

2018 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
 HOUSEHOLD QUESTIONNAIRE  
 ZAMBIA  
 MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION				
LOCALITY NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
HOUSEHOLD NUMBER .....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
				MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
				YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
RESULT*	_____	_____	_____	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
	_____	_____		
*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 PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
				TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
				TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH      04 LOZI      07 NYANJA            02 BEMBA      05 LUNDA      08 TONGA            03 KAONDE      06 LUVALE         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           SUPERVISOR            _____            NAME         </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> </div> <div>           NUMBER         </div> </div>				

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health and other topics all over Zambia. 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 20 to 30 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>How old is (NAME)?</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		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	01	01	01
02		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	02	02	02
03		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	03	03	03
04		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	04	04	04
05		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	05	05	05
06		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	06	06	06
07		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	07	07	07
08		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	08	08	08
09		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	09	09	09
10		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div><div></div></div>	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 ☐ → ADD TO TABLE NO ☐

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 ☐ → ADD TO TABLE NO ☐

2C) 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 ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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 = NOT RELATED

98 = DON'T KNOW

## HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 2 YEARS OR OLDER		IF AGE 2-24 YEARS		IF AGE 0-4 YEARS; IF 5 OR OLDER GO TO 31
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?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?	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?	Has (NAME) ever attended school or a nursery/kin dergarden?	What is the highest level of school (NAME) has attended?  What is the highest year (NAME) completed at that level?	Did (NAME) attend school or a (nursery/kin dergarden) at any time during the 2018 school year?	During the 2018 school year, what level and year at that level [is/was] (NAME) attending?	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 14	<input type="text"/> <input type="text"/> RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/> RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
02	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
03	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
04	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
05	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
06	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
07	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
08	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
09	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

## CODES FOR Qs. 17 AND 19: EDUCATION

## LEVEL

0 = NURSERY/KINDERGARDEN  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

## YEAR

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**

							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>How old is (NAME)?</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>
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"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

**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 2 YEARS OR OLDER		IF AGE 2-24 YEARS		IF AGE 0-4 YEARS; IF 5 OR OLDER GO TO 31
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?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?	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?	Has (NAME) ever attended school or a nursery/kin dergarden?	What is the highest level of school (NAME) has attended?  What is the highest year (NAME) completed at that level?	Did (NAME) attend school or a (nursery/kin dergarden) at any time during the 2018 school year?	During the 2018 school year, what level and year at that level [is/was] (NAME) attending?	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
	RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.		
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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
12	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
13	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
14	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
15	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
16	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
17	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
18	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
19	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>
20	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 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL YEAR <input type="text"/> <input type="text"/>	<input type="text"/>

## CODES FOR Qs. 17 AND 19: EDUCATION

## LEVEL

0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

## YEAR

00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 17 ONLY.  
THIS CODE IS NOT ALLOWED  
FOR Q. 19.)  
98 = DON'T KNOW

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP					
31	CHECK COL.9 IN THE HOUSEHOLD SCHEDULE AND WRITE THE TOTAL NUMBER OF WOMEN AGE 15-49 YEARS.	TOTAL NUMBER ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>						
32	CHECK THE NUMBER OF WOMEN AGE 15-49 YEARS IN 31:  ZERO <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> TWO OR MORE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> ONE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>		101    33					
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD 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.</p> <p><b>EXAMPLE:</b> THE HOUSEHOLD NUMBER IS '16' 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.</p>								
LAST DIGIT OF THE HOUSEHOLD 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
33	NAME OF SELECTED WOMAN _____		HH LINE NUMBER OF SELECTED WOMAN		<div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>			



## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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  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?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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, wait, 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

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
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	→ 108A		
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			
108A	How do you store your drinking water?	CLOSED CONTAINER/JERRY CAN ..... 1 OPEN CONTAINER/BUCKET ..... 2 DOES NOT STORE WATER ..... 3 OTHER ..... 6 (SPECIFY)			
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> 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 <b>PIT LATRINE</b> 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 SOLAR POWER ..... 02 LIQUID PROPANE GAS (LPG) ..... 03 NATURAL GAS ..... 04 BIOGAS ..... 05 KEROSENE ..... 06 COAL, LIGNITE ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 AGRICULTURAL CROP ..... 11 ANIMAL DUNG ..... 12  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) Traditional cattle? b) Dairy cattle? c) Beef cattle? d) Horses, donkeys, or mules? e) Goats? f) Sheep? g) Chickens? h) Pigs? i) Rabbits/Other Poultry?	a) TRADITIONAL CATTLE ..... <input type="text"/> <input type="text"/> b) DAIRYCATTLE ..... <input type="text"/> <input type="text"/> c) BEEF CATTLE ..... <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) CHICKENS ..... <input type="text"/> <input type="text"/> h) PIGS ..... <input type="text"/> <input type="text"/> i) RABBITS/OTHER POULTR ..... <input type="text"/> <input type="text"/>	
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	 → 121

