



Health Results Based Financing NIGERIA 2014

Health Facility Questionnaire HF6 - EXIT INTERVIEW for Children Under 5

STATE		Code		
LGA		Code		
Ward		Code		
Facility Name		Facility No.		
Facility type	1= Primary, 2= Secondary	Code		
Ownership	1= Public	Code	1	
Patient Name		Number		

GPS COORDINATES OF HEALTH FACILITY											
LATITUDE (NORTH)											
LONGITUDE (EAST)											

MOBILE PHONE SIGNAL AVAILABLE AT FACILITY?		LANGUAGE		INTERVIEW	Translator Used?
Yes	1	ENGLISH	1	IGBO	4
No	2	HAUSA	2	OTHER, SPECIFY:	8
		YORUBA	3	RESPONDENT	

NAME OF TYPE HEALTH FACILITY	Code	RESULT OF THE EXIT INTERVIEW	OBSERVATION DONE	01
			PARTIALLY COMPLETED	02
			PERSON IN CHARGE REFUSED TO PARTICIPATE	03
			PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
			FACILITY IS EMPTY (NO STAFF MEMBERS)	05
			HEALTH FACILITY NOT FOUND	06
			PATIENT REFUSED TO PARTICIPATE	51
			OTHER, SPECIFY:	96

INTERVIEWER	CODE	EXIT INT	DAY	MONTH	YEAR

SUPERVISOR	CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR

Patient or family member—Exit Interview

Instructions for the Interviewer: *The following is to be read verbatim to the client prior to the consultation and interview. If the subject then agrees to participate, you must sign on the line marked “Witness to Consent Procedures” at the end of this form. Also mark the date on the appropriate line.*

Purpose of research: The purpose of the study is to better understand the health service quality received by patients at government health facilities. We will ask you some questions about your experiences as a client of health services. This information will help the Government and its partner organizations to provide better health care to the population.

Study Investigators: This study is being conducted by the Federal Ministry of Health in cooperation with the National Bureau of Statistics (NBS) and the World Bank. This study is sponsored by the World Bank, Washington DC, USA

Expected duration of research and of participant(s)’ involvement: The questionnaire will take approximately half an hour of your time to complete.

Risks/discomforts: There is no risk in participating in this study. You may feel uncomfortable answering some of the questions because of the private nature of the questions.

Costs to the participants: Your participation in this research will not cost you anything in money terms. The only cost is the time you would spend in answering the survey questions.

Benefit(s): You or others participating in this survey will not be paid for being in this study. There is no immediate or direct benefit to you for participating in the survey. However, the information collected through the survey will help the Government and other organizations to provide better health care.

Confidentiality: Your personal information will not be shared with anyone other than the persons involved with this study. Any report or publication from the study will provide summary information and you will not be identified in any reports or publications by any means. The honesty of your answers is very important.

Voluntariness: Your participation in this study is voluntary and you may decide not to participate. You have the right not to answer some or all the questions in the survey or refuse or discontinue participation in the survey. Your decision will not result in any penalty or loss of benefits in any way.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent for any of the following reasons: (a) if it is in your best interest; (b) or for any other reason.

Questions: If you have any questions, please feel free to ask the interviewer at any time during the interview. OR contact:

Project Director, NBS, Email: mosalami_nbs@yahoo.com; Phone: 08072377722

Desk Officer for NHREC, Email: deskofficer@nhrec.net ; Phone: 08065479926

Do not agree to be in this research unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read the description of the research or have had it translated into and/or read to me in a language I understand. I understand that my participation is voluntary. Based on the information about the research, I have decided to participate in the study. I understand that I may freely stop being a part of this study at any time.

