

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS
 DEMOGRAPHIC AND HEALTH SURVEY 2000

9 September 2000

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY (YES=1; NO=2).....	<input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT.CODE RESULT
INTERVIEWER'S NAME	_____	_____	_____	<input type="text"/>
RESULT**	_____	_____	_____	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		<input type="text"/>
**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 <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> TOTAL ELIGIBLE MEN 15-59 <input type="text"/> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	
			M F	YES NO	YES NO	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

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

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

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS							
	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)		(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO+J 19	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	1 2 NEXT+J LINE	<input type="text"/> <input type="text"/>	

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PRE-SCHOOL (KINDERGARTEN, DAY CARE)
1 = PRIMARY
2 = SECONDARY
3 = HIGHER/UNIV.
8 = DON'T KNOW

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)			
			M F	YES NO	YES NO	IN YEARS						
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11			
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12			
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13			
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14			
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15			
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16			
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17			
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18			
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19			
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20			

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THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

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EDUCATION LEVEL:
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LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS							
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER		Has (NAME) ever attended school or pre-school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed?***	Is (NAME) currently attending school? ¹	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending? ¹	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?				
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)			
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
11	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
12	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
13	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
14	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
15	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
16	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
17	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
18	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
19	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
20	1 2 8	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
21	During the rainy season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD OR PLOT12 PUBLIC TAP13 UNPROTECTED SOURCE UNPROTECTED DUG WELL21 UNPROTECTED SPRING22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE42 RAINWATER51 TANKER TRUCK.....61 BOTTLED WATER.....71 OTHER _____ 96 (SPECIFY)	→ 23 → 23 → 23 → 23																		
22	How long does it take you to go there, get water, and come back (during the rainy season)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
23	During the dry season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD OR PLOT12 PUBLIC TAP13 UNPROTECTED SOURCE UNPROTECTED DUG WELL21 UNPROTECTED SPRING22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE42 RAINWATER51 TANKER TRUCK.....61 BOTTLED WATER.....71 OTHER _____ 96 (SPECIFY)	→ 25 → 25 → 25 → 25																		
24	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
25	What kind of toilet facility do most members of your household use?	FLUSH TO SEWAGE SYSTEM OR SEPTIC TANK11 POUR FLUSH LATRINE(WATER SEAL)12 TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE22 BUCKET23 NO FACILITY/BUSH/FIELD31 OTHER _____ 96 (SPECIFY)	→ 27																		
26	Do you share this toilet with other households?	YES1 NO2																			
27	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A television?	1	2	A telephone?	1	2	A refrigerator?	1	2	
	YES	NO																			
Electricity?	1	2																			
A radio?	1	2																			
A television?	1	2																			
A telephone?	1	2																			
A refrigerator?	1	2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY1 GAS2 PARAFFIN/KEROSENE3 CHARCOAL FROM WOOD4 FIREWOOD5 OTHER _____ 6 (SPECIFY)	
29	What type of energy does your household mainly use for lighting?	ELECTRICITY1 GAS2 PARAFFIN/KEROSENE3 CANDLE4 OTHER _____ 6 (SPECIFY)	
30	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/SAND11 DUNG12 WOOD PLANKS/PALM/BAMBOO21 VINYL/LINOLEUM/CERAMIC TILES31 CEMENT/CONCRETE32 CARPET33 OTHER _____ 96 (SPECIFY)	
31	Does any member of your household own: A donkey cart or a horse? A bicycle? A motorcycle or motor scooter? A car or bakkie or other motor vehicle?	YES NO DONKEY CART/HORSE1 2 BICYCLE1 2 MOTORCYCLE/SCOOTER1 2 CAR/BAKKIE1 2	
32	How many rooms does this household have for sleeping? DO NOT INCLUDE BATHROOMS OR CLOSETS.	ROOMS <input type="text"/> <input type="text"/>	
33	Does your household have any bednets that can be used while sleeping?	YES1 NO2	
34	May I see a sample of the salt used for cooking last time? TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO COLOUR)1 BELOW 15 PPM2 ABOVE 15 PPM (STRONG COLOR)3 NO SALT AT HOME/NOT TESTED4	→ 37
35	RECORD TYPE OF SALT.	GRANULAR SALT IN CONTAINER WITH LID1 UNCOVERED GRANULAR SALT2 BLOCK SALT3 OTHER6	
36	What is the source of this salt: was it bought in a shop or from an open market or does it come from a salt pan?	SHOP, SUPERMARKET1 OPEN MARKET2 SALT PAN3 OTHER6 DOES NOT KNOW8	
37	What is the name of the nearest government health facility that provides health services to this community? _____ (NAME)	FOR OFFICE USE <input type="text"/> <input type="text"/> <input type="text"/> GPS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW 998	→ 41
38	How do you get from here to (HEALTH FACILITY NAME)?	CAR/MOTORCYCLE1 PUBLIC TRANSPORT (BUS, TAXI)2 ANIMAL/ANIMAL CART3 WALKING4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
39	How long does it take you to get from here to (HEALTH FACILITY NAME)? (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	
40	CHECK 37: IS THE NEAREST FACILITY A HOSPITAL? NO, NOT A HOSPITAL <input type="checkbox"/> YES, A HOSPITAL <input type="checkbox"/>		→44
41	What is the name of the nearest government hospital that provides health services to this community? _____ (NAME)	FOR OFFICE USE..... <input type="text"/> <input type="text"/> <input type="text"/> GPS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW.....998	→ 44
42	How do you get from here to (NAME OF HOSPITAL)?	CAR/MOTORCYCLE1 PUBLIC TRANSPORT (BUS, TAXI).....2 ANIMAL/ANIMAL CART3 WALKING4 OTHER _____ 6 (SPECIFY)	
43	How long does it take you to get from here to (NAME OF HOSPITAL)? (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	
44	In the last 12 months, has anyone in this household stayed overnight in a hospital or other health facility other than to deliver a baby?	YES.....1 NO2 DOES NOT KNOW.....8	→ 49 → 49
45	How many days did that person stay in hospital? IF MORE THAN ONE PERSON, ASK ABOUT THE MOST RECENT.	DAYS IN HOSPITAL <input type="text"/> <input type="text"/>	
46	What type of health facility did he or she stay in?	GOVERNMENT HOSPITAL11 GOVERNMENT HEALTH CENTRE12 GOVERNMENT CLINIC13 PRIVATE HOSPITAL.....21 TRADITIONAL HEALING CENTRE35 OTHER _____ 96 (SPECIFY)	
47	Did you or a family member pay for this stay in the hospital, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES2 PAID NOTHING/FREE3 DOES NOT KNOW.....8	→ 49 → 49 → 49
48	Altogether how much was paid for the hospital care: including examinations, laboratory tests, medicines, meals, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
49	In the last 2 weeks, has anyone in this household visited a health facility or consulted a doctor or nurse or traditional healer for any reason? INCLUDE VISITS FOR CHILDREN.	YES.....1 NO2 DOES NOT KNOW.....8	→ 52 → 52
50	Did you or another family member pay for this visit or consultation, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES2 PAID NOTHING/FREE3 DOES NOT KNOW.....8	→ 52 → 52 → 52
51	Altogether how much was paid for this health care: including examinations, laboratory tests, medicines, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMN (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6.

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
			DAY MON. YEAR			LYINGSTAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
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