES (Y) and NO (N).

2.13 Date of immunization (POLIO1)

Four date grids for POLIO1 immunization, each with columns labeled D, D, M, M, Y, Y and rows 0-9.

2.14 Did the child receive POLIO2 immunization (Skip to 2.16 if no)

Four YES/NO response grids for POLIO2 immunization, each with columns labeled D, D, M, M, Y, Y and rows YES (Y) and NO (N).

2.15 Date of immunization (POLIO2)

Four date grids for POLIO2 immunization, each with columns labeled D, D, M, M, Y, Y and rows 0-9.

2.16 Did the child receive POLIO3 immunization (Skip to 2.18 if no)

Four YES/NO response grids for POLIO3 immunization, each with columns labeled D, D, M, M, Y, Y and rows YES (Y) and NO (N).

2.17 Date of immunization (POLIO3)

Four date grids for POLIO3 immunization, each with columns labeled D, D, M, M, Y, Y and rows 0-9.



Identification code

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

2.27 How many months was the child EXCLUSIVELY breastfed ?

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

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

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

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

2.28 How many months was the child breastfed ?

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

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

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

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

2.29 At what age (in months) did the child receive his/her first supplement ?

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

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

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

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

2.30 What type of first supplement was given to the child ?

- Milk other than breast
- Commercial infant food/formula
- Plain porridge maize / millet / other
- Fortified porridge maize
- Semi solids
- Water and sugar
- Tea
- Other

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

1
2
3
4
5
6
7
8
9

2.31 What is the child's current weight (in kilos, with one decimal point, i.e 15.4 kilos) and current height (in cm, with one decimal point, i.e 46.7 cm)

WEIGHT

HEIGHT

WEIGHT

HEIGHT

WEIGHT

HEIGHT

WEIGHT

HEIGHT

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

0	0	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

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

0	0	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

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

0	0	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

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

0	0	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

Note: include only children 6 to 60 months old. If child is under 2 years old, measure lying down.

## PART 3: HOUSEHOLD AMENITIES

### 3.1 What is the material of the walls of the house ?

- Mud / cowdung (1)
- Stone (2)
- Cement / Briks (3)
- Wood (4)
- Roasted bricks (5)
- Grass / Sticks / Makuti (6)
- Iron sheets (7)
- Other \_\_\_\_\_ (8)

### 3.4 What is the main source of drinking water DURING THE DRY SEASON?

- Piped into dwelling or compound (1)
- Public outdoor tap or borehole (2)
- Protected well (3)
- Unprotected well, rainwater (4)
- River, lake, pond (5)
- Vendor, truck (6)
- Other \_\_\_\_\_ (7)

### 3.7 How long does it take you to get water DURING THE RAINY SEASON ? (includes transportation to the water and waiting time if applicable)

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.10 What is the main source of lighting?

- Kerosine/Paraffin (1)
- Gas (2)
- Electricity (3)
- Candles (4)
- Firewood (5)
- Other \_\_\_\_\_ (6)

### 3.13 How long does it take from here to reach the nearest pre-primary school ?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.16 How long does it take from here to reach the nearest formally qualified doctor's office?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.2 What is the material of the floor of the house ?

- Mud / cowdung (1)
- Stone (2)
- Cement / Briks (3)
- Wood (4)
- Roasted bricks (5)
- Grass / Sticks / Makuti (6)
- Other \_\_\_\_\_ (7)

### 3.5 What is the main source of drinking water DURING THE RAINY SEASON?

- Piped into dwelling or compound (1)
- Public outdoor tap or borehole (2)
- Protected well (3)
- Unprotected well, rainwater (4)
- River, lake, pond (5)
- Vendor, truck (6)
- Other \_\_\_\_\_ (7)

### 3.8 What kind of toilet facility does your household use?

- None (1)
- Flush to sewer (2)
- Flush to septic tank (3)
- Pan/Bucket (4)
- Covered pit latrine (5)
- Uncovered pit latrine (6)
- Ventilation Improved Pit Latrine (7)
- Other \_\_\_\_\_ (8)

### 3.11 How long does it take from here to reach the nearest food market?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.14 How long does it take from here to reach the nearest primary school ?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.17 How long does it take from here to reach the nearest outpatient dispensary / community health center?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.3 What is the material of the roof of the house ?

- Mud / cowdung (1)
- Stone (2)
- Cement / Briks (3)
- Wood (4)
- Roasted bricks (5)
- Grass / Sticks / Makuti (6)
- Iron sheets (7)
- Other \_\_\_\_\_ (8)

### 3.6 How long does it take you to get water DURING THE DRY SEASON ? (includes transportation to the water and waiting time if applicable)

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.9 What is the main source of cooking fuel?

- Firewood (1)
- Charcoal (2)
- Kerosine/Oil (3)
- Gas (4)
- Electricity (5)
- Crop residue/Sawdust (6)
- Animal waste (7)
- Other \_\_\_\_\_ (8)

### 3.12 How long does it take from here to reach the nearest public transportation (bus stop, train station, other pub. transp.) ?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.15 How long does it take from here to reach the nearest secondary school ?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |

### 3.18 How long does it take from here to reach the nearest inpatient district / regional hospital?

- |  |                    |     |
|--|--------------------|-----|
| <i>Interviewer, code to nearest 10 minutes</i> | Near the dwelling  | (1) |
|  | 10 Minutes         | (2) |
|  | 20 Minutes         | (3) |
|  | 30 Minutes         | (4) |
|  | 40 Minutes         | (5) |
|  | 50 Minutes         | (6) |
|  | 60 Minutes or more | (7) |



# PART 5: POVERTY PREDICTORS

### 5.1 Predictor 1

YES  Y  
NO  N

### 5.2 Predictor 2

YES  Y  
NO  N

### 5.3 Predictor 3

YES  Y  
NO  N

### 5.4 Predictor 4

YES  Y  
NO  N

### 5.5 Predictor 5

YES  Y  
NO  N

### 5.6 Predictor 6

YES  Y  
NO  N

### 5.7 Predictor 7

YES  Y  
NO  N

### 5.8 Predictor 8

YES  Y  
NO  N

### 5.9 Predictor 9

YES  Y  
NO  N

### 5.10 Predictor 10

YES  Y  
NO  N

### 5.11 Predictor 11

YES  Y  
NO  N

### 5.12 Predictor 12

YES  Y  
NO  N

### 5.13 RESULT CODE

Completed  1  
Partially Completed  2

### 5.14 Has a supplemental questionnaire been used (Household has more than 12 members ?)

YES  Y  
NO  N

### 5.15 Enter time now

H	H	M	M	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> AM
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> PM
<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"/> 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"/> 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"/> 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"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

## QUESTIONNAIRE VERIFICATION

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

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