

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <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>																		
NAME OF HOUSEHOLD HEAD _____																			
EA NUMBER																			
HOUSEHOLD NUMBER																			
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																			
DISTRICT ¹																			
URBAN/RURAL (URBAN=1, RURAL=2)																			
HOUSEHOLD SELECTED FOR MALE/HIV/ANEMIA/ANTHROPOMETRY? (YES=1, NO=2)																			

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
FIELD EDITOR	SUPERVISOR		OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE				SEX	AGE	ELIGIBILITY		
			Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?*	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Please give me the names of the persons who usually live in your household and visitors who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	UR EL OUT 1 2 3 └─┬─┘ GO TO 7		IN YEARS	YES NO 1 2	M F 1 2	IN YEARS			
01									01	01	01
02									02	02	02
03									03	03	03
04									04	04	04
05									05	05	05
06									06	06	06
07									07	07	07
08									08	08	08
09									09	09	09
10									10	10	10

*** CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:**
 01 = HEAD
 02 = SPOUSE
 03 = CHILD (SON OR DAUGHTER)
 04 = SON-IN-LAW/DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = GREAT GRANDCHILD
 07 = PARENT/PARENT-IN-LAW
 08 = SIBLING (BROTHER OR SISTER)
 09 = OTHER RELATIVE
 10 = DOMESTIC EMPLOYEE
 11 = HERDBOY
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = OTHER PERSON NOT RELATED

**** CODES FOR Q.4 RESIDENTIAL STATUS:**
 UR = USUAL RESIDENT
 EL = ELSEWHERE IN LESOTHO
 OUT = OUTSIDE LESOTHO

***** CODES FOR Q.5 COUNTRY OF USUAL RESIDENCE:**
 01 = RSA
 02 = SWAZILAND
 03 = BOTSWANA
 04 = NAMIBIA
 05 = ZIMBABWE
 06 = ZAMBIA
 07 = MOZAMBIQUE

08 = ANGOLA
 09 = TANZANIA
 10 = MALAWI
 11 = OTHER AFRICA
 12 = UNITED STATES OF AMERICA
 13 = ASIA
 14 = EUROPE
 96 = OTHER
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
	YES NO DK		YES NO DK		YES NO	LEVEL STND/FRM/YR	YES NO	YES NO	LEVEL STND/FRM/YR	YES NO	LEVEL STND/FRM/YR
01	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
02	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
03	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
04	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
05	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
06	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
07	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
08	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
09	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>
10	1 2 8 GO+J TO 15	<input type="text"/>	1 2 8 GO+J TO 17	<input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>	1 2 L GO TO 21	1 2 GO +J TO 22	<input type="text"/> <input type="text"/>	1 NEXT 2 LINE +J	<input type="text"/> <input type="text"/>

**** Q.13 THROUGH Q.16:
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*****CODES FOR Qs. 18, 21 AND 23: EDUCATION CODES:

