# Central Statistical Authority

**Ethiopian Demographic and Health Survey**

**Household Questionnaire**

## Identification

<table>
<thead>
<tr>
<th>REGION</th>
<th>ZONE</th>
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<table>
<thead>
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<th>WOREDA</th>
<th>TOWN</th>
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<thead>
<tr>
<th>KEBELE</th>
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<table>
<thead>
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<th>CLUSTER NUMBER</th>
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<table>
<thead>
<tr>
<th>URBAN/RURAL:</th>
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<tr>
<td>URBAN: 1</td>
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<td>RURAL: 2</td>
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<table>
<thead>
<tr>
<th>TYPE OF PLACE:</th>
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<tbody>
<tr>
<td>LARGE CITY: 1</td>
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<tr>
<td>SMALL CITY: 2</td>
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<tr>
<td>TOWN: 3</td>
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<tr>
<td>COUNTRYSIDE: 4</td>
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<table>
<thead>
<tr>
<th>HOUSEHOLD NUMBER</th>
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<table>
<thead>
<tr>
<th>NAME OF HEAD OF HOUSEHOLD</th>
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</table>

**Household Selected for Male Interview?**

- YES = 1
- NO = 2

## Interviewer Visits

<table>
<thead>
<tr>
<th>DATE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>FINAL VISIT</th>
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<table>
<thead>
<tr>
<th>INTERVIEWER'S NAME</th>
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<table>
<thead>
<tr>
<th>RESULT*</th>
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<table>
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<tr>
<th>NEXT VISIT: DATE</th>
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<table>
<thead>
<tr>
<th>TIME</th>
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<table>
<thead>
<tr>
<th>TOTAL NO. OF VISITS</th>
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</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)

<table>
<thead>
<tr>
<th>TOTAL PERSONS IN HOUSEHOLD</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>TOTAL ELIGIBLE WOMEN</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>TOTAL ELIGIBLE MEN</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL ELIGIBLE CHILDREN</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE</th>
</tr>
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<tbody>
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</table>

## Supervisor

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
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<tbody>
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</table>

## Field Editor

<table>
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<tr>
<th>NAME</th>
<th>DATE</th>
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<tbody>
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</tbody>
</table>

## Office Editor

<table>
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<th>NAME</th>
<th>DATE</th>
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## Keyed By

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
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<tbody>
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<td></td>
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</tbody>
</table>
Now we would like some information about the people who usually live in your household or who are staying with you now.

### Usual Residents and Visitors

<table>
<thead>
<tr>
<th>LINE NO.</th>
<th>Usual Residents and Visitors</th>
<th>Relationship to Head of Household</th>
<th>Sex</th>
<th>Residence</th>
<th>Age</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is (NAME) male or female?</td>
<td></td>
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<td></td>
<td></td>
<td>Does (NAME) usually live here?</td>
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<td></td>
<td></td>
<td>Did (NAME) stay here last night?</td>
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<td></td>
<td></td>
<td>How old is (NAME)?</td>
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</tbody>
</table>

- **Code for Q.3 Relationship to Head of Household:**
  - 01 = Head
  - 02 = Wife or husband or partner
  - 03 = Son or daughter
  - 04 = Son-in-law or daughter-in-law
  - 05 = Grandchild
  - 06 = Parent
  - 07 = Parent-in-law
  - 08 = Brother or sister
  - 10 = Adopted/stepchild
  - 11 = Other relative
  - 12 = Not related
  - 98 = Don’t know

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** **NO**
   - **ENTER EACH IN TABLE**

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** **NO**
   - **ENTER EACH IN TABLE**

