

AFGHANISTAN DEMOGRAPHIC AND HEALTH SURVEY 2015
HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICS ORGANIZATION AND MINISTRY OF PUBLIC HEALTH

IDENTIFICATION																									
PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> </table>																								
DISTRICT _____																									
VILLAGE/NAHIA _____																									
CONTROLLER AREA																									
CLUSTER NUMBER																									
TYPE OF LOCATION (URBAN=1; RURAL=2)																									
STRUCTURE/BUILDING NUMBER/GATE NUMBER																									
HOUSEHOLD NUMBER																									
NAME OF HOUSEHOLD HEAD _____	<input style="width: 20px; height: 20px;" type="checkbox"/>																								
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1; NO=2)																									

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: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <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 <input style="width: 20px; height: 20px;" type="checkbox"/>
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 _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE MEN <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>
LANGUAGE OF INTERVIEW	DARI 1	PASHTO 2	OTHER 6 _____	TRANSLATOR USED? YES NO 1 2
NATIVE LANGUAGE OF RESPONDENT	1	2	6	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 40px; height: 20px;"></table>	NAME _____ <table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>
		NAME _____	NAME _____

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INTRODUCTION AND CONSENT

As-salamu alaykum. My name is _____. I am working with Central Statistics Organization. We are conducting a survey about health all over Afghanistan, which is conducted with the joint effort of the Ministry of Public Health and Central Statistics Organization. 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
 ↓

1A	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle; text-align: center; width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle; text-align: center; width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </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
	<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</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</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED OR DIVORCED/SEPARATED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 98 = DON'T KNOW |
| 06 = PARENT | |
| 07 = PARENT-IN-LAW | |

LINE NO.	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	17A	18	19	19A	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 grade (NAME) completed at school?	Why did (NAME) never attend school?	Did (NAME) attend school at any time during the (1394) school year?	During this/that school year, what grade [is/was] (NAME) attending?	Why did (NAME) not attend school in 1394 school year? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	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 ↓ GO TO 17A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	Y N 1 2 ↓ GO TO 19A	GRADE <input type="text"/> NEXT LINE	REASON <input type="text"/> NEXT LINE	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE
 00 = LESS THAN GRADE 1 COMPLETED
 01-12 = GRADE 1 - GRADE 12
 13 = BACHELOR'S AND ABOVE
 98 = DON'T KNOW

CODES FOR Qs. 17A AND 19A: REASONS FOR NO SCHOOLING

REASONS
 1= TOO EXPENSIVE
 2= SCHOOL TOO FAR
 3= INSECURE
 4= NEED TO HELP AT HOME
 5= PARENTS DID NOT SEND
 6= GOT MARRIED

7= SCHOOL LACKED BASIC FACILITIES
 8= NEED TO WORK/EARN
 9= OTHER

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	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	What is (NAME)'s current marital status? 1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED OR DIVORCED/SEPARATED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons 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

- 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

LINE NO.	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
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11	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 ↓ GO TO 17A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	Y N 1 2 ↓ GO TO 19A	GRADE <input type="text"/> NEXT LINE	REASON <input type="text"/> NEXT LINE	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/> GO TO 18	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/> NEXT LINE	<input type="text"/> NEXT LINE	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

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CODES FOR Qs. 17A AND 19A: REASONS FOR NO SCHOOLING

REASONS
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 5= PARENTS DID NOT SEND
 6= GOT MARRIED
 7= SCHOOL LACKED BASIC FACILITIES
 8= NEED TO WORK/EARN
 9= OTHER

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
107	What kind of toilet facility do members of your household usually use?	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 TRADITIONAL DRY VAULT TOILET SINGLE VAULT 51 DOUBLE VAULT 52 ECO SANITATION 61 NO FACILITY/BUSH/FIELD 71 OTHER _____ 96 (SPECIFY)	→ 110																																																
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																																
109	How many households in total 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: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																																
0																																																			
110	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>LANDLINE PHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TABLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CHAIR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SOFA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BED</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CUPBOARD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>STAND FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GENERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SEWING MACHINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	LANDLINE PHONE	1	2	REFRIGERATOR	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	BED	1	2	CUPBOARD	1	2	STAND FAN	1	2	GENERATOR	1	2	SEWING MACHINE	1	2	COMPUTER	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What type of fuel/energy does your household mainly use for cooking?	ELECTRICITY 01 LPG/CYLINDER 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 MUD AND HAY 13 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 RUGS/MAT 35 CARPET 36 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/BUSHES/GRASS 12 SOD/MUD WITH GRASS 13 RUDIMENTARY ROOFING RUSTIC MAT 21 MUD AND HAY 22 WOOD PLANKS 23 CARDBOARD/CLOTH/TENT 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PREPARED MUD 12 DIRT 13 RUDIMENTARY WALLS HAY WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD/CLOTH/TENT 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor? A rickshaw?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <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>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>RICKSHAW</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	TRACTOR	1	2	RICKSHAW	1	2	
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RICKSHAW	1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								
120	How many jerib of agricultural land do members of this household own? IF LESS THAN 1 RECORD '000' IF 950 OR MORE, WRITE '950'.	JERIB <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																									
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Milk cows or bulls?</p> <p>Cattle?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Camels?</p> <p>Chickens?</p> <p>Ducks?</p>	<p>COWS/BULLS</p> <p>CATTLE</p> <p>HORSES/DONKEYS/MULES</p> <p>GOATS</p> <p>SHEEP</p> <p>CAMEL</p> <p>CHICKENS</p> <p>DUCKS</p> <table border="1" data-bbox="1238 297 1342 757"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			
123	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>																			
123A	Has any member of this household been diagnosed with cancer?	<p>YES 1</p> <p>NO 2</p>	→ 126																		
123B	What type of cancer has been diagnosed?	<p>BREAST CANCER A</p> <p>LUNG CANCER B</p> <p>LIVER CANCER C</p> <p>DUODENAL CANCER D</p> <p>CERVICAL CANCER E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																			
123C	Has any member of this household died due to cancer in the last 3 years?	<p>YES 1</p> <p>NO 2</p>	→ 126																		
123D	What type of cancer caused the death of your household member (s) in the last 3 years?	<p>BREAST CANCER A</p> <p>LUNG CANCER B</p> <p>LIVER CANCER C</p> <p>DUODENAL CANCER D</p> <p>CERVICAL CANCER E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																			
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 137																		
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>																			

		NET #1	NET #2	NET #3
128	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
129	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
130	TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET 21 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET 21 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET 21 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid (insecticide) to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE 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"/>
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		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"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2		
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON) _____		

141. TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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 '716' 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.

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

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

141A	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
------	------------------	---