

IDENTIFICATION	
REGION _____	<input type="text"/> <input type="text"/>
DISTRICT _____	<input type="text"/> <input type="text"/> <input type="text"/>
WARD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EA NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
THIS CLUSTER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAR ES SALAAM=1; SMALL CITY=2; TOWN=3; RURAL/VILLAGE=4	<input type="text"/> <input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 NAME <input type="text"/> <input type="text"/> RESULT <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> <input type="text"/> TOTAL WOMEN AGE 15-49 <input type="text"/> <input type="text"/> TOTAL MEN AGE 15-49 <input type="text"/> <input type="text"/> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/> <input type="text"/>

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____	<input type="text"/> <input type="text"/>	NAME _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DATE _____	<input type="text"/> <input type="text"/>	DATE _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

A. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY FOR INDIVIDUAL INTERVIEW		EDUCATION		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?						Has (NAME) ever attended school?	What is the highest standard or form (NAME) completed?*	Is (NAME) attending school? IF SCHOOL HOLIDAYS, ASK: During the 2003 school year, did (NAME) attend school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	01	01	YES NO 1 2 12A ← 2	STD/FORM <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	YES NO 1 2
02		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	02	02	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
03		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	03	03	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
04		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	04	04	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
05		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	05	05	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
06		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	06	06	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
07		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	07	07	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
08		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	08	08	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
09		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	09	09	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2
10		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	10	10	1 2 12A ← 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2

*** CODES FOR Q. 3**

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD	06 = PARENT	12 = NOT RELATED
02 = WIFE OR HUSBAND	07 = PARENT-IN-LAW	98 = DOES NOT KNOW
03 = SON OR DAUGHTER	08 = BROTHER OR SISTER	
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	09 = CO-WIFE	
05 = GRANDCHILD	10 = OTHER RELATIVE	
	11 = ADOPTED/FOSTER/STEP CHILD	

****CODES FOR Q. 11**

00=LESS THAN 1 YEAR	11=FORM 1
01=STANDARD 1	12=FORM 2
02=STANDARD 2	13=FORM 3
03=STANDARD 3	14=FORM 4
04=STANDARD 4	15=FORM 5
05=STANDARD 5	16=FORM 6
06=STANDARD 6	17=TRAINING
07=STANDARD 7	AFTER SECOND.
08=STANDARD 8	18=UNIVERSITY
09=TRAIN.AFTER PRIM.	
10=PRE-FORM 1	98=DON'T KNOW

LINE NO.	CHRONICALLY ILL PERSONS	FOR PERSONS LESS THAN 18 YEARS OLD***										
		PARENTAL SURVIVORSHIP AND RESIDENCE								ELIGIBILITY: ORPHANS AND		
		Is (NAME)'s natural mother alive?	IF MOTHER ALIVE			Is (NAME)'s natural father alive?	IF FATHER ALIVE			VULNERABLE CHILDREN		
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	IF MOTHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME)'S MOTHER (SEE COLUMN 14 FOR MOTHER'S LINE NUMBER)		IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF FATHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME)'S FATHER (SEE COLUMN 16 FOR FATHER'S LINE NUMBER)		IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	CIRCLE LINE NUMBER FOR EACH CHILD: IF ONE OR BOTH PARENTS ARE DEAD ("NO" IN Q.13 OR Q.15) AND/OR IF ONE OR BOTH PARENTS HAVE BEEN SICK ("YES" IN Q.14A OR Q.16A)				
	(12A)	(13)	(14)	(14A)			(15)	(16)	(16A)			(16B)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ ↓ ↓ 15 15		Y N DK 1 2 8		Y N DK 1 2 8 ↓ ↓ ↓ 16B 16B		Y N DK 1 2 8			01	
02	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			02	
03	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			03	
04	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			04	
05	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			05	
06	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			06	
07	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			07	
08	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			08	
09	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			09	
10	1 2 8	1 2 8 ↓ ↓ ↓ 15 15		1 2 8		1 2 8 ↓ ↓ ↓ 16B 16B		1 2 8			10	

