

**CONFIDENTIAL****NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2013  
HOUSEHOLD QUESTIONNAIRE**

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee  
Assigned Number NHREC/01/01/2007

IDENTIFICATION			
STATE _____	_____	_____	_____
LOCAL GOVT. AREA _____	_____	_____	_____
LOCALITY _____	_____	_____	_____
ENUMERATION AREA _____	_____	_____	_____
URBAN/RURAL (URBAN=1, RURAL=2) _____	_____	_____	_____
CLUSTER NUMBER _____	_____	_____	_____
BUILDING/STRUCTURE NUMBER _____	_____	_____	_____
HOUSEHOLD NUMBER _____	_____	_____	_____
NAME OF HOUSEHOLD HEAD _____	_____	_____	_____
HOUSEHOLD SELECTED FOR MAN'S QUESTIONNAIRE (YES=1, NO=2) _____	_____	_____	_____

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table>	2	0	1	3				
2	0	1	3									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT _____								
NEXT VISIT: DATE _____ TIME _____	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table;"><tr><td> </td><td> </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;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>								
LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4								
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4								
				OTHER 6 _____ SPECIFY								
				TRANSLATOR USED? YES NO 1 2								
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____ DATE _____	NAME _____ DATE _____		_____	_____								

**ENGLISH**



**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 33.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	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?	Did (NAME) sleep 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 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 33.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	10

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

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| 01 = HEAD                          | 09 = BROTHER-IN-LAW/SISTER-IN-LAW |
| 02 = WIFE OR HUSBAND               | 10 = NIECE/NEPHEW BY BLOOD        |
| 03 = SON OR DAUGHTER               | 11 = NIECE/NEPHEW BY MARRIAGE     |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 12 = OTHER RELATIVE               |
| 05 = GRANDCHILD                    | 13 = ADOPTED/FOSTER/STEPCHILD     |
| 06 = PARENT                        | 14 = NOT RELATED                  |
| 07 = PARENT-IN-LAW                 | 98 = DONT KNOW                    |
| 08 = BROTHER OR SISTER             |                                   |

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS			
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS										BROTHERS AND SISTERS	
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	<b>IF MOTHER NOT LISTED IN HOUSEHOLD</b>  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	<b>IF FATHER NOT LISTED IN HOUSEHOLD</b>  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	<b>MOTHER AND/OR FATHER DEAD/ SICK</b>  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	<b>BOTH PARENTS ALIVE</b>  IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 live elsewhere and not in this household?		
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)		
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2		
02	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	02	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
03	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	03	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
04	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	04	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
05	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	05	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
06	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	06	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
07	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	07	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
08	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	08	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
09	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	09	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		
10	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	10	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2		

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 5-17 YEARS			0-4 YEARS		
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BASIC MATERIAL NEEDS			BIRTH REGISTRATION		
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest class/year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2012 - 2013) school year?	During this/that school year, what level and class/year is/was (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered?  1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate?  1 = SEEN 2 = NOT SEEN
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N 1 2 ↓ GO TO 27	CLASS/ LEVEL YEAR [ ] [ ] [ ]	Y N 1 2 ↓ GO TO 27	CLASS/ LEVEL YEAR [ ] [ ] [ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ NEXT LINE	[ ]	[ ]
01	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
02	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
03	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
04	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
05	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
06	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
07	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
08	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
09	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]
10	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 ↓ GO TO 27	[ ] [ ] [ ]	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	[ ]	[ ]

**CODES FOR Qs. 24 AND 26: EDUCATION**

**EDUCATION LEVEL:**

- 0=PRE-PRIMARY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

**EDUCATION YEAR:**

- 01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
- 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
- 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
- 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL\*
- 00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY.  
THIS CODE IS NOT ALLOWED FOR Q. 26)
- 98 = DON'T KNOW

\*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 33.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

