

**DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

Ethiopia
Central Statistical Agency (CSA)

IDENTIFICATION				
LOCALITY NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER _____				
HOUSEHOLD NUMBER _____				
HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION AND DOMESTIC VIOLENCE? (1=YES, 2=NO) _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
TIME	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
*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 _____ (SPECIFY)				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH				
**LANGUAGE CODES: 01 ENGLISH 03 TIGRIGNA 05 LANGUAGE 5 02 AMHARIC 04 OROMIFFA 06 LANGUAGE 6				
SUPERVISOR _____ NAME		FIELD EDITOR _____ NAME		OFFICE EDITOR _____ NUMBER
_____ NUMBER		_____ NUMBER		_____ NUMBER
_____ NUMBER		_____ NUMBER		_____ NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Central Statistical Agency (CSA). We are conducting a survey about health and other topics all over Ethiopia. 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

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

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>H</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	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
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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/number of years (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2015-2016] 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 woreda or kebele? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 16		Y N 1 2 ↓ NEXT LINE	LEVEL GRADE 1 2 ↓ NEXT LINE	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE 1 2 ↓ NEXT LINE	
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
08	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

0 = PRESCHOOL

1 = PRIMARY

2 = SECONDARY

3 = TECHNICAL/VOACATIONAL

4 = HIGHER

8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED

(USE '00' FOR Q. 17 ONLY.

THIS CODE IS NOT ALLOWED

FOR Q. 19.)

98 = DON'T KNOW

HOUSEHOLD SCHEDULE

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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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THIS CODE IS NOT ALLOWED FOR Q. 19.)
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK (BOTI) 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 300px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK (BOTI). 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 300px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 105 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> DON'T KNOW998	
104A	Who ususally goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 96 (SPECIFY)	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 113
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 116
114	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)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows, oxen or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Camels e) Goats? f) Sheep? g) Chickens or other poultry? h) Beehives?	a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) CAMELS <input type="text"/> <input type="text"/> e) GOATS <input type="text"/> <input type="text"/> f) SHEEP <input type="text"/> <input type="text"/> g) CHICKENS/POULTRY <input type="text"/> <input type="text"/> h) BEEHIVES <input type="text"/> <input type="text"/>	
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	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer?	e) COMPUTER 1	2	
	f) A refrigerator?	f) REFRIGERATOR 1	2	
	g) A table?	g) TABLE 1	2	
	h) A chair?	h) CHAIR 1	2	
	i) A bed with cotton/sponge/spring mattress?	i) BED WITH COTTON/SPONS/ SPRING MATTRESS..... 1	2	
	j) An electric mitad?	j) ELECTRIC MITAD 1	2	
	k) A kerosene lamp/pressure lamp?	k) KEROSENE LAMP/PRESSURE LAMP 1	2	
122	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
	h) A bagag?	h) BAGAG 1	2	
123	Does any member of this household have a bank account?	YES 1 NO 2		
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	<div> <div></div> <div>→ 142</div> </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS/PLASTIC TILE .. 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/MUD 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT/ PLASTIC SHEET 21 REED/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/CORRUGATED IRON 31 WOOD 32 CALAMINE/CEMENT FIBER/ASBEST 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS/BAMBOO/REE 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>	

INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					
146	In the last 12 months, was any child or adult OF YOUR HOUSEHOLD killed or injured in any incident with injuries severe enough that for at least one day they could not carry out their normal activities?	YES 1 NO 2	→ NXT SECT				
147	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN Q148. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.						
148	NAME INJURED/KILLED	NAME _____	NAME _____				
149	Could you tell me in what type of accident (NAME) was injured or killed?	ROAD TRAFFIC ACCIDENT ... 01 VIOLENCE/ASSAULT 02 FIRE/BURNING 03 ANIMAL BITE 04 ACCIDENTAL FALL 05 DROWNING 06 POISONING 07 KICKED BY CATTLE 08 FALL FROM TREE/BUILDING /ANIMAL BACK 09 OTHER 96 (SPECIFY) DON'T KNOW 98 (GO TO 151) ←	ROAD TRAFFIC ACCIDENT ... 01 VIOLENCE/ASSAULT 02 FIRE/BURNING 03 ANIMAL BITE 04 ACCIDENTAL FALL 05 DROWNING 06 POISONING 07 KICKED BY CATTLE 08 FALL FROM TREE/BUILDING /ANIMAL BACK 09 OTHER 96 (SPECIFY) DON'T KNOW 98 (GO TO 151) ←				
150	Can you tell me the type of road accident (NAME) was injured or killed?	ROAD ACCIDENT DRIVER 1 ROAD ACCIDENT OCCUPANT . 2 PEDESTRIAN 3 ROAD ACCIDENT BICYCLE 4 MOTORIZED TWO WHEELER ... 5 OTHER 96	ROAD ACCIDENT DRIVER 1 ROAD ACCIDENT OCCUPANT . 2 PEDESTRIAN 3 ROAD ACCIDENT BICYCLE 4 MOTORIZED TWO WHEELER ... 5 OTHER 96				
151	Is (NAME) still alive?	YES 1 NO 2 (GO TO 154) ←	YES 1 NO 2 (GO TO 154) ←				
152	For how long did (NAME)'s injury prevent her/him from carrying out her/his normal daily activities?	LESS THAN 7 DAYS 1 BETWEEN 8 TO 30 DAYS 2 BETWEEN 2 TO 6 MONTHS 3 LONGER THAN 6 MONTHS 4 DON'T KNOW 8	LESS THAN 7 DAYS 1 BETWEEN 8 TO 30 DAYS 2 BETWEEN 2 TO 6 MONTHS 3 LONGER THAN 6 MONTHS 4 DON'T KNOW 8				
153	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1). RECORD '00' IF PERSON NOT LISTED IN HOUSEHOLD.	LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO NEXT COLUMN, IF NO MORE GO TO NEXT SECTION)			LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO NEXT COLUMN, IF NO MORE GO TO NEXT SECTION)		
154	Was (NAME)'s death due to the accident?	YES 1 NO 2 (GO TO NEXT COLUMN, IF NO MORE GO TO NEXT	YES 1 NO 2 (GO TO NEXT COLUMN, IF NO MORE GO TO NEXT				
155	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2				
156	How old was (NAME) when he/she died?	NUMBERS IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> GO TO NEXT COLUMN, IF NO MORE GO TO NEXT SECTION			NUMBERS IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> GO TO NEXT COLUMN, IF NO MORE GO TO NEXT SECTION		

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS
(TO BE ADDED TO THE HOUSEHOLD QUESTIONNAIRE)**

CHECK COVER PAGE OF QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION MODULE (FGM) AND DOMESTIC VIOLENCE



YES

NO



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LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

--	--

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RECORD THE TIME.

HOURS

.....

MINUTES

.....

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
