



Confidential

*) Cross out category not used
**) Circle the selected category and enter in box

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	FAMILY NUMBER	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY		
					Does (NAME) usually live here?	Did (NAME) stay here last night?			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL NEVER MARRIED MEN/ LIVING TOGETHER AGE 15-54	CIRCLE LINE NUMBER OF ALL NEVER MARRIED MEN AGE 15-24
	<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 1-5 TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS (6)-(18) FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>WRITE THE FAMILY NUMBER</p> <p>CIRCLE ONE CODE</p>	<p>Is (NAME) male or female?</p> <p>CIRCLE ONE CODE</p>	<p>Does (NAME) usually live here?</p> <p>CIRCLE ONE CODE</p>	<p>Did (NAME) stay here last night?</p> <p>CIRCLE ONE CODE</p>	<p>How old is (NAME) at last birthday?</p> <p>HAS TO HAVE AN ENTRY</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>IF LESS THAN 1 RECORD '00'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p> <p>2 = MARRIED</p> <p>3 = LIVING TOGETHER</p> <p>4 = DIVORCED</p> <p>5 = SEPARATED</p> <p>6 = WIDOWED</p>			
1	2	3	4	5	6	7	8	9	10	11	12
01		<input type="text"/>	<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"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

1) 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"/>
2) 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"/>
3) Are there any other people who usually live here but are away for less than 6 months?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
4) 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"/>
5) Are there anyone who has been listed but is away for 6 months/more or away for less than 6 months but intended to stay in the new place?	YES <input type="checkbox"/>	SCRATCH	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/CHILD |
| 05 = GRANDCHILD | 11 = STEPCHILD |
| 06 = PARENT | 12 = NOT RELATED |
| | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			IF AGE 0-4 YEARS
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION
	Has (NAME) ever attended school or is attending school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Is (NAME) still attending school?	Did (NAME) attend school in the 2016-2017 school year?	In the 2016-2017 school year, what is the highest level and grade attended? 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 BIRTH CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	13	14	15	16	17	18
01	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

1 = PRIMARY SCHOOL 4 = ACADEMY/D1/D2/D3
2 = JUNIOR HIGH SCHOOL 5 = DIPLOMA IV/UNIV
3 = SENIOR HIGH SCHOOL 8 = DON'T KNOW

GRADE

0 = LESS THAN 1 YEAR COMPLETED
1-6 = COMPLETED GRADES 1-6
7 = GRADUATED
8 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	FAMILY NUMBER	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
					Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	CIRCLE LINE NUMBER OF ALL NEVER MARRIED MEN AGE 15-24
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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 1 2 ↓ NEXT LINE	LEVEL GRADE □ □	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	LEVEL GRADE □ □	□
12	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
13	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
14	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
15	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
16	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
17	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
18	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
19	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□
20	1 2 ↓ NEXT LINE	□ □	1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	□ □	□