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

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES  → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES  → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who slept 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 = BROTHER-IN-LAW/SISTER-IN-LAW
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS	
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS	
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE  IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 live elsewhere and not in this household?
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK	Y N DK		Y N DK	Y N DK		Y N DK			Y N DK	Y N
11	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	11	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
12	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	12	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
13	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	13	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
14	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	14	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
15	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	15	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
16	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	16	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
17	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	17	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
18	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	18	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
19	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	19	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
20	1 2 8 ↓ GO TO 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	20	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 5-17 YEARS			0-4 YEARS		
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BASIC MATERIAL NEEDS			BIRTH REGISTRATION		
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest class/year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2012 - 2013) school year?	During this/that school year, what level and class/year is/was (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered?  1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate?  1 = SEEN 2 = NOT SEEN
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N	LEVEL CLASS/ YEAR	Y N	LEVEL CLASS/ YEAR	Y N DK	Y N DK	Y N DK	Y N DK		
11	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
12	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 24 AND 26: EDUCATION**

**EDUCATION LEVEL:**

- 0=PRE-PRIMARY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

**EDUCATION YEAR:**

- 01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
- 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
- 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
- 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL\*
- 00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY.  
THIS CODE IS NOT ALLOWED FOR Q. 26)
- 98 = DON'T KNOW

\*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL



33.

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

NAME OF SELECTED WOMAN \_\_\_\_\_

HH LINE NUMBER OF SELECTED WOMAN .....

--	--



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 HANGING TOILET/HANGING LATRINE ..... 51 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0																																							
0																																										
110	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON-MOBILE TELEPHONE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CABLE TV .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GENERATING SET .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ELECTRIC IRON .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FAN .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	MOBILE TELEPHONE .....	1	2	NON-MOBILE TELEPHONE .....	1	2	REFRIGERATOR .....	1	2	CABLE TV .....	1	2	GENERATING SET .....	1	2	AIR CONDITIONER .....	1	2	COMPUTER .....	1	2	ELECTRIC IRON .....	1	2	FAN .....	1	2	
	YES	NO																																								
ELECTRICITY .....	1	2																																								
RADIO .....	1	2																																								
TELEVISION .....	1	2																																								
MOBILE TELEPHONE .....	1	2																																								
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COMPUTER .....	1	2																																								
ELECTRIC IRON .....	1	2																																								
FAN .....	1	2																																								
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 114																																							

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)	<input type="checkbox"/> → 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET/RUG ..... 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL/ZINC ..... 31 WOOD ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 ROOFING SHINGLES ..... 35 OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT (MUD) ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARDBOARD ..... 24 REUSED WOOD ..... 25 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 35 OTHER _____ 96 (SPECIFY)	
117A	How many rooms in total are in your household, including rooms for sleeping and all other rooms?	ROOMS (TOTAL) .....	<input type="text"/> <input type="text"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) ..... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 135
127	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input data-bbox="1300 533 1356 593" type="text"/>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, HANGED 1 OBSERVED NOT HANGED ... 2 NOT OBSERVED . 3	OBSERVED, HANGED 1 OBSERVED NOT HANGED ... 2 NOT OBSERVED . 3	OBSERVED, HANGED 11 OBSERVED NOT HANGED ... 2 NOT OBSERVED . 3
129	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDAL NET (LLIN) PERMANET ..... 11 OLYSET ..... 12 ICONLIFE ..... 13 DURANET ..... 14 NETPROTECT 15 BASF INTERCEPTC 17 OTHER/ DK BRAND ... 16 (SKIP TO 132) ←  PRETREATED NET .. 21 (SKIP TO 132) ←  UNTREATED NET .. 31 (SKIP TO 132) ←  OTHER _____ 96 (SPECIFY)  DK BRAND ..... 98	LONG-LASTING INSECTICIDAL NET (LLIN) PERMANET ..... 11 OLYSET ..... 12 ICONLIFE ..... 13 DURANET ..... 14 NETPROTECT 15 BASF INTERCEPTC 17 OTHER/ DK BRAND ... 16 (SKIP TO 132) ←  PRETREATED NET .. 21 (SKIP TO 132) ←  UNTREATED NET .. 31 (SKIP TO 132) ←  OTHER _____ 96 (SPECIFY)  DK BRAND ..... 98	LONG-LASTING INSECTICIDAL NET (LLIN) PERMANET ..... 11 OLYSET ..... 12 ICONLIFE ..... 13 DURANET ..... 14 NETPROTECT 15 BASF INTERCEPTC 17 OTHER/ DK BRAND ... 16 (SKIP TO 132) ←  PRETREATED NET .. 21 (SKIP TO 132) ←  UNTREATED NET .. 31 (SKIP TO 132) ←  OTHER _____ 96 (SPECIFY)  DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Did anyone sleep under this mosquito net last night?  IF 'YES' CHECK 128 FOR CODE '2' CIRCLED THEN PROBE.	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
133	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> 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"/>
134		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 135.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 135.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 135.
135	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 201) ←		
136	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
137	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		