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

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<table>
<thead>
<tr>
<th>LINE NO.</th>
<th>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</th>
<th>CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6</th>
<th>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</th>
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<tbody>
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<td>01</td>
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</tr>
<tr>
<td>PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OF AGE</td>
<td>LITERACY</td>
<td>EDUCATION</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Is (NAME)’s natural mother alive?</td>
<td><strong>IF ALIVE</strong></td>
<td>Is (NAME)’s natural father alive?</td>
<td><strong>IF ALIVE</strong></td>
</tr>
<tr>
<td>Does (NAME)’s natural mother live in this household? IF YES: What is her name? RECORD MOTHER’S LINE NUMBER</td>
<td></td>
<td>Does (NAME)’s natural father live in this household? IF YES: What is his name? RECORD FATHER’S LINE NUMBER</td>
<td></td>
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<tr>
<td><strong>YES</strong> <strong>NO</strong> <strong>DK</strong></td>
<td><strong>YES</strong> <strong>NO</strong> <strong>DK</strong></td>
<td><strong>YES</strong> <strong>NO</strong> <strong>DK</strong></td>
<td><strong>YES</strong> <strong>NO</strong> <strong>GRADE</strong></td>
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<tr>
<td>Q.10 THROUGH Q.13:</td>
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<tr>
<td>THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.11 AND Q.13, RECORD ‘00’ IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.</td>
<td></td>
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<tr>
<td>CURRENT SCHOOL ATTENDANCE</td>
<td>IF AGE 5-24 YEARS</td>
<td></td>
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<td>---------------------------</td>
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<tr>
<td>Is (NAME) currently</td>
<td>During the</td>
<td>During the current</td>
<td>During the current</td>
</tr>
<tr>
<td>attending school?</td>
<td>current school</td>
<td>school year, what</td>
<td>school year, did</td>
</tr>
<tr>
<td></td>
<td>year, did (NAME)</td>
<td>grade (is/was)</td>
<td>(NAME) attend</td>
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<tr>
<td></td>
<td>attend school at</td>
<td>(NAME) attending?</td>
<td>school at any</td>
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<td></td>
<td>any time?</td>
<td>SEE CODES FOR</td>
<td>time?</td>
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<td>GRADE BELOW.</td>
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<td>20A</td>
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<tr>
<td>YES</td>
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<td>YES</td>
<td>NO</td>
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<td>GO TO</td>
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<tr>
<td>GRADE FOR Q16, 19 AND 20A</td>
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<tr>
<td>00 = LESS THAN 1 YEAR</td>
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<td>COMPLETED</td>
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<tr>
<td>01-12 = GRADE COMPLETED</td>
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<tr>
<td>13 = TECHNICAL/VOCATIONAL)</td>
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<tr>
<td>CERTIFICATE</td>
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<tr>
<td>14 = UNIVERSITY/-College</td>
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<tr>
<td>DIPLOMA</td>
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<tr>
<td>15 = UNIVERSITY/College</td>
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<tr>
<td>DIPLOMA</td>
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<tr>
<td>98 = DON'T KNOW</td>
<td></td>
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</tbody>
</table>
Now we would like some information about the people who usually live in your household or who are staying with you now.

<table>
<thead>
<tr>
<th>NO.</th>
<th>USUAL RESIDENTS AND VISITORS</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>SEX</th>
<th>RESIDENCE</th>
<th>AGE</th>
<th>ELIGIBILITY</th>
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<td>10</td>
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<td>M F</td>
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<td>NO</td>
<td>YES</td>
<td>IN YEARS</td>
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</tbody>
</table>

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

CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

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

TICK HERE IF CONTINUATION SHEET USED
<table>
<thead>
<tr>
<th>PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OF AGE</th>
<th>LITERACY</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (NAME)’s natural mother alive?</td>
<td>IF ALIVE</td>
<td>Is (NAME)’s natural father alive?</td>
</tr>
<tr>
<td>Does (NAME)’s natural mother live in this household? IF YES: What is her name?</td>
<td>RECORD MOTHER’S LINE NUMBER.</td>
<td>Does (NAME)’s natural father live in this household? IF YES: What is his name?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>(10)</th>
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<th>(13)</th>
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<th>(16)</th>
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<tbody>
<tr>
<td>YES NO DK</td>
<td>YES NO DK</td>
<td>YES NO DK</td>
<td>YES NO</td>
<td>1</td>
<td>2</td>
<td>GRADE</td>
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<td>1 2 8</td>
<td>NEXT LINE</td>
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</table>

Q.10 THROUGH Q.13:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD ‘00’ IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.
<table>
<thead>
<tr>
<th>Is (NAME) currently attending school?</th>
<th>During the current school year, did (NAME) attend school at any time?</th>
<th>During the current school year, what grade was (NAME) attending?</th>
<th>During the previous school year, did (NAME) attend school at any time?</th>
<th>During that school year, what grade did (NAME) attend?</th>
</tr>
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<tbody>
<tr>
<td>(17) YES</td>
<td>NO</td>
<td>GRADE</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>GO TO 19</td>
<td>2</td>
<td>GO TO 20</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>GO TO 19</td>
<td>2</td>
<td>GO TO 20</td>
<td>2</td>
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<td>GO TO 19</td>
<td>2</td>
<td>GO TO 20</td>
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<td>1</td>
<td>GO TO 19</td>
<td>2</td>
<td>GO TO 20</td>
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</table>