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How much hectares, acres, or lima of agricultural land do members of this household own?     IF 95 OR MORE HECTARES, CIRCLE '950'. IF 95 OR MORE ACRES, CIRCLE '951'. IF 95 OR MORE LIMA, CIRCLE '952'.	<div> <div>HECTARES ..... 1</div> <div>ACRES ..... 2</div> <div>LIMA ..... 3</div> </div> <div> <div>95 OR MORE HECTARES ..... 950</div> <div>95 OR MORE ACRES ..... 951</div> <div>95 OR MORE LIMA ..... 952</div> <div>DON'T KNOW ..... 998</div> </div>	
121	Does your household have:  a) Electricity? b) A radio? c) A television? d) A computer? e) A refrigerator?  f) Access to Internet?  g) A bed? h) A table? i) A sofa? j) A washing machine? k) An air conditioner? l) A generator? m) A microwave? n) A geyser (water heater)? o) A grain grinder? p) A plough? q) A tractor? r) A hammer mill?	<div>YES NO</div> <div> <div>a) ELECTRICITY ..... 1 2</div> <div>b) RADIO ..... 1 2</div> <div>c) TELEVISION ..... 1 2</div> <div>d) COMPUTER ..... 1 2</div> <div>e) REFRIGERATOR ..... 1 2</div> <div>f) INTERNET ..... 1 2</div> <div>g) BED ..... 1 2</div> <div>h) TABLE ..... 1 2</div> <div>i) SOFA ..... 1 2</div> <div>j) WASHING MACHINE ..... 1 2</div> <div>k) AIR CONDITIONER ..... 1 2</div> <div>l) GENERATOR ..... 1 2</div> <div>m) MICROWAVE ..... 1 2</div> <div>n) GEYSER ..... 1 2</div> <div>o) GRAIN GRINDER ..... 1 2</div> <div>p) PLOUGH ..... 1 2</div> <div>q) TRACTOR ..... 1 2</div> <div>r) HAMMER MILL ..... 1 2</div> </div>	
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? h) A banana boat?	<div>YES NO</div> <div> <div>a) WATCH ..... 1 2</div> <div>b) MOBILE PHONE ..... 1 2</div> <div>c) BICYCLE ..... 1 2</div> <div>d) MOTORCYCLE/SCOOTER ..... 1 2</div> <div>e) ANIMAL-DRAWN CART ..... 1 2</div> <div>f) CAR/TRUCK ..... 1 2</div> <div>g) BOAT WITH MOTOR ..... 1 2</div> <div>h) BANANA BOAT ..... 1 2</div> </div>	
123	Does any member of this household have a bank account?	<div>YES ..... 1</div> <div>NO ..... 2</div>	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	<div>DAILY ..... 1</div> <div>WEEKLY ..... 2</div> <div>MONTHLY ..... 3</div> <div>LESS OFTEN THAN ONCE A MONTH ..... 4</div> <div>NEVER ..... 5</div>	
124A	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<div>YES ..... 1</div> <div>NO ..... 2</div> <div>DON'T KNOW ..... 8</div>	<div>→ 127</div>

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A PRIVATE COMPANY . . . . . B NGO . . . . . C  OTHER _____ X (SPECIFY)  DON'T KNOW . . . . . Y	
127	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO . . . . . 2	→ 139
128	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . <input type="text"/>	

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
130	How many months ago did your household get the mosquito net?          IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>     MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>     MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>     MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PermaNET ..... 11 OLICET ..... 12 TANA NET ..... 13 OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PermaNET ..... 11 OLICET ..... 12 TANA NET ..... 13 OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PermaNET ..... 11 OLICET ..... 12 TANA NET ..... 13 OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a mass distribution campaign, school distribution, during an antenatal care visit, or during an under five visit?	YES, MASS DIST. CAMPAIGN ..... 1 YES, SCHOOL ..... 2 YES, ANC ..... 3  YES, UNDER FIVE VISIT ..... 4 (SKIP TO 136) ← NO ..... 5	YES, MASS DIST. CAMPAIGN ..... 1 YES, SCHOOL ..... 2 YES, ANC ..... 3  YES, UNDER FIVE VISIT ..... 4 (SKIP TO 136) ← NO ..... 5	YES, MASS DIST. CAMPAIGN ..... 1 YES, SCHOOL ..... 2 YES, ANC ..... 3  YES, UNDER FIVE VISIT ..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 OTHER ..... 96 DON'T KNOW ..... 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8
137	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

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 style="border: 1px solid black; padding: 2px; display: inline-block;"> → 142 </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 ..... Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO/REEDS ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL (PVC) OR ASPHALT STRIPS ..... 32 CERAMIC/TERRAZZO TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL/IRON SHEETS ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES/HARVEY TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 MUD TILES ..... 37 ASBESTOS ..... 38  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><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>MUD ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>MUDBRICK ..... 21</p> <p>BAMBOO WITH MUD ..... 22</p> <p>STONE WITH MUD ..... 23</p> <p>UNCOVERED ADOBE ..... 24</p> <p>PLYWOOD ..... 25</p> <p>CARDBOARD ..... 26</p> <p>REUSED WOOD ..... 27</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BURNED 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>									
146	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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