**SUPPORT FOR SICK PEOPLE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE:  AT LEAST ONE <input type="checkbox"/>	NUMBER OF SICK PEOPLE AGE 18-59 <input type="text"/> <input type="text"/>  NONE <input type="checkbox"/> → 301		
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).  READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK.  You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons].  First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay.  By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON  NAME _____  LINE NO. ... <input type="text"/> <input type="text"/>	2ND SICK PERSON  NAME _____  LINE NO. ... <input type="text"/> <input type="text"/>	3RD SICK PERSON  NAME _____  LINE NO. ... <input type="text"/> <input type="text"/>
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 206) ← DK ..... 8
205	Did your household receive any of these medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 208) ← DK ..... 8
207	Did your household receive any of these emotional or psychological support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 210) ← DK ..... 8
209	Did your household receive any of these material support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212) ← DK ..... 8
211	Did your household receive any of these social support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain by any means most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL . 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL . 3	MOST TIME ..... 1 SOME TIME ..... 2 NOT AT ALL ... 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE .. 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 216) ←	YES, SEVERE .. 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 216) ←	YES, SEVERE ... 1 YES, NEVER SEVERE ..... 2 NO ..... 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) by any means most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL . 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL . 3	MOST TIME ..... 1 SOME TIME ..... 2 NOT AT ALL ... 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

**SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES .....	1		401
		NO .....	2		
		DON'T KNOW .....	8		
302	How many household members died in the last 12 months?	NUMBER OF DEATHS .....			<input type="text"/>
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	
306	How old was (NAME) when (he/she) died?	AGE .... <input type="text"/>	AGE .... <input type="text"/>	AGE ... <input type="text"/>	
306A	Was the death of (NAME) registered with NPopC?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
307	CHECK 306: AGE OF PERSON AT DEATH	<18 or 60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	<18 or 60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	<18 or 60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	
311	Did your household receive any of these medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	
313	Did your household receive any of these emotional or psychological support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	
315	Did your household receive any of these material support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE .... 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE .... 2 NO ..... 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME .... 1 SOME TIME .... 2 NOT AT ALL ... 3	MOST TIME .... 1 SOME TIME .... 2 NOT AT ALL ... 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 <input type="checkbox"/> →</p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: <b>ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</b></p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>
403	<p>CHECK 306 IN THE PREVIOUS SECTION: <b>ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> →</p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	1ST CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of these material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any of this social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> (SKIP TO 417) ←  AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ←  AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ←  AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ←  AGE 5-17 <input type="text"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of these material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5 YEARS

501	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2008 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510) ←	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510) ←	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510) ←
505	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
508	GO BACK TO 503 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 510.			



WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5 YEARS

501	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2008 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
508	GO BACK TO 503 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 510.			

**WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49 YEARS**

510	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
511	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
512	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
513	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
514	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
515	GO BACK TO 511 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.			