

HOUSEHOLD QUESTIONNAIRE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME OF HOUSEHOLD HEAD _____ | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | |
| WARD NAME _____ | | | | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (URBAN=1, RURAL=2) | | | | | | | | | | | | | | | | | | | | | | |
| LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN = 3, RURAL=4) | | | | | | | | | | | | | | | | | | | | | | |
| MALE SURVEY (YES=1, NO=2) | | | | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | |
|---|-------|-------|-------|---|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| INTERVIEWER'S NAME | _____ | _____ | _____ | NAME <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| RESULT* | _____ | _____ | _____ | RESULT <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| NEXT VISIT: TIME | _____ | _____ | | |
| *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="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| LANGUAGE OF QUESTIONNAIRE: | | | | LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
| ENGLISH <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">3</table> | | | | |

| | | |
|------------------------|--|--|
| LANGUAGE OF INTERVIEW: | SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4 | <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> |
|------------------------|--|--|

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

HOUSEHOLD SCHEDULE

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

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | RESIDENCE | | SEX | | AGE | ELIGIBILITY | PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS 0-14 YEARS OLD** | | | |
|----------|------------------------------|-----------------------------------|--------------------------------|----------------------------------|---------------------------|--------------------|-----|-------------|--|----------|-----------------------------------|----------|
| | | | Does (NAME) usually live here? | Did (NAME) stay here last night? | Is (NAME) male or female? | How old is (NAME)? | | | Is (NAME)'s natural mother alive? | IF ALIVE | Is (NAME)'s natural father alive? | IF ALIVE |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | |
| 01 | (NAME) | | 1 2 | 1 2 | M F | IN YEARS | 01 | 1 2 8 | | 1 2 8 | | |
| 02 | | | 1 2 | 1 2 | 1 2 | | 02 | 1 2 8 | | 1 2 8 | | |
| 03 | | | 1 2 | 1 2 | 1 2 | | 03 | 1 2 8 | | 1 2 8 | | |
| 04 | | | 1 2 | 1 2 | 1 2 | | 04 | 1 2 8 | | 1 2 8 | | |
| 05 | | | 1 2 | 1 2 | 1 2 | | 05 | 1 2 8 | | 1 2 8 | | |
| 06 | | | 1 2 | 1 2 | 1 2 | | 06 | 1 2 8 | | 1 2 8 | | |
| 07 | | | 1 2 | 1 2 | 1 2 | | 07 | 1 2 8 | | 1 2 8 | | |
| 08 | | | 1 2 | 1 2 | 1 2 | | 08 | 1 2 8 | | 1 2 8 | | |
| 09 | | | 1 2 | 1 2 | 1 2 | | 09 | 1 2 8 | | 1 2 8 | | |
| 10 | | | 1 2 | 1 2 | 1 2 | | 10 | 1 2 8 | | 1 2 8 | | |
| 11 | | | 1 2 | 1 2 | 1 2 | | 11 | 1 2 8 | | 1 2 8 | | |
| 12 | | | 1 2 | 1 2 | 1 2 | | 12 | 1 2 8 | | 1 2 8 | | |
| 13 | | | 1 2 | 1 2 | 1 2 | | 13 | 1 2 8 | | 1 2 8 | | |
| 14 | | | 1 2 | 1 2 | 1 2 | | 14 | 1 2 8 | | 1 2 8 | | |

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

07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** Q.9 THROUGH Q.12
THESE QUESTIONS
REFER TO THE
BIOLOGICAL PARENTS OF
THE CHILD. IN Q.10 AND
Q.12, RECORD '00' IF
PARENT NOT LISTED IN
HOUSEHOLD SCHEDULE

***CODES FOR Qs. 14, 15C AND 15F
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

| LINE NO. | EDUCATION | | | | | | | | | | | | | | |
|----------|---------------------------------|-------------|--|-----------|---------------------------------------|--------|---|-------------|---|--------|---|-----------|---|-------------|---|
| | IF AGE 3 YEARS OR OLDER | | | | IF AGE 3 -24 YEARS | | | | | | | | | | |
| | Has (NAME) ever been to school? | | What is the highest level of school (NAME) attended or attending?*** What is the highest grade (NAME) completed at that level?*** | | Is (NAME) currently attending school? | | Was (NAME) ever in attendance in school at any point during this school year? | | During this school year, what level and grade [is (NAME) attending / was (NAME) enrolled in]? | | Did (NAME) attend school during the previous school year? | | Was (NAME) ever in attendance in school at any point during the previous school year? | | During the previous school year, what level and grade [did (NAME) attend/was (NAME) enrolled in]? |
| (13) | | (14) | | (15A) | | (15B) | | (15C) | | (15D) | | (15E) | | (15F) | |
| YES NO | | LEVEL GRADE | | YES NO | | YES NO | | LEVEL GRADE | | YES NO | | YES NO | | LEVEL GRADE | |
| 01 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 02 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 03 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 04 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 05 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 06 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 07 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 08 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 09 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 10 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
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| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 11 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 12 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 13 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |
| 14 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| | NEXT LINE | | | GO TO 15C | GO TO 15D | | | GO TO 15F | NEXT LINE | | | GO TO 15F | NEXT LINE | | |