DATE: _____ SIGNATURE: _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

(1)	Identification	RECORD RESPONSE	
	ASK THE FOLLOWING QUESTIONS TO THE CAREGIVER OF THE PATIENT.		
(1.01)	Is it the first time the child is brought to this facility?	YES 1 NO 2	
(1.02)	What is the child's sex?	MALE 1 FEMALE 2	
(1.03)	What is the age of the child? (IN MONTHS. IF LESS THAN A MONTH, ENTER 00)	MONTHS	
(1.04)	How are you related to the child?	Mother 1 Father 2 Female caregiver (including other family member) 3 Male caregiver (including other family member) 4 Other, specify: 8	
(1.05)	Can you read and write in any language?	Yes 1 No 2	
(1.06)	What is the highest level of education that you completed?	Pre-primary/Kindergarten 0 Primary 1 Secondary 2 Higher 3 Don't know 9 ► (1.08)	
(1.07)	Highest grade/class/year within level	Highest grade/class/year completed within the level (for "higher", mention post secondary years)	
(1.08)	What is your marital status?	Single 1 ► (2.01) Married/Living together 2 Widowed 3 ► (2.01) Divorced/separated 4 ► (2.01)	
(1.09)	What is the highest level of education that your spouse/partner has completed?	Pre-primary/Kindergarten 0 Primary 1 Secondary 2 Higher 3 Don't know 9 ► (2.01)	
(1.10)	Highest grade/class/year within level	Highest grade/class/year completed within the level (for "higher", mention post secondary years)	

(2)	Treatment and counseling	RECORD RESPONSE
INTRODUCE THIS SECTION WITH "Now I would like to ask you some questions about this visit to the health center."		
(2.01)	What is the purpose of the child's visit to the health center today? RECORD "1" IF PURPOSE APPLIES AND "2" OTHERWISE	a Immunization ► (2.04)
		b Child growth monitoring ► (2.04)
		c Well baby check-up ► (2.04)
		d Child illness
(2.02)	How long ago (in days) did this illness start?	NUMBER OF DAYS
(2.03)	What is the type of illness for which you brought the child to the health facility today? DO NOT READ OPTIONS ALOUD; RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED FOR EACH MENTIONED.....1 NOT MENTIONED.....2	a DIARRHEA
		b FEVER
		c COUGH/DIFFICULTY BREATHING
		d SKIN INFECTION/ PUS WOUND
		e TONSILLITIS/ SORE THROAT
		f OTITIS MEDIA/ PAIN IN EAR
		g INJURY
		h OTHER, SPECIFY:
(2.04)	Did you come to this facility on your own, or based on a referral from another facility, or based on a referral from a community health worker?	Came directly on own 1
		Referred by health worker in another facility 2
		Referred by a community health worker 3
(2.05)	Did someone in the health facility ask the age of the child?	YES 1
		NO 2
(2.06)	Did someone in the health facility weigh the child?	YES 1
		NO 2
(2.07)	Did someone in the health facility measure the height of the child?	YES 1
		NO 2
(2.08)	Did someone in the health facility plot weight or height against a growth chart?	YES 1
		NO 2
(2.09)	Did the health worker physically examine the child?	YES 1
		NO 2
(2.10)	At this visit, did the health worker also tell you that there was something wrong with the child?	YES 1
		NO 2 ► (2.24)
(2.11)	What did the health worker say was wrong with the child? DO NOT READ OPTIONS ALOUD; RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED FOR EACH MENTIONED.....1 NOT MENTIONED.....2	a MALARIA
		b FEVER
		c MEASLES
		d DEHYDRATION
		e VIRAL INFECTION/FLU
		f DIARRHEA
		g DYSENTERY/BLOODY DIARRHEA
		h COLD/UPPER RESPIRATORY INFECTION
		i PNEUMONIA
		j MALNUTRITION
		(2.12)
NO 2 ► (2.14)		

