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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services. We are conducting a survey about health and other topics all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		MINUTES <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	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. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → 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 = DONT KNOW

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	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? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2019-2020 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DONT KNOW
Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
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CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

- 1 = ELEMENTARY (GRADES 1-6)
- 2 = JUNIOR HIGH (GRADES 7-9)
- 3 = SENIOR HIGH (GRADES 10-12)
- 4 = HIGHER
- 6 = PRESCHOOL/NURSERY/KINDERGARTEN
- 8 = DON'T KNOW

GRADE

- 00 = LESS THAN 1 GRADE COMPLETED AT THAT LEVEL (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
- 98 = DONT KNOW

SELECTION OF ONE CHILD FOR CHILD LABOR/CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																																		
21	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-17 YEARS.	TOTAL NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>																																																																		
22	<p>CHECK THE NUMBER OF CHILDREN AGE 1-17 YEARS IN Q. 21:</p> <p style="text-align:center;">ZERO <input style="width:20px; height:15px;" type="text"/> → SKIP TO Q. 60</p> <p style="text-align:center;">TWO OR MORE <input style="width:20px; height:15px;" type="text"/> ↓</p> <p style="text-align:center;">ONE <input style="width:20px; height:15px;" type="text"/> → SKIP TO Q. 29 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>																																																																			
22A	LIST EACH OF THE CHILDREN AGE 1-17 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-17 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.																																																																			
	<table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th style="width:10%;">23. RANK NUMBER</th> <th style="width:15%;">24. HH LINE NUMBER</th> <th style="width:35%;">25. NAME FROM COL. 2</th> <th colspan="2" style="width:15%;">26. SEX FROM COL. 4</th> <th style="width:15%;">27. AGE FROM COL. 7</th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M</th> <th>F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td>1</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>3</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>4</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>5</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>6</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>7</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>8</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> <tr><td>9</td><td><input style="width:30px; height:20px;" type="text"/></td><td>_____</td><td>1</td><td>2</td><td><input style="width:30px; height:20px;" type="text"/></td></tr> </tbody> </table>		23. RANK NUMBER	24. HH LINE NUMBER	25. NAME FROM COL. 2	26. SEX FROM COL. 4		27. AGE FROM COL. 7	RANK	LINE	NAME	M	F	AGE	1	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	2	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	3	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	4	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	5	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	6	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	7	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	8	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>	9	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>
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5	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>																																																															
6	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>																																																															
7	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>																																																															
8	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>																																																															
9	<input style="width:30px; height:20px;" type="text"/>	_____	1	2	<input style="width:30px; height:20px;" type="text"/>																																																															

SELECTION OF ONE CHILD FOR CHILD LABOR/CHILD DISCIPLINE

28 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 CHILDREN **Q.21** ON THE PREVIOUS PAGE. 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 RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD LABOUR/CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN **Q. 23**. WRITE THE NAME, AGE, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '7126' AND **Q. 21** SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-17 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN 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 **Q. 23** AND FIND THE SECOND CHILD. WRITE THE NAME, AGE, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-17 IN HOUSEHOLD FROM Q. 21							
	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

