

IDENTIFICATION			
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
WARD	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
EA NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
THIS CLUSTER NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
HOUSEHOLD NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
DAR ES SALAAM=1; SMALL CITY=2; TOWN=3; RURAL/VILLAGE=4	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 40px; height: 20px; text-align: center;"> <tr><td style="width: 10px;">2</td><td style="width: 10px;">0</td><td style="width: 10px;">0</td></tr> </table>	2	0	0
2	0	0					
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px;"></table>			
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></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 PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL WOMEN AGE 15-49 <table border="1" style="width: 20px; height: 20px;"></table> TOTAL MEN AGE 15-49 <table border="1" style="width: 20px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

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	
(1)	(2)	(3)	M F	YES NO	YES NO	IN YEARS	(8)	(9)	YES NO	STD/FORM	YES NO
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	1 2 12A ←	<input type="text"/>	1 2
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	1 2 12A ←	<input type="text"/>	1 2
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	1 2 12A ←	<input type="text"/>	1 2
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	1 2 12A ←	<input type="text"/>	1 2
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	1 2 12A ←	<input type="text"/>	1 2
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	1 2 12A ←	<input type="text"/>	1 2
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	1 2 12A ←	<input type="text"/>	1 2
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	1 2 12A ←	<input type="text"/>	1 2
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	1 2 12A ←	<input type="text"/>	1 2
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	1 2 12A ←	<input type="text"/>	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 VULNERABLE CHILDREN	
		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			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 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.				
(12A)	(13)	(14)	(14A)			(15)	(16)	(16A)			(16B)	
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	
01	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	01	
02	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	02	
03	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	03	
04	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	04	
05	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	05	
06	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	06	
07	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	07	
08	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	08	
09	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	1 2 8	09	
10	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8	1 2 8	1 2 8 ↓ ↓ 16B 16B		1 2 8	1 2 8	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)
			M F	YES NO	YES NO	IN YEARS			YES NO	STD/FORM	YES NO
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	1 2 12A ←	<input type="text"/>	1 2
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	1 2 12A ←	<input type="text"/>	1 2
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	1 2 12A ←	<input type="text"/>	1 2
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	1 2 12A ←	<input type="text"/>	1 2
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	1 2 12A ←	<input type="text"/>	1 2
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	1 2 12A ←	<input type="text"/>	1 2
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	1 2 12A ←	<input type="text"/>	1 2
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	1 2 12A ←	<input type="text"/>	1 2
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	1 2 12A ←	<input type="text"/>	1 2
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	1 2 12A ←	<input type="text"/>	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
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12 = NOT RELATED
98 = DOES NOT KNOW

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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
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***										ELIGIBILITY: ORPHANS AND VULNERABLE CHILDREN
		PARENTAL SURVIVORSHIP AND RESIDENCE										
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			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 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.				
(12A)	(13)	(14)	(14A)			(15)	(16)	(16A)			(16B)	
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK		
11	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	11	
12	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	12	
13	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	13	
14	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	14	
15	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	15	
16	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	16	
17	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	17	
18	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	18	
19	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	19	
20	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	20	

TICK HERE IF CONTINUATION SHEET USED

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 ENTER EACH IN TABLE NO

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 ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

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: Electricity? A radio? A television? A telephone, either mobile or a land line? A refrigerator? An iron, either charcoal or electric?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TELEVISION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TELEPHONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>IRON</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	IRON	1	2	
	YES	NO																						
ELECTRICITY	1	2																						
RADIO	1	2																						
TELEVISION	1	2																						
TELEPHONE	1	2																						
REFRIGERATOR	1	2																						
IRON	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	CHECK COLUMN 12A IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE SICK PERSON AGE 0-59? AT LEAST ONE <input type="checkbox"/>	NONE <input type="checkbox"/> → 32	32																								
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>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MATERIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	MATERIAL	1	2	8	PRACTICAL	1	2	8	MEDICAL	1	2	8	PSYCHOSOCIAL	1	2	8					
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PRACTICAL	1	2	8																								
MEDICAL	1	2	8																								
PSYCHOSOCIAL	1	2	8																								
32	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 AT LEAST ONE <input type="checkbox"/>	NONE <input type="checkbox"/> → 34	34																								
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>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>SCHOOLING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MATERIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	SCHOOLING	1	2	8	MATERIAL	1	2	8	PRACTICAL	1	2	8	MEDICAL	1	2	8	PSYCHOSOCIAL	1	2	8	
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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	