(2.13)	What did the health worker tell you to do? DO NOT READ OPTIONS ALOUD; RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED FOR EACH MENTIONED.....1 NOT MENTIONED.....2	a	GIVE MORE FLUIDS	
		b	CONTINUE OR INCREASE FEEDINGS AND/OR BREAST FEEDING	
		c	TEPID BATHS FOR FEVER	
		d	KEEP THE CHILD WARM	
		e	AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY	
		f	OTHER, SPECIFY:	
(2.14)	Did the health worker tell you to bring the child back if the child's condition becomes worse?	YES	1	
		NO	2 ► (2.16)	
(2.15)	From the advice given to you by the health worker, how will you know if the child's condition becomes worse and should be brought back? DO NOT READ OPTIONS ALOUD; RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED FOR EACH MENTIONED.....1 NOT MENTIONED.....2	a	FEVER DOES NOT GO AWAY AFTER CERTAIN TIME	
		b	FEVER DEVELOPS	
		c	CHILD IS UNABLE TO DRINK OR IS DRINKING POORLY	
		d	CHANGE IN CONSCIOUSNESS	
		e	DIARRHEA PERSISTS	
		f	BLOOD APPEARS IN THE STOOL	
		g	CHILD DEVELOPS RAPID OR DIFFICULT BREATHING	
		h	CHILD BECOMES SICKER FOR ANY REASON	
		i	NEW SYMPTOMS DEVELOP	
		j	OTHER, SPECIFY:	
(2.16)	Did the child receive any medicine or prescriptions today from the health facility?	Received medicine at health facility	1	
		Received some from facility and rest of prescription to fill outside the health facility	2	
		No medicine received from facility but received prescription	3	
		Received neither medicine nor prescription at the health facility	4 ► (2.23)	
(2.17)	In total, how many medications were given and/or prescribed to the child?	ADD NUMBER OF MEDICINES RECEIVED IN THE FACILITY AND THE NUMBER OF MEDICINES TO BE PROCURED FROM OUTSIDE THE FACILITY		
	INTERVIEWER: CHECK ANSWER FROM (2.16). IF ANSWER=01 ► (2.18). IF ANSWER=02 ► (2.18). IF ANSWER=03 ► (2.19).			

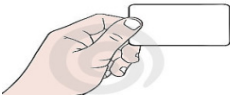
(2.18)	What medicines were given at the facility? ENUMERATORS TO CHECK ON THE MEDICINES GIVEN FOR CONFIRMATION.	1.		
		2.		
		3.		
		4.		
		5.		
(2.19)	What medicines were prescribed? ENUMERATORS TO CHECK ON THE MEDICINES ON THE PRESCRIPTION FOR CONFIRMATION.	1.		
		2.		
		3.		
		4.		
		5.		
(2.20)	How long does it take you to travel from this health facility to the location (pharmacy) where you get the prescribed medicine using your usual mode of transportation? (One way. IF IN FACILITY, RECORD 0)	Minutes	MINUTES	
(2.21)	Did the health worker thoroughly explain how to take the medicines	YES 1		
		NO 2		
(2.22)	Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine might have?	YES 1		
		NO 2		
(2.23)	Did the health worker give you a specific date to bring the child back to the health facility for a follow-up visit?	YES 1		
		NO 2		
(2.24)	Is the child immunization card available?	YES 1		
		NO 2 ► (2.26)		
(2.25)	CHECK CHILD'S IMMUNIZATION STATUS.			
	RECORD "1" FOR RECEIVED AND "2" FOR NOT RECEIVED.	RECEIVED	NOT RECEIVED	NOT APPLICA
				RECORD RESPONSE
A	BCG	1	2	9
B	DPT1	1	2	9
C	DPT2	1	2	9
D	DPT3	1	2	9
E	OPV0	1	2	9
F	OPV1	1	2	9
G	OPV2	1	2	9
H	Vitamin A	1	2	9
I	Measles	1	2	9
(2.26)	Did your child receive an immunization today?	YES 1		
		NO 2		
(2.27)	For the latest immunization your child received (whether today or some time in the past), is (was) it the last immunization?	YES 1 ► (2.29)		
		NO 2		
(2.28)	Date of return for next immunization	a. DD		
		b. MM		
		c. YYYY		
(2.29)	Did the health worker ask you to bring back the child to receive immunization another day?	YES 1		
		NO 2 ► (3.01)		
(2.30)	When did the health worker ask you to bring the child back?	a. MONTH (MM)		
		b. YEAR (YYYY)		