***CODES FOR Q.13 THROUGH Q.16B
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY FOR INDIVIDUAL INTERVIEW		EDUCATION		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	IF AGE 5 YEARS OR OLDER	
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?						Has (NAME) ever attended school?	What is the highest standard or form (NAME) completed?***	Is (NAME) attending school? IF SCHOOL HOLIDAYS, ASK: During the 2003 school year, did (NAME) attend school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
11			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS 1 2	11	11	YES NO 1 2 12A ← 2	STD/FORM 1 2	YES NO 1 2
12			1 2	1 2	1 2	1 2	12	12	1 2 12A ← 2	1 2	1 2
13			1 2	1 2	1 2	1 2	13	13	1 2 12A ← 2	1 2	1 2
14			1 2	1 2	1 2	1 2	14	14	1 2 12A ← 2	1 2	1 2
15			1 2	1 2	1 2	1 2	15	15	1 2 12A ← 2	1 2	1 2
16			1 2	1 2	1 2	1 2	16	16	1 2 12A ← 2	1 2	1 2
17			1 2	1 2	1 2	1 2	17	17	1 2 12A ← 2	1 2	1 2
18			1 2	1 2	1 2	1 2	18	18	1 2 12A ← 2	1 2	1 2
19			1 2	1 2	1 2	1 2	19	19	1 2 12A ← 2	1 2	1 2
20			1 2	1 2	1 2	1 2	20	20	1 2 12A ← 2	1 2	1 2

*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 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DOES NOT KNOW

**CODES FOR Q. 11

00=LESS THAN 1 YR.
01=STANDARD 1
02=STANDARD 2
03=STANDARD 3
04=STANDARD 4
05=STANDARD 5
06=STANDARD 6
07=STANDARD 7
08=STANDARD 8
09=TRAIN.AFTER PRIM.
10=PRE-FORM 1

11=FORM 1
12=FORM 2
13=FORM 3
14=FORM 4
15=FORM 5
16=FORM 6
17=TRAINING AFTER SECOND.
18=UNIVERSITY
98=DON'T KNOW

***CODES FOR Q.13 THROUGH Q.16B
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

LINE NO.	CHRONICALLY ILL PERSONS	FOR PERSONS LESS THAN 18 YEARS OLD***										
		PARENTAL SURVIVORSHIP AND RESIDENCE								ELIGIBILITY: ORPHANS AND		
		IF AGE 0-59 YEARS Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Is (NAME)'s natural mother alive?	IF MOTHER ALIVE			Is (NAME)'s natural father alive?	IF FATHER ALIVE			VULNERABLE CHILDREN CIRCLE LINE NUMBER FOR EACH CHILD: IF ONE OR BOTH PARENTS ARE DEAD ("NO" IN Q.13 OR Q.15) AND/OR IF ONE OR BOTH PARENTS HAVE BEEN SICK ("YES" IN Q.14A OR Q.16A)	
Does (NAME)'s mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	IF MOTHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) MOTHER (SEE COLUMN 14 FOR MOTHER'S LINE NUMBER)			IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME)'s father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF FATHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) FATHER (SEE COLUMN 16 FOR FATHER'S LINE NUMBER)		IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 of the past 12 months.				
	(12A)	(13)	(14)	(14A)			(15)	(16)	(16A)			(16B)
11	Y N DK 1 2 8	Y N DK 1 2 8 ↓ ↓ 15 15		Y N DK 1 2 8			Y N DK 1 2 8 ↓ ↓ 16B 16B		Y N DK 1 2 8			11
12	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			12
13	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			13
14	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			14
15	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			15
16	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			16
17	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			17
18	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			18
19	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			19
20	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8			1 2 8 ↓ ↓ 16B 16B		1 2 8			20