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|---------------------|---|--|--|-----|----|---------------------|---|---|---------------|---|---|------------------|---|---|-----------------|---|---|--------------------|---|---|--|
| 16 | What is the main source of drinking water for members of your household? ¹ | PIPED WATER PIPED INTO OWN DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WELL WATER PROTECTED WELL 21 UNPROTECTED WELL 22 BOREHOLE 23 SURFACE WATER SPRING 31 RIVER/STREAM 32 POND/LAKE/DAM 33 RAINWATER 41 OTHER _____ 96 (SPECIFY) | → 18 → 18 → 18 → 18 | | | | | | | | | | | | | | | | | | |
| 17 | How long does it take you to go there, get water, and come back? | MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 | | | | | | | | | | | | | | | | | | | |
| 18 | What kind of toilet or sanitation facility do most members of your household use? | FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE/BLAIR TOILET 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY) | → 19 | | | | | | | | | | | | | | | | | | |
| 18A | With how many other households do you share this facility? RECORD "OO" IF TOILET NOT SHARED | OTHER HOUSEHOLDS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| 19 | Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? | <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>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> </tbody> </table> | | YES | NO | ELECTRICITY | 1 | 2 | RADIO | 1 | 2 | TELEVISION | 1 | 2 | TELEPHONE | 1 | 2 | REFRIGERATOR | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEPHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| REFRIGERATOR | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 19A | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE/PARAFFIN 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 21 | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 22 | Does any member of your household own: A modern oxcart/scotchcart? A bicycle? A motorcycle? A car or truck? | <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>MODERN OXCART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | MODERN OXCART | 1 | 2 | BICYCLE | 1 | 2 | MOTORCYCLE | 1 | 2 | CAR/TRUCK | 1 | 2 | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| MODERN OXCART | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 22A | Does your household have any bednets that are used while sleeping? | YES 1 NO 2 | → 22E | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|---|--|---|-------------------------------|-----|----|-----------------|---|---|---|---|---|-------------|---|---|--|
| 22B | CHECK 5 AND 7 : NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT NONE <input type="checkbox"/> _____ ONE <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> _____ ↓ | | →22E →22D | | | | | | | | | | | | |
| 22C | Did (NAME) sleep under a bednet last night? | YES 1 NO 2 | <input type="checkbox"/> →22E | | | | | | | | | | | | |
| 22D | Did all, some or none of the children under age 5 who slept in the household last night sleep under a bednet? | ALL CHILDREN 1 SOME CHILDREN 2 NONE 3 | | | | | | | | | | | | | |
| 22E | Does your household have any place which is used for hand washing? | YES 1 NO 2 | →23 | | | | | | | | | | | | |
| 22F | ASK TO SEE THE PLACE USED MOST OFTEN AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | WATER/TAP | 1 | 2 | SOAP, ASH OR OTHER CLEANSING AGENT | 1 | 2 | BASIN | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | |
| WATER/TAP | 1 | 2 | | | | | | | | | | | | | |
| SOAP, ASH OR OTHER CLEANSING AGENT | 1 | 2 | | | | | | | | | | | | | |
| BASIN | 1 | 2 | | | | | | | | | | | | | |
| 23 | TYPE OF SALT TEST OF IODINE. | 00 PPM (NO IODINE/UNDETECTABLE) ... 1 01-14 PPM 2 15+ PPM 3 | | | | | | | | | | | | | |

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

| WOMEN 15-49 | | | | HEIGHT AND WEIGHT MEASUREMENT OF WOMEN 15-49 | | | |
|-----------------------------|-------------------------|------------------------|---------------------------------|--|-------------------------|--|--|
| LINE NO. FROM COL.(8) | NAME FROM COL.(2) | AGE FROM COL.(7) | What is (NAME)'s date of birth? | WEIGHT (KILOGRAMS) | HEIGHT (CENTIMETERS) | MEASURED LYING DOWN OR STANDING UP | RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER |
| (24) | (25) | (26) | (27) | (28) | (29) | (30) | (31) |
| | | YEARS | | | | | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | <input type="text"/> | | <input type="text"/> |

| CHILDREN UNDER AGE 6 | | | | WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1994 OR LATER | | | |
|-----------------------------|-------------------------|------------------------|---------------------------------|---|-------------------------|--|--|
| LINE NO. FROM COL.(8) | NAME FROM COL.(2) | AGE FROM COL.(7) | What is (NAME)'s date of birth? | WEIGHT (KILOGRAMS) | HEIGHT (CENTIMETERS) | MEASURED LYING DOWN OR STANDING UP | RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER |
| | | | | | | LYING STAND. | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 0 <input type="text"/> | <input type="text"/> | 1 2 | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 0 <input type="text"/> | <input type="text"/> | 1 2 | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 0 <input type="text"/> | <input type="text"/> | 1 2 | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 0 <input type="text"/> | <input type="text"/> | 1 2 | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 0 <input type="text"/> | <input type="text"/> | 1 2 | <input type="text"/> |

TICK HERE IF CONTINUATION SHEET USED

