



**CONFIDENTIAL**



REPUBLIC OF KENYA

IDENTIFICATION																									
COUNTY _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
DISTRICT _____																									
LOCATION/TOWN _____																									
SUBLOCATION _____																									
NASSEP CLUSTER NUMBER .....																									
KDHS CLUSTER NUMBER .....																									
HOUSEHOLD NUMBER .....																									
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
IS HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14? (YES=1; NO=2) .....	<table border="1" style="margin: auto;"> <tr><td> </td></tr> </table>																								
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY MONTH YEAR																					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER																					
RESULT*	_____	_____	_____	RESULT																					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																					
TIME	_____	_____																							
<p>*RESULT CODES:</p> <ul style="list-style-type: none"> <li>1 COMPLETED</li> <li>2 NO HOUSEHOLD MEMBER AT HOME / NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</li> <li>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</li> <li>4 POSTPONED</li> <li>5 REFUSED</li> <li>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</li> <li>7 DWELLING DESTROYED</li> <li>8 DWELLING NOT FOUND</li> <li>9 OTHER</li> </ul> <p style="text-align: center;">_____ (SPECIFY)</p>				LINE NO. OF RESPONDENT TO HOUSHOLD QUESTIONNAIRE  TOTAL PERSONS IN HOUSEHOLD  TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN																					
LANGUAGE OF QUESTIONNAIRE** <b>17</b>		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: <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td>01 BORANA</td> <td>05 KIKUYU</td> <td>09 LUO</td> <td>13 POKOT</td> <td>17 ENGLISH</td> </tr> <tr> <td>02 EMBU</td> <td>06 KISII</td> <td>10 MAASAI</td> <td>14 SOMALI</td> <td>18 OTHER</td> </tr> <tr> <td>03 KALENJIN</td> <td>07 LUHYA</td> <td>11 MERU</td> <td>15 SWAHILI</td> <td></td> </tr> <tr> <td>04 KAMBA</td> <td>08 MARAGOLI</td> <td>12 MIJIKENDA</td> <td>16 TURKANA</td> <td></td> </tr> </table>			01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH	02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER	03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI		04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA		
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																						
NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																						

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**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			IF AGE 0-17 YEARS	
				5	6		MARITAL STATUS	9	10	11	12	13
1	2	3	4	5	6	7	8	9	10	11	12	13
	Please give me the names of the persons who 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 5-20A 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/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	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'.
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	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	1 2 8 ↓ GO TO 14	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	1 2 8 ↓ GO TO 14	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	1 2 8 ↓ GO TO 14	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	1 2 8 ↓ GO TO 14	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	1 2 8 ↓ GO TO 14	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	1 2 8 ↓ GO TO 14	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	1 2 8 ↓ GO TO 14	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	1 2 8 ↓ GO TO 14	<input type="text"/>
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- 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 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  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = OTHER RELATIVE  
10 = ADOPTED/FOSTER/STEPCHILD  
11 = NOT RELATED  
98 = DONT KNOW

LINE NO.	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	15	16	17	18	19	19A	19B	20	20A
	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During the 2014 school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During the 2013 school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority?  IF YES: With a birth certificate?  1 = YES, REGISTERED WITH BIRTH CERTIFICATE 2 = YES, REGISTERED WITHOUT BIRTH CERTIFICATE 8 = DON'T KNOW 3 = NOT REGISTERED	Why was (NAME) never registered?  1=TOO FAR 2=NO MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE, DIFFICULT TERRAIN, INSECURITY 8=OTHER
01	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y1 Y2 DK NO 1 2 8 3 ↓ TO NEXT LINE TO 20A	<input type="text"/>
02	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y1 Y2 DK NO 1 2 8 3 ↓ TO NEXT LINE TO 20A	<input type="text"/>
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**CODES FOR Qs. 17, 19, AND 19B: EDUCATION**

**LEVEL**

0 = PRE-PRIMARY  
 1 = PRIMARY  
 2 = POST-PRIMARY, VOCATIONAL  
 3 = SECONDARY/'A' LEVEL  
 4 = COLLEGE (MIDDLE LEVEL)  
 5 = UNIVERSITY  
 8 = DON'T KNOW

**GRADE**

00 = LESS THAN 1 YEAR COMPLETED  
 (USE '00' FOR Q. 17 ONLY.  
 THIS CODE IS NOT ALLOWED  
 FOR Q. 19 OR 19B)  
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LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			IF AGE 0-17 YEARS	
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16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	1 2 8 ↓ GO TO 14	<input type="text"/>
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20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	1 2 8 ↓ GO TO 14	<input type="text"/>

