

NIGERIA DEMOGRAPHIC AND HEALTH SURVEYS 2018  
 HOUSEHOLD QUESTIONNAIRE

NIGERIA  
 NATIONAL POPULATION COMMISSION

IDENTIFICATION						
STATE	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>
LOCAL GOVT. AREA	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>
LOCALITY	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>
ENUMERATION AREA	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF HOUSEHOLD HEAD	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>
CLUSTER NUMBER	.....			<input type="text"/>	<input type="text"/>	<input type="text"/>
HOUSEHOLD NUMBER	.....			<input type="text"/>	<input type="text"/>	<input type="text"/>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	.....			<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEWER VISITS				
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	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> INT. NO. <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <input type="text"/>
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		

<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 <input type="text"/></p> <p>TOTAL ELIGIBLE WOMEN <input type="text"/></p> <p>TOTAL ELIGIBLE MEN <input type="text"/></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/></p>
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LANGUAGE OF QUESTIONNAIRE**	<input type="text" value="0"/>	<input type="text" value="1"/>	LANGUAGE OF INTERVIEW**	<input type="text"/>	<input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/>	<input type="text"/>	TRANSLATOR USED (YES = 1, NO = 2)	<input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES:	01 ENGLISH	03 YORUBA	02 HAUSA	04 IGBO			

SUPERVISOR	FIELD EDITOR
NAME _____	NAME _____
NUMBER <input type="text"/>	NUMBER <input type="text"/>

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with National Population Commission. We are conducting a survey about health and other topics all over Nigeria. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	HOURS ..... MINUTES .....				
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	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.  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 5-20 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) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 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 ALL MEN AGE 15-59	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY  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="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people 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 stayed here last night, who have not been listed? YES  → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- |                                    |                               |
|------------------------------------|-------------------------------|
| 01 = HEAD                          | 10 = NIECE/NEPHEW BY BLOOD    |
| 02 = WIFE OR HUSBAND               | 11 = NIECE/NEPHEW BY MARRIAGE |
| 03 = SON OR DAUGHTER               | 12 = OTHER RELATIVE           |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 13 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD                    | 14 = NOT RELATED              |
| 06 = PARENT                        | 15 = CO-WIFE                  |
| 07 = PARENT-IN-LAW                 | 98 = DON'T KNOW               |
| 08 = BROTHER OR SISTER             |                               |
| 09 = BROTHER-IN-LAW/SISTER IN-LAW  |                               |

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- |                                    |                               |
|------------------------------------|-------------------------------|
| 01 = HEAD                          | 10 = NIECE/NEPHEW BY BLOOD    |
| 02 = WIFE OR HUSBAND               | 11 = NIECE/NEPHEW BY MARRIAGE |
| 03 = SON OR DAUGHTER               | 12 = OTHER RELATIVE           |
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| 05 = GRANDCHILD                    | 14 = NOT RELATED              |
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| 07 = PARENT-IN-LAW                 | 98 = DON'T KNOW               |
| 08 = BROTHER OR SISTER             |                               |
| 09 = BROTHER-IN-LAW/SISTER IN-LAW  |                               |

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION		
	12	13	14	15	16	17	18	19	20A	20B	20C
	Is (NAME)'s natural mother alive?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  What is the highest class/year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2017-2018 (2018-2019) school year?  SEE CODES BELOW.	During [this/that] school year, what level and class/year [is/was] (NAME) attending?  SEE CODES BELOW.	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
01	Y N DK 1 2 -8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 -8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/>	Y N DK 1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
02	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 -8 ↓ GO TO 14	<input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

**LEVEL**  
 0 = PRESCHOOL  
 1 = PRIMARY  
 2 = SECONDARY  
 3 = HIGHER  
 8 = DON'T KNOW

**EDUCATION YEAR**  
 01-03 = YEARS AT PRE-PRIMARY/KINDERGARTEN  
 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. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)  
 98 = DON'T KNOW