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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 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 BOTTLED WATER 91 REFILLED WATER 92 OTHER 96 (SPECIFY)	106 103 103
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 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	106
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 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p>PRIVATE</p> <p>WITH SEPTIC TANK 11</p> <p>WITH NO SEPTIC TANK 12</p> <p>SHARED/PUBLIC 21</p> <p>RIVER/STREAM/CREEK 31</p> <p>PIT 41</p> <p>YARD/BUSH/FOREST 51</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 112A</p> <p>→ 112A</p>
110	Do you share this toilet facility with other households?	<p>YES 1</p> <p>NO 2</p>	→ 112
111	Including your own household, how many households use this toilet facility?	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 0</p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>	
112A	<p>LIHAT 101: CODE '21', '31' OR '32' CIRCLED.</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 113
112B	What is the distance between the well and the nearest septic tank?	<p>DISTANCE (IN METER) </p> <p>DON'T KNOW 98</p>	
113	What type of fuel does your household mainly use for cooking?	<p>ELECTRICITY 01</p> <p>LPG 02</p> <p>NATURAL GAS 03</p> <p>BIOGAS 04</p> <p>KEROSENE 05</p> <p>COAL 06</p> <p>CHARCOAL 07</p> <p>WOOD 08</p> <p>STRAW/SHRUBS/GRASS 09</p> <p>AGRICULTURAL CROP 10</p> <p>ANIMAL DUNG 11</p> <p>NO FOOD COOKED IN HOUSEHOLD 95</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 116
114	Is the cooking usually done in the house, in a separate building, or outdoors?	<p>IN THE HOUSE 1</p> <p>IN A SEPARATE BUILDING 2</p> <p>OUTDOORS 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	→ 116
115	Do you have a separate room which is used as a kitchen?	<p>YES 1</p> <p>NO 2</p>	
116	How many rooms in this household are used for sleeping?	ROOMS	
117	Does this household own any livestock, herds, other farm animals, or poultry?	<p>YES 1</p> <p>NO 2</p>	→ 119
118	<p>How many of the following animals does this household own?</p> <p>IF NONE, RECORD '00'.</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>IF UNKNOWN, RECORD '98'.</p> <p>a) Milk cows or bulls?</p> <p>b) Water buffaloes?</p> <p>c) Horses or donkeys?</p> <p>d) Goats/sheep?</p> <p>e) Pigs?</p> <p>f) Chickens or other poultry?</p>	<p>a) COWS/BULLS </p> <p>b) WATER BUFFALOE </p> <p>c) HORSES/DONKEYS </p> <p>d) GOAT/SHEEP </p> <p>e) PIGS </p> <p>f) CHICKENS/POULTRY </p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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"/> <input type="text"/> 95 OR MORE HECTARES 9995 DON'T KNOW 9998	
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A fan? h) Washing machine? i) Air conditioner?	YES NO a) ELECTRICITY 1 2 b) RADIO 1 2 c) TELEVISION 1 2 d) NON-MOBILE TELEPHONE .. 1 2 e) COMPUTER 1 2 f) REFRIGERATOR 1 2 g) FAN 1 2 h) WASHING MACHINE 1 2 i) AIR CONDITIONER 1 2	
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) ANIMAL-DRAWN CART 1 2 f) CAR/TRUCK 1 2 g) BOAT WITH MOTOR 1 2	
123	Does any member of this household have a bank account or an account in a cooperative?	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 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
139	<p>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?</p> <p>INTERVIEWER OBSERVE.</p>	<p>OBSERVED</p> <p>FIXED PLACE 1</p> <p>MOBILE 2</p> <p>NOT OBSERVED,</p> <p>NOT IN DWELLING/YARD/PLOT 3</p> <p>NO PERMISSION TO SEE 4</p> <p>OTHER REASON 5</p>	<p>→ 142</p>			
140	<p>OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p> <p>RECORD OBSERVATION.</p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>				
141	<p>OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.</p> <p>RECORD OBSERVATION.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A</p> <p>ASH, MUD, SAND B</p> <p>NONE Y</p>				
142	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC /MARBLE 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT/RED BRICKS 35</p> <p>CARPET 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>				
142A	<p>What is the floor area of this house?</p> <p>ROUND UP TO SQUARE METERS. IF '995' OR MORE RECORD '995'</p>	<p>AREA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>				
143	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION. CIRCLE APPROPRIATE CODE.</p>	<p>NATURAL ROOFING</p> <p>THATCH/PALM LEAF 11</p> <p>SOD 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>FINISHED ROOFING</p> <p>ZINC 31</p> <p>ASBESTOS 32</p> <p>TILE 33</p> <p>CONCRETE 34</p> <p>CALAMINE 35</p> <p>WOOD 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>				

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>CANE/PALM/TRUNKS 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>WOVEN BAMBOO 31</p> <p>STONE WITH LIME/CEMENT 32</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>	

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
