

**2014 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION				
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER HOUSEHOLD NUMBER LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) DISTRICT CODE* URBAN/RURAL (URBAN=1, RURAL=2) HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION (YES=1, NO=2)	<div style="display: flex; justify-content: space-between;"> <div> EA NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HH NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ECOLOGICAL ZONE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> DISTRICT* <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> URBAN/RURAL <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> MALE SURVEY AND BIOMARKER <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> </div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle; text-align: center;">2014</table> INT. NUMBER <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> RESULT CODE** <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
RESULT CODE**	_____	_____	_____	RESULT CODE** <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
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;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
LANGUAGE OF QUESTIONNAIRE*** <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle; text-align: center;">2</table> LANGUAGE OF INTERVIEW*** <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> English				***LANGUAGE CODES: 1 SESOTHO 2 ENGLISH TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>			*DISTRICT CODES: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">01 BUTHA-BUTHE</div> <div style="width: 33%;">05 MAFETENG</div> <div style="width: 33%;">09 MOKHOTLONG</div> <div style="width: 33%;">02 LERIBE</div> <div style="width: 33%;">06 MOHALE'S HOEK</div> <div style="width: 33%;">10 THABA-TSEKA</div> <div style="width: 33%;">03 BERA</div> <div style="width: 33%;">07 QUTHING</div> <div style="width: 33%;">04 MASERU</div> <div style="width: 33%;">08 QACHA'S NEK</div> </div>	

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Lesotho. 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 15 to 20 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



HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6	7	8		10	11	12	13
1	2	3	4	5	6	7	8	9	10	11	12	13
	Please give me the names of the persons who live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here, or somewhere else in Lesotho, or outside Lesotho?	Does (NAME) live in South Africa or some other country?	How long has (NAME) lived in (COUNTY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR DON'T KNOW	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL. 5=1) AND/OR WHO SLEPT IN HH LAST NIGHT (COL. 8=1)	IF HH IS SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 WHO ARE USUAL RESIDENTS (COL. 5=1) AND/OR WHO SLEPT IN HH LAST NIGHT (COL. 8=1) CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 WHO ARE USUAL RESIDENTS (COL. 5=1) AND/OR WHO SLEPT IN HH LAST NIGHT (COL. 8=1)	
01			M F 1 2	HERE ELSE OUT 1 2 3 ↓ ↓ GO TO 8	RSA OTH 1 2	YEARS 1 2	Y N 1 2	IN YEARS 1 2		01	01	01
02			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		02	02	02
03			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		03	03	03
04			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		04	04	04
05			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		05	05	05
06			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		06	06	06
07			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		07	07	07
08			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		08	08	08
09			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		09	09	09
10			1 2	1 2 3 ↓ ↓ GO TO 8	1 2	1 2	1 2	1 2		10	10	10

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

8A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES ☐ → ADD TO TABLE NO ☐

8B) 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 ☐ → ADD TO TABLE NO ☐

8C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → ADD TO TABLE NO ☐

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = DOMESTIC EMPLOYEE
12 = HERDBOY
13 = OTHER NON RELATIVE
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	14	15	16	17	18	19	20	21	22
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 18	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
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CODES FOR Qs. 19 AND 21: LEVEL

0 = PRE-PRIMARY/PRESCHOOL
 1 = PRIMARY
 2 = VOC. /TECH. TRAINING AFTER PRIMARY
 3 = SECONDARY/HIGH
 4 = VOC. /TECH. TRAINING AFTER SECONDARY/HIGH
 5 = COLLEGE
 6 = GRADUATE/POST GRADUATE
 8 = DON'T KNOW