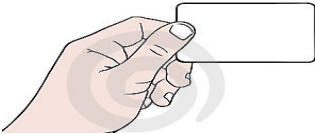
(3) Patient travel and expenditure			RECORD RESPONSE				
(3.01)	How far is your household from this health facility in kilometers? LESS THAN 1 KM=00, DON'T KNOW=99	Kilometers					
(3.02)	How long did it take you/the patient to reach this health facility from home today? (One way)	a. Minutes					
(3.03)	What was your primary mode of transportation today? (when coming here to the facility)	By foot 1					
		Bicycle 2					
		Private car/motorcycle 3					
		Public car/bus 4					
		Okada 5					
		Other 8					
(3.04)	How much did it cost in Naira for you/the patient to travel to the health facility today? (One way)	NAIRA. IF NO OUT OF POCKET COSTS, RECORD 0000, DON'T KNOW 9999					
(3.05)	How long did you/the patient wait in the health facility before being seen in consultation by the health worker?	a. Minutes					
(3.06)	Do you think the wait was too long?	YES 1					
		NO 2					
(3.07)	Was a registration/ consultation/ doctor fee charged?	YES 1					
		NO 2 ► (3.09)					
(3.08)	How much was paid in Naira for this?	NAIRA					
(3.09)	Was a laboratory test done?	YES 1					
		NO 2 ► (3.11)					
(3.10)	How much was paid in Naira for lab tests?	NAIRA					
(3.11)	Was an x-ray done?	YES 1					
		NO 2 ► (3.13)					
(3.12)	How much was paid in Naira for X-ray?	NAIRA					
(3.13)	Were medicines dispensed to you at the pharmacy in the health center?	YES 1					
		NO 2 ► (3.15)					
(3.14)	How much was paid in Naira for medicines?	NAIRA					
(3.15)	Did the patient give any informal gifts or gratification to health workers?	YES 1					
		NO 2 ► (3.17)					
(3.16)	What is the money value of gift including gift in cash (in Naira)	NAIRA					
(3.17)	How much was spent in total in Naira at the facility for this visit, not including transportation costs? (INTERVIEWER: CHECK TO SEE IF THE TOTAL MATCHES THE AMOUNTS GIVEN) IF NOTHING WAS PAID SKIP TO 3.18	NAIRA					

(3.18)	Where did the money come from that was used to pay for health care today? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED.....1 NOT MENTIONED..2	a. SAVINGS OR REGULAR HOUSEHOLD BUDGET		
		b. HEALTH INSURANCE		
		c. SELLING HOUSEHOLD POSSESSIONS		
		d. MORTGAGING OR SELLING LAND OR REAL ESTATE		
		e. FROM A FRIEND OR RELATIVE		
		f. FROM SOMEONE OTHER THAN FAMILY AND FRIENDS		
		g. OTHER, SPECIFY:		
		(3.19)	Is the child covered under a health insurance scheme?	YES 1
NO 2 ► (4.01)				
(3.20)	What type of health insurance?	Public 1		
		Private 2		
		Both 3		
(3.21)	In the last 12 months, how many months has the household been enrolled in the insurance scheme?	MONTHS		
(3.22)	Which of the following services are covered under the health insurance scheme? READ ALL ALOUD YES.....1 NO.....2 Do Not Know.....3	a. Routine well baby visits (Incl. immunization)		
		b. Sick child care		
		c. Other outpatient care		
		d. Antenatal care for pregnant women		
		e. Delivery care for pregnant women		
		f. Post partum care for women and newborns		
		g. Hospital admission and inpatient care		
		h. Other, specify:		