GRADE FOR Q16, 19 AND 20A
00 = LESS THAN 1 YEAR COMPLETED
01-12 = GRADE COMPLETED
13 = TECHNICAL/VOCATIONAL CERTIFICATE
14 = UNIVERSITY/COLLEGE DIPLOMA
15 = UNIVERSITY/COLLEGE DEGREE
98 = DON'T KNOW
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
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<tbody>
<tr>
<td>21</td>
<td>What is the main source of drinking water for members of your household?</td>
<td>PIPED (TAP)</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PIPED INTO DWELLING</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PIPED INTO COMPOUND</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PIPED OUTSIDE COMPOUND</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPEN WELL/SPRING</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPEN WELL</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPEN SPRING</td>
<td>23</td>
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<td></td>
<td>COVERED WELL/SPRING</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COVERED WELL</td>
<td>31</td>
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<td>COVERED SPRING</td>
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<td>SURFACE WATER</td>
<td>32</td>
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<td></td>
<td></td>
<td>RIVER</td>
<td>42</td>
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<td>POND/LAKE/DAM</td>
<td>43</td>
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<td></td>
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<td>RAINWATER</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>How long does it take you to go there, get water, and come back?</td>
<td>MINUTES</td>
<td>23</td>
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<tr>
<td></td>
<td></td>
<td>ONE DAY OR LONGER</td>
<td>995</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ON PREMISES</td>
<td>996</td>
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<tr>
<td>23</td>
<td>What kind of toilet facility do most members of your household use?</td>
<td>FLUSH TOILET</td>
<td>11</td>
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<tr>
<td></td>
<td></td>
<td>PIT TOILET/LATRINE</td>
<td>21</td>
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<tr>
<td></td>
<td></td>
<td>TRADITIONAL PIT TOILET</td>
<td>21</td>
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<td></td>
<td></td>
<td>VENTILATED IMPROVED PIT LATRINE (VIP)</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO FACILITY/BUSH/FIELD</td>
<td>31</td>
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<tr>
<td></td>
<td></td>
<td>OTHER</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Do you share this facility with other households?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
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<tr>
<td>25</td>
<td>Does your household have:</td>
<td>ELECTRICITY</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RADIO</td>
<td>1</td>
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<td>TELEVISION</td>
<td>1</td>
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<td></td>
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<td>TELEPHONE</td>
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<td></td>
<td>ELECTRIC MITAD</td>
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<tr>
<td></td>
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<td>KEROSENE LAMP</td>
<td>1</td>
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<td>BED/TABLE</td>
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<td>25A</td>
<td>Does your household:</td>
<td>OWN HOUSE</td>
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<tr>
<td></td>
<td></td>
<td>CROP LAND</td>
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<td>CATTLE/CAMELS</td>
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<td>HAVE HORSE/MULE/DONKEY</td>
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<td>SHEEP/GOATS</td>
<td>1</td>
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<td>CASH CROPS</td>
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<td>SKIP</td>
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<tr>
<td>26</td>
<td>What type of fuel does your household mainly use for cooking? mass for cooking?</td>
<td>ELECTRICITY..................01</td>
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<td></td>
<td></td>
<td>LPG/NATURAL GAS.............02</td>
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<td></td>
<td></td>
<td>BIOGAS.....................03</td>
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<td></td>
<td>KEROSENE....................04</td>
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<td></td>
<td>CHARCOAL.....................05</td>
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<td>FIREWOOD, STRAW.............06</td>
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<td></td>
<td>DUNG.........................07</td>
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<td>OTHER _____________________96</td>
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<td>27</td>
<td>MAIN MATERIAL OF THE FLOOR.</td>
<td>EARTH/SAND...................11</td>
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<td></td>
<td>RECORD OBSERVATION.</td>
<td>DUNG.........................12</td>
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<td>WOOD PLANKS...................21</td>
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<td>REED/BAMBOO....................22</td>
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<td>PARQUET OR POLISHED WOOD....31</td>
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<td>VINYL SHEETS/TILES...........32</td>
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<td>CEMENT.........................33</td>
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<td>CEMENT TILES/BRICK...........34</td>
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<td>CARPET.........................35</td>
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<td>OTHER _____________________96</td>
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<td>MAIN MATERIAL OF THE ROOF.</td>
<td>CORRUGATED IRON.............01</td>
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<td>CEMENT/CONCRETE.............02</td>