LEVEL:	STANDARD/FORM/YEAR:
	00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23)
LEVEL 1 = PRIMARY	STANDARD 01-07 = LEVEL 1 (PRIMARY)
LEVEL 2 = VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY	YEAR 01-06 = LEVEL 2 (VOC/TECHN. AFTER PRIMARY)
LEVEL 3 = SECONDARY/HIGH	FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
LEVEL 4 = VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY	YEAR 01-06 = LEVEL 4 (VOC/TECHN. AFTER SECONDARY)
LEVEL 5 = COLLEGE	YEAR 01-03 = LEVEL 5 (COLLEGE)
LEVEL 6 = GRADUATE/POST GRADUATE	YEAR 01-06 = LEVEL 6 (GRADUATE/POST GRADUATE)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE				SEX	AGE	ELIGIBILITY		
			Does (NAME) usually live here, or elsewhere in Lesotho, or outside Lesotho?***	In which country outside Lesotho does (NAME) usually live?***	How long has (NAME) lived in (COUNTRY)? IF LESS THAN 1 YEAR, RECORD '00'. RECORD '98' FOR 'DON'T KNOW'.	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME) in completed years?	CIRCLE LINE NUMBER OF ALL WOMEN AGE15-49 WHO ARE USUAL RESIDENTS (COL. 4) AND/OR SLEPT THERE LAST NIGHT (COL. 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Please give me the names of the persons who usually live in your household and visitors who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	UR EL OUT 1 2 3 GO TO 7		IN YEARS	YES NO 1 2	M F 1 2	IN YEARS			
11									11	11	11
12									12	12	12
13									13	13	13
14									14	14	14
15									15	15	15
16									16	16	16
17									17	17	17
18									18	18	18
19									19	19	19
20									20	20	20
* CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD: 01 = HEAD 02 = SPOUSE 03 = CHILD (SON OR DAUGHTER) 04 = SON-IN-LAW/DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = GREAT GRANDCHILD 07 = PARENT/PARENT-IN-LAW 08 = SIBLING (BROTHER OR SISTER) 09 = OTHER RELATIVE 10 = DOMESTIC EMPLOYEE 11 = HERDBOY 12 = ADOPTED/FOSTER/STEPCHILD 13 = OTHER PERSON NOT RELATED			** CODES FOR Q.4 RESIDENTIAL STATUS: UR = USUAL RESIDENT EL = ELSEWHERE IN LESOTHO OUT = OUTSIDE LESOTHO			*** CODES FOR Q.5 COUNTRY OF USUAL 01 = RSA 02 = SWAZILAND 03 = BOTSWANA 04 = NAMIBIA 05 = ZIMBABWE 06 = ZAMBIA 07 = MOZAMBIQUE			08 = ANGOLA 09 = TANZANIA 10 = MALAWI 11 = OTHER AFRICA 12 = UNITED STATES OF AMERICA 13 = ASIA 14 = EUROPE 96 = OTHER 98 = DON'T KNOW		

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD****				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS							
	(13)	(14)	(15)	(16)	(17)	(18)		(19)	(20)	(21)		(22)	(23)	
	YES NO DK		YES NO DK		YES NO	LEVEL	STND/FRM/YR	YES NO	YES NO	LEVEL	STND/FRM/YR	YES NO	LEVEL	STND/FRM/YR
11	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
12	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 GO ↓ TO 15	<input type="text"/>	1 2 8 GO ↓ TO 17	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>	1 ↓ GO TO 21	2 1 GO ↓ TO 22	<input type="text"/>	<input type="text"/>	1 NEXT ↑ LINE	<input type="text"/>	<input type="text"/>

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8 = DON'T KNOW	98 = DON'T KNOW

00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 21 AND 23)