(4)	Patient satisfaction	RECORD RESPONSE																				
(4.01)	What was the main reason you chose this health facility today instead of a different source of care? DO NOT READ CHOICES; ONLY ONE ANSWER IS ALLOWED	<table border="1"> <tr><td>LOCATION CLOSE TO HOME</td><td>1</td></tr> <tr><td>LOW COST</td><td>2</td></tr> <tr><td>TRUST IN PROVIDERS</td><td>3</td></tr> <tr><td>HIGH QUALITY CARE</td><td>4</td></tr> <tr><td>AVAILABILITY OF DRUGS</td><td>5</td></tr> <tr><td>AVAILABILITY OF FEMALE PROVIDER</td><td>6</td></tr> <tr><td>NO OTHER FACILITY NEARBY</td><td>7</td></tr> <tr><td>RECOMMENDATION OR REFERRAL</td><td>8</td></tr> <tr><td>OTHER, SPECIFY:</td><td>9</td></tr> </table>	LOCATION CLOSE TO HOME	1	LOW COST	2	TRUST IN PROVIDERS	3	HIGH QUALITY CARE	4	AVAILABILITY OF DRUGS	5	AVAILABILITY OF FEMALE PROVIDER	6	NO OTHER FACILITY NEARBY	7	RECOMMENDATION OR REFERRAL	8	OTHER, SPECIFY:	9		
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(4.02)	What was the next most important reason you chose this health facility today instead of a different source of care? DO NOT READ CHOICES; ONLY ONE ANSWER IS ALLOWED	<table border="1"> <tr><td>NO OTHER REASON</td><td>0</td></tr> <tr><td>LOCATION CLOSE TO HOME</td><td>1</td></tr> <tr><td>LOW COST</td><td>2</td></tr> <tr><td>TRUST IN PROVIDERS</td><td>3</td></tr> <tr><td>HIGH QUALITY CARE</td><td>4</td></tr> <tr><td>AVAILABILITY OF DRUGS</td><td>5</td></tr> <tr><td>AVAILABILITY OF FEMALE PROVIDER</td><td>6</td></tr> <tr><td>NO OTHER FACILITY NEARBY</td><td>7</td></tr> <tr><td>RECOMMENDATION OR REFERRAL</td><td>8</td></tr> <tr><td>OTHER, SPECIFY:</td><td>9</td></tr> </table>	NO OTHER REASON	0	LOCATION CLOSE TO HOME	1	LOW COST	2	TRUST IN PROVIDERS	3	HIGH QUALITY CARE	4	AVAILABILITY OF DRUGS	5	AVAILABILITY OF FEMALE PROVIDER	6	NO OTHER FACILITY NEARBY	7	RECOMMENDATION OR REFERRAL	8	OTHER, SPECIFY:	9
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I'm going to read you a series of statements regarding this health facility. Please tell me if you agree, neither agree nor disagree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.

	RESPONSE	RESPONSE
<p>READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS WITH RESPONSE CODES</p> <p>RESPONSE CODE:</p> <p>AGREE1</p> <p>NEITHER AGREE NOR DISAGREE2</p> <p>DISAGREE3</p> <p>NOT APPLICABLE 4</p> 	(4.03)	It is convenient to travel from your house to the health facility.
	(4.04)	The health facility is clean.
	(4.05)	The health staff are courteous and respectful.
	(4.06)	The health workers did a good job of explaining your condition.
	(4.07)	It is easy to get medicine that health workers prescribe.
	(4.08)	The registration fees of this visit to the health facility were reasonable.
	(4.09)	The lab fees of this visit to the health facility were reasonable.
	(4.10)	The medication fees of this visit to the health facility were reasonable.
	(4.11)	The transport fees for this visit to the health facility were reasonable.
	(4.12)	The amount of time you spent waiting to be seen by a health provider was reasonable.
	(4.13)	You had enough privacy during your visit.
	(4.14)	The health worker spent a sufficient amount of time with you.
	(4.15)	The hours the facility is open are adequate to meet your needs.
	(4.16)	The overall quality of services provided was

Security and Trust			
<p>I'm going to read you a series of statements regarding security and trust in this health facility. Please respond to the statements as you did above by confirming if you agree, neither agree nor disagree, or disagree with each statement. Please tell me if any of those statements is not applicable to you.</p>			
<p>READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION. PLEASE SHOW AND ASK TO PICK OUT THE CARD</p> <p>RESPONSE CODE:</p> <p>AGREE1</p> <p>NEITHER AGREE NOR DISAGREE2</p> <p>DISAGREE3</p> <p>NOT APPLICABLE 4</p> 	(4.17)	The level of security in the health facility area makes it difficult for people in the community to use available health services.	
	(4.18)	The health workers in this facility are extremely thorough and careful.	
	(4.19)	You trust in the skills and abilities of the health workers of this facility.	
	(4.20)	You completely trust the health worker's decisions about medical treatments in this facility	
	(4.21)	The health workers in this facility are very friendly and approachable.	
	(4.22)	The health workers in this facility are easy to make contact with.	
	(4.23)	The health workers in this facility care about your health just as much or more than you do.	
	(4.24)	The health workers in this facility act differently toward rich people than toward poor people.	
	(4.25)	All in all, you trust the health worker completely in this health facility.	

