

**2014 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY  
 HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION																
PLACE NAME _____																
NAME OF HOUSEHOLD HEAD _____																
EA NUMBER .....	EA NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>															
HOUSEHOLD NUMBER .....	HH NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>															
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) .....	ECOLOGICAL ZONE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>															
DISTRICT CODE* .....	DISTRICT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>															
URBAN/RURAL (URBAN=1, RURAL=2) .....	URBAN/RURAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>															
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION (YES=1, NO=2) .....	MALE SURVEY AND BIOMARKER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>															
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>									2	0	1	4
2	0	1	4													
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
RESULT CODE**	_____	_____	_____	RESULT CODE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>												
TIME	_____	_____														
<b>**RESULT CODES:</b> 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> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>												
LANGUAGE OF QUESTIONNAIRE*** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table>	2	LANGUAGE OF INTERVIEW*** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>		***LANGUAGE CODES: 1 SESOTHO 2 ENGLISH		TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>										
2																
LANGUAGE OF QUESTIONNAIRE*** <b>English</b>																
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>					*DISTRICT CODES: 01 BUTHA-BUTHE    05 MAFETENG    09 MOKHOTLONG 02 LERIBE        06 MOHALE'S HOEK 10 THABA-TSEKA 03 BERA            07 QUTHING 04 MASERU        08 QACHA'S NEK											

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about health all over Lesotho. 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  
  ↓

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6	7	8		MARITAL STATUS	11	12	13
1	2	3	4	5	6	7	8	9	10	11	12	13
	Please give me the names of the persons who live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here, or somewhere else in Lesotho, or outside Lesotho?	Does (NAME) live in South Africa or some other country?	How long has (NAME) lived in (COUNTY)?  IF LESS THAN 1 YEAR, RECORD '00'.  RECORD '98' FOR DON'T KNOW	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER AND/OR SEPARATED 2 = DIVORCED/ 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS WHO SLEPT IN HH LAST NIGHT (COL. 8=1)	IF HH IS SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION: CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 WHO ARE USUAL RESIDENTS WHO SLEPT IN HH LAST NIGHT (COL. 8=1)   CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 WHO ARE USUAL RESIDENTS WHO SLEPT IN HH LAST NIGHT (COL. 8=1)	
01		<input type="text"/>	M F 1 2	HERE ELSE OUT 1 2 3 ↓ ↓ ↓ GO TO 8	RSA OTH 1 2	YEARS <input type="text"/>	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	1 2	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	10	10	10

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- 8A) 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
- 8B) 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
- 8C) 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 = DOMESTIC EMPLOYEE  
12 = HERDBOY  
13 = OTHER NON RELATIVE  
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
	14	15	16	17	18	19	20	21	22
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 18	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

**CODES FOR Qs. 19 AND 21: LEVEL**

- 0 = PRE-PRIMARY/PRESCHOOL
- 1 = PRIMARY
- 2 = VOC. /TECH. TRAINING AFTER PRIMARY
- 3 = SECONDARY/HIGH
- 4 = VOC. /TECH. TRAINING AFTER SECONDARY/HIGH
- 5 = COLLEGE
- 6 = GRADUATE/POST GRADUATE
- 8 = DON'T KNOW

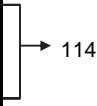
**CODES FOR Qs. 19 AND 21: GRADE**

- 00 = LESS THAN 1 YEAR COMPLETED (NOT ALLOWED FOR Q. 21)
- STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)
- YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)
- FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
- YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)
- YEAR 01-03 = LEVEL 5 (COLLEGE)
- YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).
- 98 = DON'T KNOW