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- | | | | | | | |
|----|---|-----|--------------------------|------------------------|----|--------------------------|
| 1) | Are there any other persons such as small children or infants that we have not listed? | YES | <input type="checkbox"/> | ENTER EACH
IN TABLE | NO | <input type="checkbox"/> |
| 2) | In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? | YES | <input type="checkbox"/> | ENTER EACH
IN TABLE | NO | <input type="checkbox"/> |
| 3) | Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? | YES | <input type="checkbox"/> | ENTER EACH
IN TABLE | NO | <input type="checkbox"/> |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
24	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 → 26 PIPED INTO YARD/PLOT..... 12 → 26 PIPED INTO SOMEONE ELSE'S YARD/PLOT 13 PUBLIC TAP 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 → 26 OPEN WELL IN YARD/PLOT 22 → 26 OPEN PUBLIC WELL 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL/BOREHOLE IN DWELLING 31 → 26 PROTECTED WELL/BOREHOLE IN YARD/PLOT 32 → 26 PROTECTED WELL/BOREHOLE IN SOMEONE ELSE'S YARD/PLOT .. 33 PROTECTED PUBLIC WELL/BOREHOLE..... 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 DAM 43 RAINWATER 51 → 26 TANKER TRUCK..... 61 BOTTLED WATER..... 71 → 26 OTHER _____ 96 (SPECIFY)																									
25	How long does it take you to go there, get water, and come back?	MINUTES <table border="1" data-bbox="1170 1010 1317 1073" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> ON PREMISES..... 996																									
26	What kind of main toilet facilities does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 → 28 OTHER _____ 96 (SPECIFY)																									
27	Do you share these facilities with other households?	YES 1 NO 2																									
28	Does your household have:	<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>Electricity that is connected?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A battery or generator for power?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio in working condition?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television in working condition?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone in working condition?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator in working condition?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A sofa or mattress?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity that is connected?	1	2	A battery or generator for power?	1	2	A radio in working condition?	1	2	A television in working condition?	1	2	A telephone in working condition?	1	2	A refrigerator in working condition?	1	2	A sofa or mattress?	1	2	
	YES	NO																									
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A sofa or mattress?	1	2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
29	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 PARAFFIN03 COAL, LIGNITE04 CHARCOAL05 FIREWOOD, STRAW06 DUNG07 CROP WASTE08 OTHER _____ 96 (SPECIFY)																			
30	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR MUD/EARTH/DUNG11 RUDIMENTARY FLOOR WOOD PLANKS21 FINISHED FLOOR PARQUET OR POLISHED WOOD31 BRICK TILES32 TILES33 CEMENT34 CARPET35 VINYL/LINOLEUM36 OTHER _____ 96 (SPECIFY)																			
32	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A horse/donkey/mule? A scotch cart?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HORSE/DONKEY/MULE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SCOTCH CART.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	HORSE/DONKEY/MULE.....	1	2	SCOTCH CART.....	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER	1	2																			
CAR/TRUCK.....	1	2																			
HORSE/DONKEY/MULE.....	1	2																			
SCOTCH CART.....	1	2																			
33	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE: RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE)1 BELOW 15 PPM.....2 ABOVE 15 PPM (STRONG COLOR).....3 NO SALT IN HH4 SALT NOT TESTED _____ 5 (SPECIFY REASON)																			
34	What is the name of the nearest health facility that provides health services to this community? _____ (NAME OF HEALTH FACILITY)	DON'T KNOW99998 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	→ 37																		
35	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI01 MOTORCYCLE/SCOOTER02 BICYCLE03 HORSE/DONKEY/MULE.....04 SCOTCH CART.....05 WALKING06 OTHER _____ 96 (SPECIFY)																			
36	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS..... <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> MINUTES <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>																			

HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (10) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	AGE FROM COL.(9)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STANDING	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET IS USED:

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHANS, ADOPTED CHILDREN, ETC.), ASK DAY, MONTH AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q.215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(45)	(46)	(47)	(48)	(49)	(50)
<input type="text"/>		<input type="text"/>	GRANTED REFUSED 1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2 ↓ NEXT SIGN _____ LINE ←	<input type="text"/>	<input type="text"/>

*** INFORMED CONSENT STATEMENT FOR ANEMIA TESTING FOR CHILDREN**

As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born since 1999 participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Now I would like to ask that you (and NAME OF CHILD[REN]) agree to participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

GO TO COLUMN (48), CIRCLE THE APPROPRIATE CODE (AND SIGN).

Consent Statement for Anemia and HIV for Adults

**** INTRODUCTION**

Hello, my name is _____. I'm from the Ministry of Health and Social Welfare. As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We are also studying HIV. HIV is the virus that causes AIDS. The government of Lesotho is trying to find out how common HIV is, so that they can develop programs to prevent AIDS and care for those who have it.

REQUEST FOR CONSENT FOR ANEMIA TEST

We are asking if you will participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Do you have any questions?

May I now ask that you participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the anemia test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

REQUEST FOR CONSENT FOR HIV TEST

We would also ask you to participate in the HIV test by allowing us to collect a few drops of blood from the finger at the same time.

This blood will be tested later in the laboratory. To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you.

However, if you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV testing. However, if you decide not to have the test done, it is your right and we will respect your decision.

Will you accept to participate in the HIV test?

GO TO COLUMN (58) AND CIRCLE THE APPROPRIATE CODE (AND SIGN).