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

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION		
	12	13	14	15	16	17	18	19	20A	20B	20C
	Is (NAME)'s natural mother alive?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  What is the highest class/year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2017-2018 (2018-2019) school year?	During [this/that] school year, what level and class/year [is/was] (NAME) attending?  SEE CODES BELOW.	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
11	Y N DK 1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL CLASS/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N DK 1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
12	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 -8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 -8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 -8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

**LEVEL**  
0 = PRESCHOOL  
1 = PRIMARY  
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8 = DON'T KNOW

**EDUCATION YEAR**  
01-03 = YEARS AT PRE-PRIMARY/KINDERGARTEN  
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. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)  
98 = DON'T KNOW

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

IF AGE 5 YEARS OR OLDER

SEEING DIFFICULTY			HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
21	22	23	24	25	26	27	28	29	30
Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
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IF AGE 5 YEARS OR OLDER

SEEING DIFFICULTY			HEARING DIFFICULTY			OTHER FUNCTIONAL DIFFICULTIES			
21	22	23	24	25	26	27	28	29	30
Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOR ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p>TUBE WELL OR BOREHOLE ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>BOTTLED WATER ..... 91</p> <p>SACHET WATER ..... 92</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOR ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p>TUBE WELL OR BOREHOLE ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD/PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>→ 105</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
105	<p>CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		<p>→ 107</p>

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109		
108	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F ALUM ..... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z			
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<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)	→ 113		
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 112		
111	Including your own household, 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					
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
113	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)	→ 116																								
114	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)	→ 116																								
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2																									
116	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																									
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 119																								
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Camels?	<table border="0"> <tr> <td>a) COWS/BULLS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>b) OTHER CATTLE .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>c) HORSES/DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>d) GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>e) SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) CHICKENS/POULTRY .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) CAMEL .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	a) COWS/BULLS .....	<input type="text"/>	<input type="text"/>	b) OTHER CATTLE .....	<input type="text"/>	<input type="text"/>	c) HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	d) GOATS .....	<input type="text"/>	<input type="text"/>	e) SHEEP .....	<input type="text"/>	<input type="text"/>	f) CHICKENS/POULTRY .....	<input type="text"/>	<input type="text"/>	f) PIGS .....	<input type="text"/>	<input type="text"/>	f) CAMEL .....	<input type="text"/>	<input type="text"/>	
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119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																								
120	How many plot/acres/hectares of agricultural land do members of this household own?   IF 95 OR MORE, CIRCLE '9950'.	PLOT ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES ..... 3 <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE PLOT/ACRES/HECTARES .. 9950 DON'T KNOW ..... 9998																									