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS THAN MONTHLY ..... 4 NEVER ..... 5				
102	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 NEIGHBOR'S TAP ..... 13 PUBLIC TAP/STANDPIPE ..... 14 TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK/CART WITH SMALL TANK ..... 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 71 BOTTLED WATER ..... 81  OTHER _____ 96 (SPECIFY)	<div style="display: flex; justify-content: flex-end; align-items: center; margin-bottom: 10px;"> <input type="checkbox"/> → 105         </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> → 105         </div>			
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> → 105         </div>			
104	How long does it take to go there, get water, and come back?	MINUTES ..... <table border="1" style="display: inline-table; border-collapse: collapse; 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> DON'T KNOW ..... 998				
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> → 107         </div>			
106	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
107	What kind of toilet facility do members of your household usually use?	<b>FLUSH OR POUR FLUSH TOILET</b> 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 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 61 OTHER _____ 96 (SPECIFY)	→ 110																																				
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																																				
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																					
110	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) BATTERY/GENERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOLAR PANEL</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) NON-MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) BED/MATRRESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) COMPUTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) INTERNET ACCESS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) BATTERY/GENERATOR	1	2	c) SOLAR PANEL	1	2	d) RADIO	1	2	e) TELEVISION	1	2	f) MOBILE TELEPHONE	1	2	g) NON-MOBILE TELEPHONE	1	2	h) REFRIGERATOR	1	2	i) BED/MATRRESS	1	2	j) COMPUTER	1	2	k) INTERNET ACCESS	1	2	
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111	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 BIOGAS ..... 03 PARAFFIN ..... 04 COAL ..... 05 WOOD ..... 06 STRAW/SHRUBS/GRASS ..... 07 AGRICULTURAL CROP ..... 08 ANIMAL DUNG ..... 09 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 114																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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)	
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.	<b>NATURAL FLOOR</b> EARTH/MUD/DUNG ..... 11 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL TILE/VINYL CARPET ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> THATCH / GRASS ..... 11 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> WOOD PLANKS ..... 21 CARDBOARD ..... 22 <b>FINISHED ROOFING</b> METAL/CORRUGATED ..... 31 WOOD ..... 32 ASBESTOS / CEMENT FIBER ..... 33 CERAMIC/CLAY TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS  RECORD OBSERVATION.	<b>NATURAL WALLS</b> CANE / TREE TRUNKS ..... 11 SOD ..... 12 <b>RUDIMENTARY WALLS</b> STONE WITH MUD ..... 21 PLYWOOD ..... 22 CARDBOARD ..... 23 REUSED WOOD ..... 24 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 35 METAL/CORRUGATED ..... 37  OTHER _____ 96 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
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) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) A scotch cart? e) A car or truck?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) MOTORCYCLE/SCOOTER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) SCOTCH CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) WATCH .....	1	2	b) BICYCLE .....	1	2	c) MOTORCYCLE/SCOOTER .	1	2	d) SCOTCH CART .....	1	2	e) CAR/TRUCK .....	1	2																
	YES	NO																																		
a) WATCH .....	1	2																																		
b) BICYCLE .....	1	2																																		
c) MOTORCYCLE/SCOOTER .	1	2																																		
d) SCOTCH CART .....	1	2																																		
e) CAR/TRUCK .....	1	2																																		
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																																	
120	How many hectares of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	HECTARES ..... <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998																																		
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																																	
122	How many of the following animals does this household own?  IF NONE, ENTER '00'; IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.  a) Cattle? b) Milk cows? c) Bulls? d) Horses, donkeys, or mules? e) Goats? f) Sheep? g) Ordinary free range chickens? h) Improved chickens? i) Ordinary pigs? j) Improved pigs? k) Rabbits?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">a) CATTLE .....</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td>b) COWS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>c) BULLS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>d) HORSES/DONKEYS/MULES ...</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>e) GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>g) ORDINARY CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>h) IMPROVED CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>i) ORDINARY PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>j) IMPROVED PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>k) RABBITS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	a) CATTLE .....	<input type="text"/>	<input type="text"/>	b) COWS .....	<input type="text"/>	<input type="text"/>	c) BULLS .....	<input type="text"/>	<input type="text"/>	d) HORSES/DONKEYS/MULES ...	<input type="text"/>	<input type="text"/>	e) GOATS .....	<input type="text"/>	<input type="text"/>	f) SHEEP .....	<input type="text"/>	<input type="text"/>	g) ORDINARY CHICKENS .....	<input type="text"/>	<input type="text"/>	h) IMPROVED CHICKENS .....	<input type="text"/>	<input type="text"/>	i) ORDINARY PIGS .....	<input type="text"/>	<input type="text"/>	j) IMPROVED PIGS .....	<input type="text"/>	<input type="text"/>	k) RABBITS .....	<input type="text"/>	<input type="text"/>	
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123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2																																		
124	What is the name of the nearest health facility that provides health services to this community?  _____ (NAME OF HEALTH FACILITY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... .99998	→ 127																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI ..... 01 MOTORCYCLE/SCOOTER ..... 02 BICYCLE ..... 03 HORSE/DONKEY/MULE ..... 04 SCOTCH CART ..... 05 WALKING ..... 06 COMBINATION WALKING AND BUS/TAXI ..... 07 HOUSEHOLD DOESN'T USE NEAREST HEALTH FACILITY ..... 95 OTHER ..... 96	→ 127
126	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS ..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>  MINUTES ..... <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>	
127	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, NO SPECIFIC PLACE ... 4 NOT OBSERVED, OTHER REASON ..... 5	→ 130
128	OBSERVATION ONLY:  SEE IF THERE IS WATER AT PLACE FOR HANDWASHING	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
129	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	
130	Can you please provide me with a teaspoonful of cooking salt? I will conduct a test to determine the presence of iodine. Iodine prevents goiter.  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)	