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

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LINE NO.	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
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13	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
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15	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
16	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
17	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
18	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
19	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 8 3 ↓ TO TO NEXT LINE 20A	<input type="text"/>
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**CODES FOR Qs. 17, 19, AND 19B: EDUCATION**

**LEVEL**

0 = PRE-PRIMARY  
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**GRADE**

00 = LESS THAN 1 YEAR COMPLETED  
 (USE '00' FOR Q. 17 ONLY.  
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 FOR Q. 19 OR 19B)  
 98 = DON'T KNOW

TABLE FOR SELECTION OF WOMEN FOR SECTION 14: DOMESTIC VIOLENCE QUESTIONS

101A

ONLY ONE INDIVIDUAL (ONE WOMAN OR ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE:  
HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14?

YES

NO  → GO TO 101B

USE THE TABLE BELOW TO  
SELECT ONE WOMAN FROM THIS  
HH TO BE INTERVIEWED WITH THE  
DV QUESTIONS

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

LAST DIGIT OF QUESTIONANIRE SERIAL NUMBER (GO TO THIS ROW NUMBER)

TOTAL NUMBER OF ELIGIBLE WOMEN (COL 9) (GO TO THIS COLUMN NUMBER)   
IF ZERO → GO TO 102

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

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

HH LINE NUMBER OF SELECTED WOMAN:

GO TO 102 →



TABLE FOR SELECTION OF MEN FOR SECTION 10: DOMESTIC VIOLENCE QUESTIONS

101B

ONLY ONE INDIVIDUAL (ONE WOMAN OR ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE:  
HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14?

NO

YES  → GO TO 102

USE THE TABLE BELOW TO  
SELECT ONE MAN FROM THIS HH  
TO BE INTERVIEWED WITH THE DV  
QUESTIONS

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

LAST DIGIT OF QUESTIONNAIRE SERIAL NUMBER (GO TO THIS ROW NUMBER)

TOTAL NUMBER OF ELIGIBLE MEN (COL 10) (GO TO THIS COLUMN NUMBER)   
IF ZERO → GO TO 102

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE MEN (COLUMN 10) 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 MAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE MEN IN COLUMN 10 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED MAN IN THE SPACE BELOW THE TABLE.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 10 SHOWS THAT THERE ARE THREE ELIGIBLE MEN AGE 15-54 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE MEN 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 MAN WHO IS ELIGIBLE FOR THE MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE MEN AGE 15-54 IN HOUSEHOLD SCHEDULE COLUMN 10							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED MAN: \_\_\_\_\_

HH LINE NUMBER OF SELECTED MAN:

--	--



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 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 PIT LATRINE 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" data-bbox="1238 864 1342 920"> <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 border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) Electricity?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) A radio?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) A television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) A mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) A non-mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) A refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) A solar panel?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) A table?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) A chair?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) A sofa?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) A bed?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) A cupboard?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) A clock?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) A microwave oven?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) A DVD player?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) A cassette or CD player?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A television?	1	2	d) A mobile telephone?	1	2	e) A non-mobile telephone?	1	2	f) A refrigerator?	1	2	g) A solar panel?	1	2	h) A table?	1	2	i) A chair?	1	2	j) A sofa?	1	2	k) A bed?	1	2	l) A cupboard?	1	2	m) A clock?	1	2	n) A microwave oven?	1	2	o) A DVD player?	1	2	p) A cassette or CD player?	1	2	
	YES	NO																																																				
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o) A DVD player?	1	2																																																				
p) A cassette or CD player?	1	2																																																				
110A	Does this household receive a cash transfer or any social assistance from the government?	YES ..... 1 NO ..... 2	→ 111																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110B	<p>For what reason does the household receive a cash transfer or social assistance?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED</p>	<p>ORPHANED CHILDREN 18 YEARS OR YOUNGER ..... A</p> <p>ELDERLY PERSON ..... B</p> <p>PERSON WITH SEVERE DISABILITY ..... C</p> <p>URBAN FOOD SUBSIDY ..... D</p> <p>FOOD AID FOR PERSONS IN ARID AND SEMI-ARID LANDS ..... E</p> <p>HEALTH VOUCHER ..... F</p> <p>FOOD/CASH FOR WORK ..... G</p> <p>SCHOOL FEEDING ..... H</p> <p>HUNGER SAFETY NET PROGRAMME ..... I</p> <p>OTHER _____ X (SPECIFY)</p>	
111	<p>What type of fuel does your household mainly use for cooking?</p>	<p>ELECTRICITY ..... 01</p> <p>LPG/NATURAL GAS ..... 02</p> <p>BIOGAS ..... 04</p> <p>PARAFIN/KEROSENE ..... 05</p> <p>COAL, LIGNITE ..... 06</p> <p>CHARCOAL ..... 07</p> <p>WOOD ..... 08</p> <p>STRAW/SHRUBS/GRASS ..... 09</p> <p>AGRICULTURAL CROP ..... 10</p> <p>ANIMAL DUNG ..... 11</p> <p>NO FOOD COOKED IN HOUSEHOLD ..... 95</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 114</p>
112	<p>Is the cooking usually done in the house, in a separate building, or outdoors?</p>	<p>IN THE HOUSE ..... 1</p> <p>IN A SEPARATE BUILDING ..... 2</p> <p>OUTDOORS ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 114</p>
113	<p>Do you have a separate room which is used as a kitchen?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
114	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/GRASS/MAKUTI ..... 12 DUNG/MUD/SOD ..... 13 RUDIMENTARY ROOFING IRON SHEETS ..... 21 TIN CANS ..... 22 FINISHED ROOFING ASBETOS SHEET ..... 31 CONCRETE ..... 32 TILES ..... 33  OTHER _____ 96 (SPECIFY)																						
116	MAIN MATERIAL OF THE EXTERNAL WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DUNG/MUD/SOD ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 IRON SHEETS ..... 27 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)																						
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																						
118	Does any member of this household own:  a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) MOTORCYCLE/SCOOTER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) ANIMAL-DRAWN CART ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BOAT WITH MOTOR .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) WATCH .....	1	2	b) BICYCLE .....	1	2	c) MOTORCYCLE/SCOOTER .	1	2	d) ANIMAL-DRAWN CART ...	1	2	e) CAR/TRUCK .....	1	2	f) BOAT WITH MOTOR .....	1	2	
	YES	NO																						
a) WATCH .....	1	2																						
b) BICYCLE .....	1	2																						
c) MOTORCYCLE/SCOOTER .	1	2																						
d) ANIMAL-DRAWN CART ...	1	2																						
e) CAR/TRUCK .....	1	2																						
f) BOAT WITH MOTOR .....	1	2																						
118A	Does your household own this structure (house, flat, shack), do you pay rent, or do you live here without paying rent?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT W. CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4																						
118B	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS ..... 1 PAYS RENT/LEASE ..... 2 NO RENT W. CONSENT OF OWNER ..... 3 NO RENT, SQUATTING ..... 4																						
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	<p>How many acres or hectares of agricultural land do members of this household own?</p> <p>ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.</p> <p>PLOT SIZE (SQ FT): IF 99995 OR MORE, RECORD '99995.0' IN APPROPRIATE BOX.</p>	<p>ACRES ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>HECTARES ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW ..... 9999998</p>	
121	Does this household own any livestock, herds, other farm animals, or poultry?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 123
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>a) Local cattle (indigenous)?</p> <p>b) Exotic/grade cattle?</p> <p>c) Horses, donkeys, or camels?</p> <p>d) Goats?</p> <p>e) Sheep?</p> <p>f) Chickens?</p>	<p>a) LOCAL CATTLE ..... <input type="text"/> <input type="text"/></p> <p>b) EXOTIC/GRADE CATTLE ..... <input type="text"/> <input type="text"/></p> <p>c) HORSES/DONKEYS/CAMELS ... <input type="text"/> <input type="text"/></p> <p>d) GOATS ..... <input type="text"/> <input type="text"/></p> <p>e) SHEEP ..... <input type="text"/> <input type="text"/></p> <p>f) CHICKENS ..... <input type="text"/> <input type="text"/></p>	
123	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
123A	In the past 7 days were there days when your household did not have enough food or money to buy food?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 123C
123B	How many days did your household have to:	<p style="text-align: right;">NUMBER OF DAYS</p> <p>a) LESS PREFERRED FOOD ..... <input type="text"/></p> <p>b) RELY ON BORROWED FOOD ..... <input type="text"/></p> <p>c) REDUCE NUMBER OF MEALS ..... <input type="text"/></p> <p>d) REDUCE SIZE OF MEALS ..... <input type="text"/></p> <p>e) REDUCE QUANTITIES FOR ADULTS . <input type="text"/></p>	
123C	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	<p>DAILY ..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>LESS THAN MONTHLY ..... 4</p> <p>NEVER ..... 5</p>	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 126
124A	How many months ago did someone spray your dwelling against mosquitos?	MONTHS AGO ..... <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	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . <input data-bbox="1289 483 1345 544" type="text"/>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	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
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 NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'CONVENTIONAL' NET KINGA NET ... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'CONVENTIONAL' NET KINGA NET ... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'CONVENTIONAL' NET KINGA NET ... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	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
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
133A	The last time the net was treated, was a liquid from a packet like this added to the treatment solution?  SHOW SACHET FOR K-O TAB 1-2-3 BINDING AGENT.	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
133B	The last time the net was treated, was it treated as part of a net retreatment campaign?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8