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
Just to make sure that I have a complete listing:			
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>
2) In addition, 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"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>

B. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
20	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WATER FROM OPEN WELL 21 COVERED WELL, BOREHOLE PROTECTED/COVERED WELL . 31 BOREHOLE/TUBEWELL 32 SURFACE WATER PROTECTED SPRING 41 UNPROTECTED SPRING 42 RIVER/STREAM 43 POND/LAKE 44 DAM 45 RAINWATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER 96 (SPECIFY)																						
21	What kind of toilet facilities does your household have?	FLUSH TOILET 11 TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT TOILET 22 NO FACILITY/BUSH/FIELD 31 OTHER 96 (SPECIFY)																						
22	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>Electricity?</td><td>1</td><td>2</td></tr> <tr> <td>A radio?</td><td>1</td><td>2</td></tr> <tr> <td>A television?</td><td>1</td><td>2</td></tr> <tr> <td>A telephone, either mobile or a land line?</td><td>1</td><td>2</td></tr> <tr> <td>A refrigerator?</td><td>1</td><td>2</td></tr> <tr> <td>An iron, either charcoal or electric?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A television?	1	2	A telephone, either mobile or a land line?	1	2	A refrigerator?	1	2	An iron, either charcoal or electric?	1	2	
	YES	NO																						
Electricity?	1	2																						
A radio?	1	2																						
A television?	1	2																						
A telephone, either mobile or a land line?	1	2																						
A refrigerator?	1	2																						
An iron, either charcoal or electric?	1	2																						
23	What type of fuel does your household mainly use for cooking ?	ELECTRICITY 01 SOLAR 02 BIOGAS 03 BOTTLED GAS 04 PARAFFIN/KEROSENE 05 CHARCOAL 06 FIREWOOD 07 ANIMAL DUNG 08 OTHER 96 (SPECIFY)																						
23A	What is the main source of energy used for lighting in the house?	ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP ... 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 CANDLES 07 FIREWOOD ... 08 OTHER 96 (SPECIFY)																						
24	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH, SAND, DUNG 11 WOOD PLANKS, BAMBOO 21 POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
25	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	GRASS/THATCH/MUD 01 POLES AND MUD 02 SUNDRIED BRICKS 03 BAKED BRICKS 04 TIMBER, WOOD 05 CEMENT BLOCKS 06 STONES 07 OTHER 96 (SPECIFY)																
26	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH/MUD 01 IRON SHEETS 02 TILES 03 CONCRETE 04 ASBESTOS 05 OTHER 96 (SPECIFY)																
26A	How many rooms in your household are used for sleeping? INCLUDE ROOMS OUTSIDE THE MAIN DWELLING.	SLEEPING ROOMS <input type="text"/> <input type="text"/>																
27	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A savings or current account?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>SAVINGS/CURRENT ACCOUNT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	SAVINGS/CURRENT ACCOUNT	1	2	
	YES	NO																
BICYCLE	1	2																
MOTORCYCLE/SCOOTER ...	1	2																
CAR/TRUCK	1	2																
SAVINGS/CURRENT ACCOUNT	1	2																
28	How many acres of land for farming or grazing are owned by the household? IF NONE, WRITE '0000.0'. IF DOES NOT KNOW, WRITE '9999.8' FILL BOTH BOXES.	ACRES FOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> FARMING ACRES FOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> GRAZING																
28A	Does your household use land for farming or grazing that it does not own? IF YES: Do you rent the land, sharecrop, or is it communal land?	YES, RENTED 1 YES, SHARECROPPED 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL LAND 4 NO 5	→ 29															
28B	How many acres of land does your household use for farming or grazing that it does not own? IF NONE, WRITE '0000.0'. IF DOES NOT KNOW, WRITE '9999.8' FILL BOTH BOXES.	ACRES FOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> FARMING ACRES FOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> GRAZING																
29	How far is it to the nearest market place? IF LESS THAN ONE KM., WRITE '00'.	KILOMETRES <input type="text"/> <input type="text"/>																
29A	Now I would like to ask you about the food your household eats. How many meals does your household usually have each day?	MEALS <input type="text"/> <input type="text"/>																
29B	In the past week, on how many days did the household consume meat?	DAYS CONSUMED MEAT ... <input type="text"/> <input type="text"/>																
29C	How often in the last year, did this household have problems in satisfying the food needs of the household?	NEVER ... 1 SELDOM ... 2 SOMETIMES ... 3 OFTEN ... 4 ALWAYS ... 5																