29 NAME OF SELECTED CHILD _____

AGE OF SELECTED CHILD

--	--

HH LINE NUMBER OF SELECTED CHILD

--	--

RANK NUMBER OF SELECTED CHILD

--	--

CHILD LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
30	CHECK THE AGE OF THE SELECTED CHILD FROM Q. 29: 5-17 YEARS <input type="checkbox"/>	1-4 YEARS <input type="checkbox"/>	→ 51															
31	Now I would like to ask about any work children in this household may do. Since last (DAY OF THE WEEK), did (NAME) do any of the following activities, even for only one hour? a) Did (NAME) do any work or help on (his/her) own or the household's plot/farm/food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing, milking animals? b) Did (NAME) help in family business or relative's business with or without pay, or run (his/her) own business? c) Did (NAME) produce or sell articles, handicrafts, clothes, food or agricultural products? d) Since last (DAY OF THE WEEK), did (NAME) engage in any other activity in return for income in cash or in kind, even for only one hour? IF NO PROBE: Please include any activity (NAME) performed as a regular or casual employee, self-employed or employer; or as an unpaid family worker helping out in household business or farm.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WORKED ON PLOT/ FARM/FOOD GARDEN/ LOOKED AFTER ANIMALS</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> <tr> <td>b) HELPED IN FAMILY / RELATIVE'S BUSINESS/OWN BUSINESS</td> <td align="right">..... 1</td> <td align="right">2</td> </tr> <tr> <td>c) PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) ANY OTHER ACTIVITY</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) WORKED ON PLOT/ FARM/FOOD GARDEN/ LOOKED AFTER ANIMALS 1	2	b) HELPED IN FAMILY / RELATIVE'S BUSINESS/OWN BUSINESS 1	2	c) PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS ..	1	2	d) ANY OTHER ACTIVITY	1	2	
	YES	NO																
a) WORKED ON PLOT/ FARM/FOOD GARDEN/ LOOKED AFTER ANIMALS 1	2																
b) HELPED IN FAMILY / RELATIVE'S BUSINESS/OWN BUSINESS 1	2																
c) PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS ..	1	2																
d) ANY OTHER ACTIVITY	1	2																
32	CHECK 31, a) THROUGH d) AT LEAST ONE 'YES' <input type="checkbox"/>	ALL ANSWERS ARE 'NO' <input type="checkbox"/>	→ 37															
33	Since last (DAY OF THE WEEK) about how many hours did (NAME) engage in (this activity/these activities), in total? IF LESS THAN 1 HOUR, RECORD '00'	NUMBER OF HOURS <input type="text"/> <input type="text"/>																
34	(Does the activity/Do these activities) require carrying heavy loads?	YES 1 NO 2	→ 37															
35	(Does the activity/Do these activities) require working with dangerous tools, knives, etc., or operating heavy machinery?	YES 1 NO 2	→ 37															

CHILD LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
36	How would you describe the work environment of (NAME)? a) Is (NAME) exposed to dust, fumes or gas? b) Is (NAME) exposed to extreme cold, heat or humidity? c) Is (NAME) exposed to loud noise or vibration? d) Is (NAME) required to work at heights? e) Is (NAME) required to work with chemicals, pesticides, glues, etc., or explosives? f) Is (NAME) exposed to other things, processes or conditions bad for (NAMES)'s health or safety?	YES 1 NO 2 YES 1 NO 2	→ 37 → 37 → 37 → 37 → 37 → 37																								
37	Since last (DAY OF THE WEEK), did (NAME) fetch water or collect firewood for household use?	YES 1 NO 2	→ 39																								
38	In total, how many hours did (NAME) spend on fetching water or collecting firewood for household use, since last (DAY OF THE WEEK)? IF LESS THAN 1 HOUR, RECORD '00'	NUMBER OF HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																									
39	Since last (DAY OF THE WEEK), did (NAME) do any of the following for this household? a) Shopping for household? b) Repair any household equipment? c) Cooking or cleaning utensils or the house? d) Washing clothes? e) Caring for children? f) Caring for the old or sick? g) Other household tasks?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) SHOPPING FOR HOUSEHOLD ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) REPAIR HOUSEHOLD EQUIP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) COOKING/CLEANING UTENSILS/HOUSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) WASHING CLOTHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CARING FOR CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) CARING FOR OLD/SICK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) OTHER HOUSEHOLD TASKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) SHOPPING FOR HOUSEHOLD ..	1	2	b) REPAIR HOUSEHOLD EQUIP	1	2	c) COOKING/CLEANING UTENSILS/HOUSE	1	2	d) WASHING CLOTHES	1	2	e) CARING FOR CHILDREN	1	2	f) CARING FOR OLD/SICK	1	2	g) OTHER HOUSEHOLD TASKS	1	2	
	YES	NO																									
a) SHOPPING FOR HOUSEHOLD ..	1	2																									
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g) OTHER HOUSEHOLD TASKS	1	2																									
40	CHECK 39 a) THROUGH g): AT LEAST <input style="width: 20px; height: 20px;" type="checkbox"/> ONE 'YES' ↓	ALL ANSWERS <input style="width: 20px; height: 20px;" type="checkbox"/> ARE 'NO' →	→ 50																								
41	Since last (DAY OF THE WEEK), about how many hours did (NAME) engage in (this activity/these activities), in total? IF LESS THAN ONE HOUR, RECORD '00'	NUMBER OF HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																									

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

60	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/> → 101
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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.