		NET #1	NET #2	NET #3
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8
135	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND 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"/>
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		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"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
137	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	→ 139A
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
139	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	
139A	Do members of your household wash their hands with soap?	YES ..... 1 NO ..... 2	→ 139C
139B	When do they wash their hands?  Any other time?  RECORD ALL MENTIONED	AFTER TOILET ..... A BEFORE COOKING ..... B BEFORE EATING ..... C AFTER CLEANING BABY'S BACKSIDE ... D BEFORE FEEDING BABY ..... E  OTHER _____ X (SPECIFY)	

HOUSEHOLD FOOD CONSUMPTION

139C

**A** Now, I would like to talk to you about the food consumed in your household during the past 7 days. How many days during the past 7 days, did members of your household consume the following food items, prepared or eaten at home?

NUMBER OF DAYS EATEN IN PAST 7 DAYS

**B** What was the main source of the (NAME OF FOOD ITEM)?

SEE SOURCE CODES BELOW

a) Cereals and grains such as rice, pasta, bread, sorghum, millet, or maize?

ONE OR MORE  
 ZERO

→

b) Roots and tubers such as potato, yam, cassava, normal sweet potatoes, taro, cooking banana/plantain or other tubers?

ONE OR MORE  
 ZERO

→

c) Pulses/nuts such as beans, cowpeas, peanuts, lentils, soy, pigeon peas, or other nuts?

ONE OR MORE  
 ZERO

→

d) Orange vegetables such as carrots, red peppers, pumpkin, orange sweet potato?

ONE OR MORE  
 ZERO

→

e) Green leafy vegetables such as sukumu wiki, spinach, broccoli, amaranth, cassava leaves, or other dark green leaves?

ONE OR MORE  
 ZERO

→

f) Other vegetables such as onion, tomatoes, cucumber, radishes, green beans, peas, lettuce?

ONE OR MORE  
 ZERO

→

g) Orange fruits such as mango, paw paw, tree tomato?

ONE OR MORE  
 ZERO

→

h) Other fruits such as banana, apple, lemon?

ONE OR MORE  
 ZERO

→

i) Meat such as goat, beef, chicken, pork? (meat in large quantities and not as a condiment)

ONE OR MORE  
 ZERO

→

j) Liver, kidney, heart, or other organ meats?

ONE OR MORE  
 ZERO

→

k) Fish or shellfish such as dried fish, canned tuna, or other seafood? (seafood in large quantities and not as a condiment)

ONE OR MORE  
 ZERO

→

l) Eggs?

ONE OR MORE  
 ZERO

→

m) Milk and other dairy products such as yogurt or cheese?

ONE OR MORE  
 ZERO

→

n) Oil, fat, and butter?

ONE OR MORE  
 ZERO

→

o) Sugar or sweet things such as honey, jam, cakes, candy, biscuits, pastries, sugary drinks?

ONE OR MORE  
 ZERO

→

p) Condiments and spices such as tea, coffee, cocoa, salt, garlic, spices, yeast, baking powder, tomato sauce, meat or fish in very small quantities as condiments?

ONE OR MORE  
 ZERO

→

(GO TO 140)

**CODES FOR Q. 139CB SOURCE OF FOOD**

21 = OWN PRODUCTION (CROPS, ANIMAL)

24 = PURCHASED

27 = GIFT FROM FAMILY, FRIENDS

22 = FISHING, HUNTING, GATHERING

25 = BEGGED

28 = FOOD AID FROM CIVIL SOCIETY, NGO, GOVERNMENT

23 = LOANED, BORROWED

26 = EXCHANGED FOR LABOR

96 = OTHER

140

ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.

TEST SALT FOR IODINE.

IODINE PRESENT ..... 1  
NO IODINE ..... 2  
NO SALT IN HOUSEHOLD ..... 3  
SALT NOT TESTED ..... 6  
(SPECIFY REASON)

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	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 _____
203	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	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
206	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
207	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
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		CHILD 4	CHILD 5	CHILD 6
202	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 _____
203	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ←
205	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
206	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
207	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
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	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 _____
216	WEIGHT IN KILOGRAMS	KG. <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	HEIGHT IN CENTIMETERS	CM. <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"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW			