C. SUPPORT FOR VULNERABLE HOUSEHOLDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
30	<p>CHECK COLUMN 12A IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE SICK PERSON AGE 0-59?</p> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>AT LEAST ONE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: right;"> <p>→ 32</p> </div> </div>		
31	<p>You told me that, in your household, one/several person(s) has(ve) been very sick for at least three of the past 12 months.</p> <p>I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those person(s).</p> <p>In the last year, has your household ever received:</p> <p>a) Any material support, such as monetary support, clothes or food for which you did not have to pay?</p> <p>b) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay?</p> <p>c) Any kind of medical support, such as medical care or medicine, for which you did not have to pay?</p> <p>d) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?</p>	<div style="text-align: right; margin-bottom: 10px;"> <p>YES NO DK</p> </div> <p>MATERIAL 1 2 8</p> <p>PRACTICAL 1 2 8</p> <p>MEDICAL 1 2 8</p> <p>PSYCHOSOCIAL 1 2 8</p>	
32	<p>CHECK COLUMN 16B IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE CHILD WHOSE MOTHER, FATHER, OR BOTH PARENTS HAVE DIED OR WHOSE MOTHER, FATHER OR BOTH PARENTS HAVE BEEN VERY SICK</p> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>AT LEAST ONE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div style="text-align: right;"> <p>→ 34</p> </div> </div>		
33	<p>You told me that in your household, there is at least one child whose mother and/or father died or has(ve) been very sick for at least three of the last 12 months.</p> <p>I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those child(ren).</p> <p>In the last year, has your household ever received:</p> <p>a) Any kind of financial or material support for schooling, such as allowance, free admission, free books? IF NO CHILD AGE 5-17, CIRCLE DK.</p> <p>b) Any material support, such as monetary support, clothes or food for which you did not have to pay?</p> <p>c) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay?</p> <p>d) Any kind of medical support, such as medical care or medicine, for which you did not have to pay?</p> <p>e) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?</p>	<div style="text-align: right; margin-bottom: 10px;"> <p>YES NO DK</p> </div> <p>SCHOOLING 1 2 8</p> <p>MATERIAL 1 2 8</p> <p>PRACTICAL 1 2 8</p> <p>MEDICAL 1 2 8</p> <p>PSYCHOSOCIAL 1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
34	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has anyone who lived in this household died in the last 12 months.	YES 1 NO 2 DON'T KNOW 8	→ END → END
35	How many household members died in the last 12 months?	NO. OF PERSONS <input type="text"/> <input type="text"/>	
36	Was this person/any of these persons under the age of 60?	YES 1 NO 2 DON'T KNOW 8	→ END → END
37	Now, I would like to ask you about the person(s) who was/were under the age of 60 when they died. Had this person/any of these persons been very sick for at least three months before dying? By very sick, I mean that they were too sick to work or do normal activities around the house.	YES 1 NO 2 DON'T KNOW 8	→ END → END
38	I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those person(s). In the last year, has your household ever received: a) Any material support, such as monetary support, clothes or food for which you did not have to pay? b) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay? c) Any kind of medical support, such as medical care or medicine, for which you did not have to pay? d) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?	YES NO DK MATERIAL 1 2 8 PRACTICAL 1 2 8 MEDICAL 1 2 8 PSYCHOSOCIAL 1 2 8	