EXAMPLE: THE HOUSEHOLD NUMBER IS '3893' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE TWO ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 06). SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '3' GO TO ROW '3' AND SINCE THERE ARE TWO ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '2'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('1') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE FIRST WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '02' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

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

61	NAME OF SELECTED WOMAN _____ IF NO ELIGIBLE WOMAN IN THE HOUSEHOLD WRITE '00'.	HH LINE NUMBER OF SELECTED WOMAN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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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?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>HAND PUMP/ TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>MINERAL WATER IN SACHET 92</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>HAND PUMP/ TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 105</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
105	<p>CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>→ 107</p>

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	→ 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 PUR C WATERGUARD D STRAIN THROUGH A CLOTH E USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) F SOLAR DISINFECTION G LET IT STAND AND SETTLE H OTHER _____ X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM .. 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td align="center" style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;"></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 GAS CYLINDER 02 KEROSENE STOVE 03 FIRE COAL/CHARCOAL 04 WOOD 05 STRAW/SHRUBS/GRASS 06 AGRICULTURAL CROP 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 116
114	Is the cooking usually done in the house, on a porch, in a separate building, or outdoors?	IN THE HOUSE 1 ON A PORCH 2 IN A SEPARATE BUILDING 3 OUTDOORS 4 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) Cows or bulls? b) Pigs? c) Goats? d) Sheep? e) Chickens, ducks, or guinea fowl?	a) COWS/BULLS <input type="text"/> <input type="text"/> b) PIGS <input type="text"/> <input type="text"/> c) GOATS <input type="text"/> <input type="text"/> d) SHEEP <input type="text"/> <input type="text"/> e) CHICKENS/DUCKS/FOWL <input type="text"/> <input type="text"/>	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have: a) Electricity that is connected? b) A generator? c) A solar panel? d) A radio? e) A television? f) A non-mobile telephone? g) A computer? h) An ice box / refrigerator? i) A table? j) Chairs? k) A cupboard? l) A mattress (not made of straw or grass)? m) A sewing machine?	YES a) ELECTRICITY 1 b) GENERATOR 1 c) SOLAR PANEL 1 d) RADIO 1 e) TELEVISION 1 f) NON-MOBILE TELEPHONE 1 g) COMPUTER 1 h) REFRIGERATOR 1 i) TABLE 1 j) CHAIRS 1 k) CUPBOARD 1 l) MATTRESS 1 m) SEWING MACHINE 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2	
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or tricycle? e) A car or truck? f) A boat or canoe?	YES a) WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/TRICYCLE .. 1 e) CAR/TRUCK 1 f) BOAT/CANOE 1	NO 2 2 2 2 2 2	
123	I don't want to know the amount, but does any member of this household have a bank account?	YES 1 NO 2		
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5		
127	Does your household have any mosquito nets? PROBE: Any mosquito nets at all?	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 style="width: 40px; height: 20px; border: 1px solid black;" 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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN 16 OTHER TYPE 96 DON'T KNOW TYPE 98
134	Did you get the net through a mass distribution campaign, during a prenatal care visit, or during an immunization visit?	YES, MASS DIST. CAMPAIGN 1 YES, PNC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, MASS DIST. CAMPAIGN 1 YES, PNC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, MASS DIST. CAMPAIGN 1 YES, PNC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH VOLUNTEER/ ASSISTANT 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 STREET CORNER 08 NEIGHBOR/ FRIEND / RELATIVE 09 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH VOLUNTEER/ ASSISTANT 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 STREET CORNER 08 NEIGHBOR/ FRIEND / RELATIVE 09 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH VOLUNTEER/ ASSISTANT 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 STREET CORNER 08 NEIGHBOR/ FRIEND / RELATIVE 09 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	→ 142
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.	NATURAL FLOOR EARTH/SAND/MUD 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 FLOOR MAT/LINOLEUM/VINYL 32 CERAMIC TILES/TERRAZO 33 CONCRETE/CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 TARPAULIN, PLASTIC 25 FINISHED ROOFING ZINC/METAL/ALUMINUM 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CONCRETE/CEMENT 35 ASBESTOS SHEETS/ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>STRAW/ THATCH MATS 13</p> <p>DIRT 14</p> <p>RUDIMENTARY WALLS</p> <p>MUD AND STICKS 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD/PLASTIC 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>ZINC/METAL 31</p> <p>CEMENT 32</p> <p>STONE WITH LIME/CEMENT 33</p> <p>BRICKS 34</p> <p>CEMENT BLOCKS 35</p> <p>COVERED ADOBE 36</p> <p>WOOD PLANKS/SHINGLES 37</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" data-bbox="1219 978 1349 1031" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1219 1031 1349 1083" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></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
