

MALAWI DEMOGRAPHIC AND HEALTH SURVEY 2004
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
HOUSEHOLD QUESTIONNAIRE

Questionnaire Number: _____

IDENTIFICATION															
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <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>														
DISTRICT _____															
CLUSTER NUMBER															
HOUSEHOLD NUMBER															
URBAN/RURAL (URBAN=1, RURAL=2)															
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE															
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)															
HOUSEHOLD SELECTED FOR MALE SURVEY AND BLOOD WORK? (YES = 1, NO = 2)															
NAME OF HOUSEHOLD HEAD _____															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		INT.CODE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>TOTAL WOMEN 15-49 <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>TOTAL MEN 15-54 <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p>
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LANGUAGE OF QUESTIONNAIRE***: <table border="1" style="display: inline-table; width: 20px; height: 20px; text-align: center;">3</table>	NATIVE LANGUAGE OF RESPONDENT***: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
LANGUAGE OF INTERVIEW***: <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	WAS A TRANSLATOR USED? (YES=1, NO=2) <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
*** LANGUAGE CODES: 1 CHICHEWA 2 TUMBUKA 3 ENGLISH 4 OTHER _____ (SPECIFY)	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
DATE _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	DATE _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	(10)	(10A)	(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	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES NO	YES NO	IN YEARS						YES NO
01		<input type="text"/>	M F 1 2	1 2	1 2	<input type="text"/>	01	01	01	01	01	1 2
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	02	02	1 2
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	03	03	1 2
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	04	04	1 2
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	05	05	1 2
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	06	06	1 2
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	07	07	1 2
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	08	08	1 2
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	09	09	1 2
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	10	10	1 2

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK		Y N DK		YES NO	LEVEL CLASS	YES NO	YES NO	LEVEL CLASS	YES NO	LEVEL CLASS
01	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
02	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
03	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
04	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
05	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
06	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
07	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
08	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
09	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	
10	1 2 8 ↓ ↓ ↓ 14 14		1 2 8 ↓ ↓ ↓ 16 16		1 2 NEXT ← LINE		1 2 ↓ GO TO 20	1 2 GO TO ← 21		1 2 NEXT ← LINE	

**CODES FOR Q.12 THROUGH Q.15
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 17, 20 AND 22
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:
HH ENG 3

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	
	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	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?			How old is (NAME)?						Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.

05 = GRANDCHILD
06 = PARENT

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	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***	

00 = LESS THAN 1 YEAR COMPLETED
 (FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 20 AND 22)
 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	(10)	(10A)	(11)
			M F	YES NO	YES NO	IN YEARS						YES NO
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11	11	11	1 2
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12	12	12	1 2
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13	13	13	1 2
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14	14	14	1 2
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15	15	15	1 2
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16	16	16	1 2
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17	17	17	1 2
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18	18	18	1 2
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19	19	19	1 2
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20	20	20	1 2

***CODES FOR Q. 3**

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

****CODES FOR Q.12**

THROUGH Q.15 THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.
 HH ENG 6

*****CODES FOR Qs. 17, 20 AND 22**

EDUCATION LEVEL:
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DON'T KNOW
 EDUCATION CLASS:
 00 = LESS THAN 1 YEAR COMPLETED (FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED)

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				
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK 1 2 8 ↓ ↓ 14 14		Y N DK 1 2 8 ↓ ↓ 16 16		YES NO 1 2 NEXT ↙ ↘ LINE	LEVEL CLASS [] []	YES NO 1 2 GO TO ↙ ↘ 20 21	YES NO 1 2 GO TO ↙ ↘ 20 21	LEVEL CLASS [] []	YES NO 1 2 NEXT ↙ ↘ LINE	LEVEL CLASS [] []
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

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 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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	
	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	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?			How old is (NAME)?						Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.