(5)	Questions about the household	RECORD RESPONSE			
(5.01)	Does your household own any land or house?	YES 1			
		NO 2 ► (5.03)			
(5.02)	If you were to sell the land you own, how much in Naira do you think you would receive for it?	IN THOUSAND NAIRA, DON'T KNOW=99999			
(5.03)	For your home, what is the main material used for the following: Wall, Rooftop and Floor? DO NOT READ CHOICES ALOUD. RECORD THE RESPONSE FOR EACH	BRICKS OR BLOCKS 01 ASBESTOS 02 CORRUGATED IRON / METAL 03 PLASTIC 04 POLES / REED 05 TILES / SLATES 06 THATCH / GRASS 07 WOOD / BAMBOO 08 EARTH / MUD 09 CONCRETE / CEMENT ONLY 10 CARDBOARD 11 OTHER, SPECIFY: 96	a. Wall b. Rooftop c. Floor		
(5.04)	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms?	DO NOT COUNT KITCHEN AND BATHROOM. RECORD USING TWO DIGITS. FOR EXAMPLE, FIVE ROOMS SHOULD BE WRITTEN AS "05", 10 ROOMS AS "10"	ROOMS		
(5.05)	How many people live in your household? WRITE THE TOTAL NUMBER IN EACH CATEGORY.	a. Men 18 years and older b. Women 18 years and older c. Children & adolescents between 6 & 17 years d. Children 5 years and below e. Total			
(5.06)	What is the main source of water for drinking and food preparation for the household in the rainy and dry season ? DO NOT READ CHOICES; ONLY ONE ANSWER IS ALLOWED	PIPED INTO DWELLING 01 PIPED INTO YARD/PLOT 02 PUBLIC TAP/STANDPIPE 03 PROTECTED WELL 04 UNPROTECTED WELL 05 PROTECTED SPRING 06 UNPROTECTED SPRING 07 RAINWATER 08 TANKER TRUCK 09 SURFACE WATER (LAKE) 10 BOTTLED WATER 11 BORE HOLE 12 SATCHET/PURE WATER 13 OTHER 96	Dry season Rainy season		
(5.07)	How far is this source from house in the rainy and dry season ? IF LESS THAN ONE KM, ENTER 00	ENTER THE NUMBERS IN KILOMETERS	Dry season Rainy season		