CODES FOR Qs. 19 AND 21: GRADE

00 = LESS THAN 1 YEAR COMPLETED (NOT ALLOWED FOR Q. 21)
 STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)
 YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)
 FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
 YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)
 YEAR 01-03 = LEVEL 5 (COLLEGE)
 YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).
 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 NEIGHBOR'S TAP 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/CART WITH SMALL TANK 61 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 71 BOTTLED WATER 81 OTHER 96 (SPECIFY)	<div>→ 105</div> <div>→ 105</div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES <div><div></div><div></div><div></div></div> DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 107
106	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
107	What kind of toilet facility do members of your household usually use?	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 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 110																																				
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																				
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div><div>0</div><div></div></div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																					
110	Does your household have: a) Electricity that is connected? b) A battery or generator for power? c) A solar panel in working condition? d) A radio in working condition? e) A television in working condition? f) A mobile telephone in working condition? g) A non-mobile telephone in working condition? h) A refrigerator in working condition? i) A bed/mattress? j) A computer? k) Internet access?	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>a) ELECTRICITY</td><td>1</td><td>2</td></tr><tr><td>b) BATTERY/GENERATOR</td><td>1</td><td>2</td></tr><tr><td>c) SOLAR PANEL</td><td>1</td><td>2</td></tr><tr><td>d) RADIO</td><td>1</td><td>2</td></tr><tr><td>e) TELEVISION</td><td>1</td><td>2</td></tr><tr><td>f) MOBILE TELEPHONE</td><td>1</td><td>2</td></tr><tr><td>g) NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr><tr><td>h) REFRIGERATOR</td><td>1</td><td>2</td></tr><tr><td>i) BED/MATRESS</td><td>1</td><td>2</td></tr><tr><td>j) COMPUTER</td><td>1</td><td>2</td></tr><tr><td>k) INTERNET ACCESS</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	a) ELECTRICITY	1	2	b) BATTERY/GENERATOR	1	2	c) SOLAR PANEL	1	2	d) RADIO	1	2	e) TELEVISION	1	2	f) MOBILE TELEPHONE	1	2	g) NON-MOBILE TELEPHONE	1	2	h) REFRIGERATOR	1	2	i) BED/MATRESS	1	2	j) COMPUTER	1	2	k) INTERNET ACCESS	1	2	
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111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 BIOGAS 03 PARAFFIN 04 COAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 114																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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)	<div> <div></div> <div>→ 114</div> </div>
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION.	NATURAL FLOOR EARTH/MUD/DUNG 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL TILE/VINYL CARPET 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	NATURAL ROOFING THATCH / GRASS 11 SOD 13 RUDIMENTARY ROOFING WOOD PLANKS 21 CARDBOARD 22 FINISHED ROOFING METAL/CORRUGATED 31 WOOD 32 ASBESTOS / CEMENT FIBER 33 CERAMIC/CLAY TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS RECORD OBSERVATION.	NATURAL WALLS CANE / TREE TRUNKS 11 SOD 12 RUDIMENTARY WALLS STONE WITH MUD 21 PLYWOOD 22 CARDBOARD 23 REUSED WOOD 24 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 METAL/CORRUGATED 37 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																																		
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) A scotch cart? e) A car or truck?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) WATCH</td><td>1</td><td>2</td></tr> <tr> <td>b) BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>c) MOTORCYCLE/SCOOTER .</td><td>1</td><td>2</td></tr> <tr> <td>d) SCOTCH CART</td><td>1</td><td>2</td></tr> <tr> <td>e) CAR/TRUCK</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) BICYCLE	1	2	c) MOTORCYCLE/SCOOTER .	1	2	d) SCOTCH CART	1	2	e) CAR/TRUCK	1	2																
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119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																																	
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998																																		
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123																																	
122	How many of the following animals does this household own? IF NONE, ENTER '00'; IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cattle? b) Milk cows? c) Bulls? d) Horses, donkeys, or mules? e) Goats? f) Sheep? g) Ordinary free range chickens? h) Improved chickens? i) Ordinary pigs? j) Improved pigs? k) Rabbits?	<table> <tbody> <tr><td>a) CATTLE</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>b) COWS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>c) BULLS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>d) HORSES/DONKEYS/MULES ...</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>e) GOATS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>f) SHEEP</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>g) ORDINARY CHICKENS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>h) IMPROVED CHICKENS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>i) ORDINARY PIGS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>j) IMPROVED PIGS</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>k) RABBITS</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	a) CATTLE	<input type="text"/>	<input type="text"/>	b) COWS	<input type="text"/>	<input type="text"/>	c) BULLS	<input type="text"/>	<input type="text"/>	d) HORSES/DONKEYS/MULES ...	<input type="text"/>	<input type="text"/>	e) GOATS	<input type="text"/>	<input type="text"/>	f) SHEEP	<input type="text"/>	<input type="text"/>	g) ORDINARY CHICKENS	<input type="text"/>	<input type="text"/>	h) IMPROVED CHICKENS	<input type="text"/>	<input type="text"/>	i) ORDINARY PIGS	<input type="text"/>	<input type="text"/>	j) IMPROVED PIGS	<input type="text"/>	<input type="text"/>	k) RABBITS	<input type="text"/>	<input type="text"/>	
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i) ORDINARY PIGS	<input type="text"/>	<input type="text"/>																																		
j) IMPROVED PIGS	<input type="text"/>	<input type="text"/>																																		
k) RABBITS	<input type="text"/>	<input type="text"/>																																		
123	Does any member of this household have a bank account?	YES 1 NO 2																																		
124	What is the name of the nearest health facility that provides health services to this community? _____ (NAME OF HEALTH FACILITY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW99998	→ 127																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI 01 MOTORCYCLE/SCOOTER 02 BICYCLE 03 HORSE/DONKEY/MULE 04 SCOTCH CART 05 WALKING 06 COMBINATION WALKING AND BUS/TAXI 07 HOUSEHOLD DOESN'T USE NEAREST HEALTH FACILITY 95 OTHER 96	→ 127
126	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
127	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, NO SPECIFIC PLACE ... 4 NOT OBSERVED, OTHER REASON 5	→ 130
128	OBSERVATION ONLY: SEE IF THERE IS WATER AT PLACE FOR HANDWASHING	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
129	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
130	Can you please provide me with a teaspoonful of cooking salt? I will conduct a test to determine the presence of iodine. Iodine prevents goiter. ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)	