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A table? h) A chair? i) A bed? j) A sofa? k) A cupboard? l) An air conditioner? m) An electric iron? n) A generator? o) A fan?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) ELECTRICITY .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) RADIO .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) TELEVISION .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) COMPUTER .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) REFRIGERATOR .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) TABLE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) CHAIR .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) BED .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) SOFA .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>k) CUPBOARD .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>l) AIR CONDITIONER .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>m) ELECTRIC IRON .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>n) GENERATOR .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>o) FAN .....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>			YES	NO	a) ELECTRICITY .....	1	2	b) RADIO .....	1	2	c) TELEVISION .....	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER .....	1	2	f) REFRIGERATOR .....	1	2	g) TABLE .....	1	2	h) CHAIR .....	1	2	i) BED .....	1	2	j) SOFA .....	1	2	k) CUPBOARD .....	1	2	l) AIR CONDITIONER .....	1	2	m) ELECTRIC IRON .....	1	2	n) GENERATOR .....	1	2	o) FAN .....	1	2	
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122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A canoe? i) A Keke Napep?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WATCH .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) CANOE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) KEKE - NAPEP .....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>			YES	NO	a) WATCH .....	1	2	b) MOBILE PHONE .....	1	2	c) BICYCLE .....	1	2	d) MOTORCYCLE/SCOOTER .....	1	2	e) ANIMAL-DRAWN CART .....	1	2	f) CAR/TRUCK .....	1	2	g) BOAT WITH MOTOR .....	1	2	h) CANOE .....	1	2	i) KEKE - NAPEP .....	1	2																			
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i) KEKE - NAPEP .....	1	2																																																		
123	Does any member of this household have a bank account?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> </table>		YES .....	1	NO .....	2																																													
YES .....	1																																																			
NO .....	2																																																			
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY .....</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY .....</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY .....</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH .....</td> <td align="right">4</td> </tr> <tr> <td>NEVER .....</td> <td align="right">5</td> </tr> </table>		DAILY .....	1	WEEKLY .....	2	MONTHLY .....	3	LESS OFTEN THAN ONCE A MONTH .....	4	NEVER .....	5																																							
DAILY .....	1																																																			
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MONTHLY .....	3																																																			
LESS OFTEN THAN ONCE A MONTH .....	4																																																			
NEVER .....	5																																																			
127	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> </table>		YES .....	1	NO .....	2	→ 139																																												
YES .....	1																																																			
NO .....	2																																																			
128	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input style="width: 40px; height: 20px;" type="text"/>																																																		

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED ..... 3	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED ..... 3	OBSERVED, HANGING... 1 OBSERVED, NOT HANGING..... 2 NOT OBSERVED ..... 3
130	How many months ago did your household get 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
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 ICONGLIFE ..... 13 DURANET ..... 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL ..... 18  OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 ICONGLIFE ..... 13 DURANET ..... 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL ..... 18  OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 ICONGLIFE ..... 13 DURANET ..... 14 NETPROTEC..... 15 BASF INTERCEPTC.. 17 YORKOOL ..... 18  OTHER/DON'T KNOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a net mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4	YES, DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4	YES, DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep inside this mosquito net last night?	YES ..... 1 (SKIP TO 137) ←	YES ..... 1 (SKIP TO 137) ←	YES ..... 1 (SKIP TO 137) ←
		NO ..... 2	NO ..... 2	NO ..... 2
		NOT SURE ..... 8 (SKIP TO 138) ←	NOT SURE ..... 8 (SKIP TO 138) ←	NOT SURE ..... 8 (SKIP TO 138) ←
136A	Why did not anyone sleep inside this net?	NO MOSQUITOES ..... 01 NO MALARIA ..... 02 TOO HOT ..... 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL ..... 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY ..... 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE ..... 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT ..... 13 NO SPACE TO HANG .. 14  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98 (SKIP TO 138) ←	NO MOSQUITOES ..... 01 NO MALARIA ..... 02 TOO HOT ..... 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL ..... 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY ..... 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE ..... 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT ..... 13 NO SPACE TO HANG .. 14  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98 (SKIP TO 138) ←	NO MOSQUITOES ..... 01 NO MALARIA ..... 02 TOO HOT ..... 03 DIFFICULT TO HANG .. 04 DON'T LIKE SMELL ..... 05 FEEL 'CLOSED IN' OR CONSTRAINED .. 06 NET TOO OLD/TORN .. 07 NET TOO DIRTY ..... 08 NET NOT AVAILABLE LAST NIGHT (WASHING) .. 09 FEEL ITN CHEMICALS ARE UNSAFE ..... 10 ITN PROVOKES COUGH 11 USERS DID NOT SLEEP HERE LAST NIGHT .. 12 NET NOT NEEDED LAST NIGHT ..... 13 NO SPACE TO HANG .. 14  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98 (SKIP TO 138) ←
137	Who slept inside this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM 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"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON ..... 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  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)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  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 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)	



ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER _____ 96 (SPECIFY)</p>					
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>					
146	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" data-bbox="1198 992 1334 1043" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1198 1043 1334 1099" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					

INTERVIEWER'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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