FOR Q.S 20 AND 22)
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				
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***
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																																	
23	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 COMMUNITY STAND PIPE 13 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT ... 22 OPEN PUBLIC WELL 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL ... 33 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK/BOWSER 61 BOTTLED WATER 71 OTHER _____ 96 (SPECIFY)	→ 25 → 25 → 25 → 25 → 25 → 25 → 25																																	
24	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																																		
25	What kind of 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 OTHER _____ 96 (SPECIFY)	→ 27																																	
26	Do you share these facilities with other households?	YES 1 NO 2																																		
27	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>PARAFFIN LAMP</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>CELL PHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE (LANDLINE) ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED WITH MATTRESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA SET</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE AND CHAIR(S)</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	PARAFFIN LAMP	1	2	RADIO	1	2	TELEVISION	1	2	CELL PHONE	1	2	TELEPHONE (LANDLINE) ...	1	2	BED WITH MATTRESS	1	2	SOFA SET	1	2	TABLE AND CHAIR(S)	1	2	REFRIGERATOR	1	2	
	YES	NO																																		
ELECTRICITY	1	2																																		
PARAFFIN LAMP	1	2																																		
RADIO	1	2																																		
TELEVISION	1	2																																		
CELL PHONE	1	2																																		
TELEPHONE (LANDLINE) ...	1	2																																		
BED WITH MATTRESS	1	2																																		
SOFA SET	1	2																																		
TABLE AND CHAIR(S)	1	2																																		
REFRIGERATOR	1	2																																		
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 PARAFFIN/KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
29	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 BROKEN BRICKS 23 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)													
29A	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>													
29B	Does this household own any agricultural land?	YES 1 NO 2	→ 29D												
29C	How much agricultural land does this household own? _____ (SIZE AND UNIT)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW 9998													
29D	Does this household own any livestock?	YES 1 NO 2	→ 30												
29E	How many of the following types of animals are owned by this household? Goats? Pigs? Cattle? Sheep? Chickens?	NUMBER OF GOATS ... <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF PIGS <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF CATTLE ... <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF SHEEP ... <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF CHICKENS . <input type="text"/> <input type="text"/> <input type="text"/>													
30	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	
	YES	NO													
BICYCLE	1	2													
MOTORCYCLE/SCOOTER ...	1	2													
CAR/TRUCK	1	2													
31	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 36												
32	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>													
33	ASK THE RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	<table border="1"> <thead> <tr> <th data-bbox="732 1745 943 1780">NET #1</th> <th data-bbox="943 1745 1154 1780">NET #2</th> <th data-bbox="1154 1745 1385 1780">NET #3</th> </tr> </thead> <tbody> <tr> <td data-bbox="732 1780 943 1816">OBSERVED ... 1</td> <td data-bbox="943 1780 1154 1816">OBSERVED ... 1</td> <td data-bbox="1154 1780 1385 1816">OBSERVED ... 1</td> </tr> <tr> <td data-bbox="732 1816 943 1852">NOT OBSERVED 2 (SKIP TO 33C) ←</td> <td data-bbox="943 1816 1154 1852">NOT OBSERVED 2 (SKIP TO 33C) ←</td> <td data-bbox="1154 1816 1385 1852">NOT OBSERVED 2 (SKIP TO 33C) ←</td> </tr> </tbody> </table>	NET #1	NET #2	NET #3	OBSERVED ... 1	OBSERVED ... 1	OBSERVED ... 1	NOT OBSERVED 2 (SKIP TO 33C) ←	NOT OBSERVED 2 (SKIP TO 33C) ←	NOT OBSERVED 2 (SKIP TO 33C) ←				
NET #1	NET #2	NET #3													
OBSERVED ... 1	OBSERVED ... 1	OBSERVED ... 1													
NOT OBSERVED 2 (SKIP TO 33C) ←	NOT OBSERVED 2 (SKIP TO 33C) ←	NOT OBSERVED 2 (SKIP TO 33C) ←													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
33A	OBSERVE THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
33B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	BLUE 1 GREEN ... 2 WHITE 3 OTHER ... 4	BLUE 1 GREEN ... 2 WHITE 3 OTHER ... 4	BLUE 1 GREEN ... 2 WHITE 3 OTHER ... 4
33C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL ... 1 RECTANGLE 2	CONICAL ... 1 RECTANGLE 2	CONICAL ... 1 RECTANGLE 2
34	How long ago did your household obtain the mosquito net?	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96
35	Where did you get this mosquito net?	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP 3 OTHER ... 4 <hr/> (SPECIFY)	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP 3 OTHER ... 4 <hr/> (SPECIFY)	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP 3 OTHER ... 4 <hr/> (SPECIFY)
35A	When you got the net, did it come with an insecticide treatment kit?	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8
35B	Since you got the mosquito net, was it ever soaked or dipped in an insecticide to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 35D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 35D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 35D) ← NOT SURE ... 8
35C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96 NOT SURE ... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96 NOT SURE ... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO... 96 NOT SURE ... 98
35D	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 35F) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 35F) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 35F) ← NOT SURE ... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
35E	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
35F		GO BACK TO 33 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 36.	GO BACK TO 33 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 36.	GO BACK TO 33 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 36.	
36	What color of mosquito net do you prefer?	BLUE 1 GREEN 2 WHITE 3 OTHER _____ 4 (SPECIFY) DK/NO PREFERENCE 8			
37	What shape of mosquito net do you prefer?	CONICAL 1 RECTANGULAR 2 DK/NO PREFERENCE 8			