(5.08)	What is your household's main source of energy for cooking? MAIN IN TERMS OF QUANTITY. DO NOT READ CHOICES. ONLY ONE OPTION IS ALLOWED.	<table border="1"> <tr><td>ELECTRICITY</td><td>1</td></tr> <tr><td>LNG/NATURAL GAS/BIOGAS</td><td>2</td></tr> <tr><td>KEROSENE</td><td>3</td></tr> <tr><td>COAL/LIGNITE/CHARCOAL</td><td>4</td></tr> <tr><td>WOOD</td><td>5</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td>6</td></tr> <tr><td>AGRICULTURAL CROP</td><td>7</td></tr> <tr><td>ANIMAL DUNG</td><td>8</td></tr> <tr><td>OTHER</td><td>9</td></tr> <tr><td>NO FOOD COOKED</td><td>0</td></tr> </table>	ELECTRICITY	1	LNG/NATURAL GAS/BIOGAS	2	KEROSENE	3	COAL/LIGNITE/CHARCOAL	4	WOOD	5	STRAW/SHRUBS/GRASS	6	AGRICULTURAL CROP	7	ANIMAL DUNG	8	OTHER	9	NO FOOD COOKED	0									
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(5.09)	What is the main source of energy used for lighting? MAIN IN TERMS OF QUANTITY. DO NOT READ CHOICES. ONLY ONE OPTION IS ALLOWED.	<table border="1"> <tr><td>KEROSINE/PARAFFIN/GAS/OIL LAMP</td><td>01</td></tr> <tr><td>ELECTRICITY</td><td>02</td></tr> <tr><td>CANDLES</td><td>03</td></tr> <tr><td>DIESEL</td><td>04</td></tr> <tr><td>OPEN FIRE</td><td>05</td></tr> <tr><td></td><td>06</td></tr> <tr><td>TORCH/ELECTRIC LANTERN</td><td></td></tr> <tr><td>SOLAR PANEL</td><td>07</td></tr> <tr><td>COAL</td><td>08</td></tr> <tr><td>GAS</td><td>09</td></tr> <tr><td>GENERATOR</td><td>10</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td>SPECIFY</td><td></td></tr> </table>	KEROSINE/PARAFFIN/GAS/OIL LAMP	01	ELECTRICITY	02	CANDLES	03	DIESEL	04	OPEN FIRE	05		06	TORCH/ELECTRIC LANTERN		SOLAR PANEL	07	COAL	08	GAS	09	GENERATOR	10	OTHER	96	SPECIFY		<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
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(5.10)	What kind of toilet facility do people in your household mainly use? DO NOT READ CHOICES; ONLY ONE OPTION IS ALLOWED.	<table border="1"> <tr><td>FLUSH TO PIPED SEWER</td><td>1</td></tr> <tr><td>FLUSH TO SEPTIC</td><td>2</td></tr> <tr><td>FLUSH TO PIT LATRINE</td><td>3</td></tr> <tr><td>FLUSH TO OTHER</td><td>4</td></tr> <tr><td>VENTILATED PIT LATRINE</td><td>5</td></tr> <tr><td>PIT LATRINE WITH SLAB</td><td>6</td></tr> <tr><td>COMPOSTING TOILET</td><td>7</td></tr> <tr><td>OPEN PIT</td><td>8</td></tr> <tr><td>BUCKET/ HANGING TOILET</td><td>9</td></tr> <tr><td>NO FACILITIES OR BUSH</td><td>0</td></tr> </table>	FLUSH TO PIPED SEWER	1	FLUSH TO SEPTIC	2	FLUSH TO PIT LATRINE	3	FLUSH TO OTHER	4	VENTILATED PIT LATRINE	5	PIT LATRINE WITH SLAB	6	COMPOSTING TOILET	7	OPEN PIT	8	BUCKET/ HANGING TOILET	9	NO FACILITIES OR BUSH	0									
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Household assets		RECORD RESPONSE		
(5.11)	How many [ASSET]s does your household own? ONLY INCLUDE FUNCTIONING ASSETS. IF NONE, RECORD "00", IF TWO, RECORD "02", ETC.			
01	Radio/CD/cassette player			
02	Television			
03	Clothes iron			
04	Table or ceiling fans			
05	Airconditioner			
06	Electric stove			
07	Gas stove			
08	Paraffin lamp			
09	Bed			
10	Mattress			
11	Mosquito nets			
12	Refrigerator / freezer			
13	Sewing machine			
14	Table (for dining)			
15	Sofa			
16	Watch/clock			
17	Electricity generator and other accessories			
18	Computer/laptop/tablet			
19	Land line telephone			
20	Mobile Telephone			
21	Motorcycle			
22	Bicycle			
23	Truck or car			
24	Animal-drawn cart			
25	Boat with a motor			
26	Canoe or boat (no motors)			
27	Wheelbarrow			
28	Plough			
29	Hoes / harrows / axes			
(5.12)	How many [ANIMAL]s does your household own? IF NONE, RECORD "000". IF FIVE, RECORD "005", IF 35, RECORD "035"		RECORD RESPONSE	
a	Cattle			
b	Goat			
c	Sheep			
d	Pig			
e	Poultry			
g	Donkey/Horse			
h	Oxen			
i	Dog			
j	Other			