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<td>WOOD AND MUD..................03</td>
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<td>THATCH...........................04</td>
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<td>REED/BAMBOO....................05</td>
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<td>PLASTIC SHEET..................06</td>
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<td>MOBILE ROOFS OF NOMADS.......07</td>
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<td>OTHER _____________________96</td>
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<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>27b</td>
<td>How many rooms in your house are used for sleeping?</td>
<td>ROOMS..........................</td>
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<tr>
<td>28</td>
<td>Does any member of your household own:</td>
<td>BICYCLE.......................1</td>
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<tr>
<td></td>
<td>A bicycle?</td>
<td>MOTORCYCLE/SCOOTER..........1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A motorcycle or motor scooter?</td>
<td>CAR/TRUCK.....................1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A car or truck?</td>
<td>HORSE/MULE....................1</td>
<td></td>
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<tr>
<td>29</td>
<td>Has any member of your household received any of the following services at a health</td>
<td>TREATMENT FOR A SICK CHILD...1</td>
<td></td>
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<tr>
<td></td>
<td>facility at any time in the past 12 months:</td>
<td>IMMUNIZATION..................1</td>
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<tr>
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<td>Treatment for a sick child?</td>
<td>FAMILY PLANNING...............1</td>
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<tr>
<td></td>
<td>Immunization?</td>
<td>PREGNANT/POSTNATAL/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family planning education or services?</td>
<td>DELIVERY CARE................1</td>
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<td>Prenatal/postnatal/delivery care?</td>
<td>INFORMATION ON STD/HIV/AIDS...1</td>
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<td></td>
<td>Information on prevention of STD/HIV/AIDS?</td>
<td>INFORMATION ON BREAST</td>
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<td></td>
<td>Information on breast feeding and infant feeding practices?</td>
<td>FEEDING AND INFANT</td>
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<td>FEEDING PRACTICES...........1</td>
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<tr>
<td>29a</td>
<td>CHECK 29:</td>
<td>AT LEAST ONE &quot;YES&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT A SINGLE &quot;YES&quot;</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
</tr>
<tr>
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<td>-----------------------</td>
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</tr>
<tr>
<td>29B</td>
<td>From what facilities have members received these services? PROBE: Anywhere else? RECORD BELOW TYPE AND/OR LOCATION OF ALL FACILITIES VISITED BY HOUSEHOLD MEMBERS IN PAST 12 MONTHS. THEN CIRCLE CODE FOR EACH TYPE OF FACILITY MENTIONED.</td>
<td>GOVERNMENT HOSPITAL............................................ A HEALTH CENTER ........................................... B HEALTH STATION/CLINIC ....................... C HEALTH POST............................................... D COMMUNITY-BASED OUTLET............. E OTHER GOVERNMENT __________________ F (SPECIFY) NONGOVERNMENTAL ORGANIZATION (NGO) HEALTH FACILITY................................. G COMMUNITY-BASED OUTLET........... H OTHER NGO ______________________ I (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL .................. J PRIVATE DOCTOR/CLINIC.............. K OTHER PRIVATE ______________________ L (SPECIFY) OTHER SOURCE __________________ X (SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>29C</td>
<td>Has any member of your household bought any drugs during the last 12 months?</td>
<td>YES .....................................................1 NO ......................................................2</td>
<td>29F</td>
</tr>
<tr>
<td>29D</td>
<td>Where were the drugs mainly bought?</td>
<td>PHARMACY/OTHER MEDICAL FACILITY................................. A NON MEDICAL FACILITY...................... B</td>
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</tr>
<tr>
<td>29F</td>
<td>Does your household have any bednets that can be used while sleeping?</td>
<td>YES .....................................................1 NO ......................................................2</td>
<td>35</td>
</tr>
<tr>
<td>29G</td>
<td>Was the bednet ever treated with a product to kill mosquitoes?</td>
<td>YES .....................................................1 NO ......................................................2</td>
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</tr>
<tr>
<td>35</td>
<td>ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).</td>
<td>0 PPM (NO IODINE)......................................1 7 PPM......................................................2 15 PPM.....................................................3 30 PPM......................................................4</td>
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### HEIGHT AND WEIGHT MEASUREMENT


#### WOMEN 15-49

<table>
<thead>
<tr>
<th>LINE NO. FROM COL. (8)</th>
<th>NAME FROM COL. (2)</th>
<th>AGE FROM COL. (7)</th>
<th>What is (NAME)’s date of birth?</th>
<th>WEIGHT (Kilograms)</th>
<th>HEIGHT (Centimeters)</th>
<th>MEASURED LYING DOWN OR STANDING UP</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(36)</td>
<td>(37)</td>
<td>(38)</td>
<td>(39)</td>
<td>(40)</td>
<td>(41)</td>
<td>(42)</td>
<td>(43)</td>
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#### CHILDREN UNDER AGE 6

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<th>NAME FROM COL. (2)</th>
<th>AGE FROM COL. (7)</th>
<th>What is (NAME)’s date of birth?</th>
<th>WEIGHT (Kilograms)</th>
<th>HEIGHT (Centimeters)</th>
<th>MEASURED LYING DOWN OR STANDING UP</th>
<th>RESULT</th>
</tr>
</thead>
</table>

TICK HERE IF CONTINUATION SHEET USED