

CONFIDENTIAL

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008
 MODEL HOUSEHOLD QUESTIONNAIRE
 WITH HIV/AIDS AND MALARIA MODULES

NATIONAL POPULATION COMMISSION

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

IDENTIFICATION					
STATE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
LOCAL GOVT. AREA _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
LOCALITY _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
ENUMERATION AREA _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
URBAN/RURAL (URBAN=1, RURAL=2) _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
CLUSTER NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
BUILDING NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD HEAD NAME/NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD SELECTED FOR MAN'S QUESTIONNAIRE (YES=1, NO=2) _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="width: 60px; height: 20px; float: right;"><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>					2	0	0	8
2	0	0	8									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table>								
	_____	_____	_____									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td></td><td></td></tr></table>								
LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4								
	6 _____	SPECIFY										
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4								
	6 _____	SPECIFY										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME _____	_____	NAME _____	_____	_____								
DATE _____	_____	DATE _____	_____	_____								
	_____		_____	_____								
	_____		_____	_____								

ENGLISH

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-38 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?			How old was (NAME) as at last birthday?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
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	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ADD TO TABLE NO

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO
- 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO
- 2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ADD TO TABLE NO
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = BROTHER-IN-LAW/SISTER-IN-LAW
 - 10 = NIECE/NEPHEW BY BLOOD
 - 11 = NIECE/NEPHEW BY MARRIAGE
 - 12 = OTHER RELATIVE
 - 13 = ADOPTED/FOSTER/STEPCHILD
 - 14 = NOT RELATED
 - 98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 23
02	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	02	1 2 ↓ GO TO 23
03	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	03	1 2 ↓ GO TO 23
04	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	04	1 2 ↓ GO TO 23
05	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	05	1 2 ↓ GO TO 23
06	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	06	1 2 ↓ GO TO 23
07	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	07	1 2 ↓ GO TO 23
08	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	08	1 2 ↓ GO TO 23
09	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	09	1 2 ↓ GO TO 23
10	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	10	1 2 ↓ GO TO 23

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	11	1 2 ↓ GO TO 23
12	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	12	1 2 ↓ GO TO 23
13	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	13	1 2 ↓ GO TO 23
14	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	14	1 2 ↓ GO TO 23
15	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	15	1 2 ↓ GO TO 23
16	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	16	1 2 ↓ GO TO 23
17	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	17	1 2 ↓ GO TO 23
18	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	18	1 2 ↓ GO TO 23
19	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	19	1 2 ↓ GO TO 23
20	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	20	1 2 ↓ GO TO 23

LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	
01	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
02	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
03	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
04	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
05	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
06	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
07	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
08	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
09	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
10	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	

CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:

0=PRE-PRIMARY/KINDERGARTEN
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DONT KNOW

EDUCATION YEAR:

01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
 00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 24 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR Qs. 26 AND 28)
 98 = DONT KNOW

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

LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	
11	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
12	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
13	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
14	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
15	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
16	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
17	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
18	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
19	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	
20	1 2 8 ↓ GO TO 23	1 2	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	

CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:

- 0=PRE-PRIMARY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DONT KNOW

EDUCATION YEAR:

- 01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
- 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
- 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
- 01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
- 00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DONT KNOW

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

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS			
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN			
	ONCHO-CERIASIS	LYMPHATIC FILARIASIS	GUINEA WORM	SCHISTO-SOMIASIS	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/ HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?
(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)				
01	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	
02	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
03	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
04	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
05	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
06	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
07	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
08	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
09	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
10	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
	ONCHO-CERIASIS	LYMPHATIC FILARIASIS	GUINEA WORM	SCHISTOSOMIASIS							
Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?	
(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)	
11	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8
12	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
16	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
17	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
18	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
19	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
20	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

39 LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.
 CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.
 FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A.

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

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	106 103 106 103 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	106 106 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT WOMAN WITH CHILD 2 ADULT MAN 3 FEMALE CHILD UNDER 15 YEARS OLD 4 MALE CHILD UNDER 15 YEARS OLD 5 FEMALE AND MALE CHILD UNDER 15 YEARS OLD 6 ANY HOUSEHOLD MEMBER 7 OTHER _____ 8 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108																																							
107	What do you usually do to make the water safer to drink? Anything else? CIRCLE 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																																								
108	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)	→ 111																																							
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																																							
110	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; text-align: center;"> </td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																							
0																																										
111	Does your household have the following items which are in good working order:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CABLE TV</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GENERATING SET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ELECTRIC IRON</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	CABLE TV	1	2	GENERATING SET	1	2	AIR CONDITIONER	1	2	COMPUTER	1	2	ELECTRIC IRON	1	2	FAN	1	2	
	YES	NO																																								
ELECTRICITY	1	2																																								
RADIO	1	2																																								
TELEVISION	1	2																																								
MOBILE TELEPHONE	1	2																																								
NON-MOBILE TELEPHONE	1	2																																								
REFRIGERATOR	1	2																																								
CABLE TV	1	2																																								
GENERATING SET	1	2																																								
AIR CONDITIONER	1	2																																								
COMPUTER	1	2																																								
ELECTRIC IRON	1	2																																								
FAN	1	2																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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)	→ 115 → 117
113	In this household, is food cooked mainly on an open fire, an open stove, or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER _____ 6 (SPECIFY)	 → 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
115	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)	 → 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL FOR FINISH OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET/RUG 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL FOR FINISH OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/ZINC 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER _____ 96 (SPECIFY)																						
119	MAIN MATERIAL FOR FINISH OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT (MUD) 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 OTHER _____ 96 (SPECIFY)																						
120A	How many rooms in total are in your household, including rooms for sleeping and all other rooms?	ROOMS (TOTAL) <input type="text"/> <input type="text"/>																						
120B	How many rooms are used for sleeping in your household?	NUMBER OF ROOMS (SLEEPING) <input type="text"/> <input type="text"/>																						
121	Does any member of this household own: A canoe? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<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>CANOE</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/SCOOTER ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART ...</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> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	CANOE	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ..	1	2	ANIMAL-DRAWN CART ...	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																						
CANOE	1	2																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER ..	1	2																						
ANIMAL-DRAWN CART ...	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																					

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU 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
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	Is this net an untreated net, a long-lasting net, or a re-treatable net?	UNTREATED NET 11 (SKIP TO 135) ← LONG-LASTING NET 21 (SKIP TO 135) ← RE-TREATABLE NET 31 (SKIP TO 133) ← OTHER 41 DON'T KNOW 98	UNTREATED NET 11 (SKIP TO 135) ← LONG-LASTING NET 21 (SKIP TO 135) ← RE-TREATABLE NET 31 (SKIP TO 133) ← OTHER 41 DON'T KNOW 98	UNTREATED NET 11 (SKIP TO 135) ← LONG-LASTING NET 21 (SKIP TO 135) ← RE-TREATABLE NET 31 (SKIP TO 133) ← OTHER 41 DON'T KNOW 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 (SPECIFY REASON) _____		

SUPPORT FOR SICK PEOPLE

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

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

SUPPORT FOR PERSONS WHO HAVE DIED

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

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

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

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

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

NO.

CODING CATEGORIES

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

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

510	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
	A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 514.						
		WOMAN 1		WOMAN 2		WOMAN 3	
511	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>		LINE NUMBER <input type="text"/> <input type="text"/>		LINE NUMBER <input type="text"/> <input type="text"/>	
		NAME _____		NAME _____		NAME _____	
512	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
513	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
514	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	