CHILD LABOUR

Now I would like to ask you about any work children in this household may do.

LINE NO. COPY LINE NUMBER OF CHILDREN AGE 5-14 FROM COL. (1)	CHILD'S NAME COPY THE NAMES OF CHILDREN AGE 5-14 FROM COL. (2)	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of the household?*	During the past week, did (NAME) help with house-keeping chores such as cooking, shop- ping, cleaning, washing clothes, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?	During the past week, did (NAME) do any other family work on the farm or in a business?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work?
(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)
<input type="text"/>		PAID UNPAID NO 1 2 3 GO TO 43 ←	<input type="text"/>	YES NO 1 2 GO TO 45 ←	<input type="text"/>	YES NO 1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>
<input type="text"/>		1 2 3 GO TO 43 ←	<input type="text"/>	1 2 GO TO 45 ←	<input type="text"/>	1 2 GO TO ← NEXT LINE	<input type="text"/>

* IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS.

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN 8A IN THE HOUSEHOLD SCHEDULE AND CIRCLE THE LINE NUMBER OF THE ELIGIBLE WOMAN.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE ELIGIBLE WOMAN FOR DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	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

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMN (10): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6.

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL. (10)	NAME FROM COL. (2)	AGE FROM COL. (7)	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 6 OTHER
(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)
			DAY MONTH YEAR			LYING STAND.	
<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"/>	0 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <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 USED				<input type="checkbox"/>			

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER

	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(55)	(56)	(57)	(58)	(59)	(60)
	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem. You do not have to participate; however, if you do, it will help the government to develop programs to prevent and treat anemia.

We request that you agree to let me test (NAME OF CHILDREN BORN IN 1999 OR LATER) for anemia. For the test, I will take a few drops of blood from a finger or from the heel of the child. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions? Do you agree to have the test done?

61	<p>CHECK 58 AND 59:</p> <p>NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: center; margin: 10px 0;"> <div style="text-align: center;"> <p>ONE OR MORE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NONE <input type="checkbox"/></p> <p>↓</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; padding: 5px;"> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 62.**</p> </div> <div style="width: 45%; padding: 5px;"> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.</p> </div> </div>
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62	<p>We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the doctor?</p>
----	---

NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2

* The cutoff point is 7 g/dl for children.

** If more than one child is below the cutoff point, read the statement in Q.62 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.