IF RESPONDENT IS AGE 15-17: ASK PARENT/GUARDIAN: Now, will you tell me if you accept that (NAME OF YOUTH) to participate in the HIV test? GO TO COLUMN (56) AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN, ASK FOR THEIR CONSENT AND CIRCLE THE APPROPRIATE CODE (AND SIGN) IN COLUMN (57). IF PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD THE APPROPRIATE CODE IN COLUMN (58).

** DON'T FORGET TO GIVE EACH ELIGIBLE PERSON A LIST OF THE NEAREST VCT SERVICES.*

HEMOGLOBIN AND HIV TESTING - WOMEN AND MEN Number of blood samples: _____

CHECK COLUMNS (10) AND (12) FROM HOUSEHOLD SCHEDULE; RECORD THE LINE NUMBER, NAME, SEX AND AGE OF ALL WOMEN AGE 15-49 AND ALL MEN AGE 15-59 YEARS. THIS FORM MUST BE DESTROYED BEFORE THE RESULTS OF THE TEST ARE LINKED TO THE LDHS DATABASE.

LINE NUMBER	NAME FROM COL.(2)	SEX FROM COL.(8)	AGE FROM COL.(9)	CHECK AGE IN COLUMN (54)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT.	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT	READ THE CONSENT TO THE RESPONDENT	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CUR-RENTLY PREGNANT	ANEMIA RESULT MEASURED	HIV RESULT BLOOD TAKEN	PLACE BAR CODES
(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)
1	M	1	1	1	1	1	1	1	1	1	1	1
2	F	2	2	2	2	2	2	2	2	2	2	2
3	M	3	3	3	3	3	3	3	3	3	3	3
4	F	4	4	4	4	4	4	4	4	4	4	4
5	M	5	5	5	5	5	5	5	5	5	5	5
6	F	6	6	6	6	6	6	6	6	6	6	6
7	M	7	7	7	7	7	7	7	7	7	7	7
8	F	8	8	8	8	8	8	8	8	8	8	8
9	M	9	9	9	9	9	9	9	9	9	9	9
10	F	10	10	10	10	10	10	10	10	10	10	10
11	M	11	11	11	11	11	11	11	11	11	11	11
12	F	12	12	12	12	12	12	12	12	12	12	12

LINE NUMBER FROM COLUMN (10) OR COLUMN (12)	NAME FROM COL.(2)	SEX FROM COL. (8)	AGE FROM COL.(9)	CHECK AGE IN COLUMN (54)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSE-HOLD SCHEDULE	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT TO THE RESPONDENT CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CUR-RENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES 1 1st DROP IS WIPED AWAY; 3 DROPS ARE COLLECTED FOR HIV; 1 (LAST) DROP IS COLLECTED FOR ANEMIA
(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)
	NAME	M F 1 2	YEARS <input type="text"/> <input type="text"/>	AGE AGE 15-17 18+ 1 2 ↓ SKIP TO 58	<input type="text"/> <input type="text"/>	CONSENT FOR ANEMIA TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR HIV TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	YES....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2	<input type="text"/> <input type="text"/>	1 2 ↓ SKIP TO 58	<input type="text"/> <input type="text"/>	CONSENT FOR ANEMIA TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR HIV TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	YES....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
		1 2	<input type="text"/> <input type="text"/>	1 2 ↓ SKIP TO 58	<input type="text"/> <input type="text"/>	CONSENT FOR ANEMIA TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	CONSENT FOR HIV TESTING 1 ↓ INTERVIEWER SIGNS REFUSED....2 NOT READ...3	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	YES....1 NO.....2 DK.....3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
TICK HERE IS ANOTHER SHEET IS USED : <input type="checkbox"/>												

64 CHECK COLUMNS (49) FOR CHILDREN, (59) FOR ADULTS AND (60) FOR WHETHER THE WOMAN IS CURRENTLY PREGNANT:

NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS :

LESS THAN **7G/DL** FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN **9G/DL** FOR PREGNANT WOMEN.

ONE OR MORE

v

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.65) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS.

NONE

v

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST AND THE ANEMIA BROCHURE.

65 The results of the test show that (YOUR BLOOD/THE BLOOD OF NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (YOU/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE HEMOGLOBIN TEST RESULTS AND THE ANEMIA BROCHURE.