

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																																									
REGION _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
DISTRICT _____																																									
COUNTY _____																																									
SUBCOUNTY/TOWN _____																																									
PARISH/LC2 NAME _____																																									
EA NAME _____																																									
UDHS NUMBER _____																																									
URBAN/RURAL (URBAN=1, RURAL=2)																																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																									
HOUSEHOLD NUMBER																																									
NAME OF HOUSEHOLD HEAD _____																																									
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES = 1, NO = 2)																																									
HOUSEHOLD SELECTED FOR VITAMIN A TESTING? (YES = 1, NO = 2)																																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		□
*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 _____ <div style="text-align: center;">(SPECIFY)</div>			TOTAL PERSONS IN HOUSEHOLD
				□ □
				TOTAL ELIGIBLE WOMEN
				□ □
				TOTAL ELIGIBLE MEN
				□ □
				LINE NO. OF RESP. TO HOUSEHOLD QUEST.
				□ □

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

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 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. (FIRST AND LAST NAME IN CAPITAL LETTERS)	What is the relationship of (NAME) to the head of the household?*	M	F	YES	NO	YES	NO	IN YEARS				
1		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	1	1	1
2		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	2	2	2	2
3		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	3	3	3	3
4		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	4	4	4	4
5		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	5	5	5	5
6		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	6	6	6	6
7		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	7	7	7	7
8		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	8	8	8	8
9		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	9	9	9	9
10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	10	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
- 09 = CO-WIFE
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION							
	IF ALIVE		IF ALIVE		IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS					
	Is (NAME)'s natural mother 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?	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?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2000), did (NAME) attend school at any time?	During the current school year (2000), what level and grade [is/was] (NAME) attending?***	During the previous school year (1999), did (NAME) attend school at any time?	During that school year (1999), what level and grade did (NAME) attend?***	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

** Q.12 THROUGH Q.15
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 17, 20 AND 22

EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = POST SECONDARY
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 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)			
11			M F	YES NO	YES NO	IN YEARS							
			1 2	1 2	1 2		11	11	11	11			
12			1 2	1 2	1 2		12	12	12	12			
13			1 2	1 2	1 2		13	13	13	13			
14			1 2	1 2	1 2		14	14	14	14			
15			1 2	1 2	1 2		15	15	15	15			
16			1 2	1 2	1 2		16	16	16	16			
17			1 2	1 2	1 2		17	17	17	17			
18			1 2	1 2	1 2		18	18	18	18			
19			1 2	1 2	1 2		19	9	9	9			
20			1 2	1 2	1 2		20	20	20	20			

*** CODES FOR Q.3**

RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
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 10 = OTHER RELATIVE
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**** Q.12 THROUGH Q.15**

THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***** CODES FOR Qs. 17, 20 AND 22**

EDUCATION LEVEL:
 0 = PRESCHOOL
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 EDUCATION GRADE:
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 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 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?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2000), did (NAME) attend school at any time?	During the current school year (2000), what level and grade [is/was] (NAME) attending?***	During the previous school year (1999), did (NAME) attend school at any time?	During that school year (1999), what level and grade did (NAME) attend?***			
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)				
	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="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

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 ENTER EACH IN TABLE NO
- 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
- 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																								
23	What is the MAIN source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 → 25 PIPED INTO YARD/PLOT 12 → 25 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN YARD/PLOT 21 → 25 OPEN PUBLIC WELL 22 WATER FROM COVERED WELL PROTECTED WELL IN YARD/PLOT 31 → 25 PROTECTED PUBLIC WELL 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 33 → 25 BOREHOLE PUBLIC 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 → 25 TANKER TRUCK 61 BOTTLED WATER 71 → 25 GRAVITY FLOW SCHEME 81 OTHER _____ 96 (SPECIFY)																									
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 does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 → 27 OTHER _____ 96 (SPECIFY)																									
26	Do you share this facility with other households?	YES 1 NO 2																									
27	Does your household have:	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Electricity?</td> <td style="text-align: right;">ELECTRICITY 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: right;">RADIO 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: right;">TELEVISION 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A telephone?</td> <td style="text-align: right;">TELEPHONE 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: right;">REFRIGERATOR 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A lantern?</td> <td style="text-align: right;">LANTERN 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A cupboard?</td> <td style="text-align: right;">CUPBOARD 1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	Electricity?	ELECTRICITY 1	2	A radio?	RADIO 1	2	A television?	TELEVISION 1	2	A telephone?	TELEPHONE 1	2	A refrigerator?	REFRIGERATOR 1	2	A lantern?	LANTERN 1	2	A cupboard?	CUPBOARD 1	2	
	YES	NO																									
Electricity?	ELECTRICITY 1	2																									
A radio?	RADIO 1	2																									
A television?	TELEVISION 1	2																									
A telephone?	TELEPHONE 1	2																									
A refrigerator?	REFRIGERATOR 1	2																									
A lantern?	LANTERN 1	2																									
A cupboard?	CUPBOARD 1	2																									
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 CHARCOAL 05 FIREWOOD, STRAW 06 DUNG 07 OTHER _____ 96 (SPECIFY)																									
29	What type of fuel does your household mainly use for lighting?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 CHARCOAL 05 FIREWOOD, STRAW 06 DUNG 07 OTHER _____ 96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
30	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 FINISHED FLOOR PARQUET AND POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 OTHER _____ 96 (SPECIFY)																			
31	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	THATCHED 01 IRON SHEETS 02 ASBESTOS 03 TILES 04 TIN 05 CEMENT 06 OTHER _____ 96 (SPECIFY)																			
32	MAIN MATERIAL OF THE WALL. RECORD OBSERVATION.	THATCHED 01 MUD AND POLE 02 UNBURNT BRICKS 03 BURNT BRICKS WITH MUD 04 BURNT BRICKS WITH CEMENT ... 05 TIMBER 06 CEMENT BLOCKS 07 STONE 08 OTHER _____ 96 (SPECIFY)																			
33	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A boat or canoe? A donkey?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BOAT/CANOE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DONKEY</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	BOAT/CANOE	1	2	DONKEY	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER ...	1	2																			
CAR/TRUCK	1	2																			
BOAT/CANOE	1	2																			
DONKEY	1	2																			
34	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 38																		
35	CHECK COLUMNS (6) AND (7): NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT NONE <input type="checkbox"/> _____ → 38 ONE <input type="checkbox"/> _____ TWO OR MORE <input type="checkbox"/> _____ → 37 ↓																				
36	Did (NAME) sleep under a mosquito net last night?	YES 1 NO 2	→ 38																		
37	Did all, some or none of the children under age 5 who slept in the household last night sleep under a mosquito net?	ALL CHILDREN 1 SOME CHILDREN 2 NONE 3																			
38	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3	→ 40																		
39	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>WATER/TAP</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2							
	YES	NO																			
WATER/TAP	1	2																			
SOAP, ASH OR OTHER CLEANSING AGENT	1	2																			
BASIN	1	2																			
40	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM+ 3 NO SALT 4																			

CHILD LABOUR MODULE FOR CHILDREN AGES 5-17

LINE NO. FROM COL.(11)	NAME FROM COL.(2)	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household?	WORKED AT ANY TIME IN THE PAST YEAR			Since last [DAY OF THE WEEK], did (NAME) do any kind of work for someone who is not a member of this household?	Describe briefly the main work or job* that (NAME) did.	Since last [DAY OF THE WEEK], how many hours did (NAME) do this work?	Since last [DAY OF THE WEEK] did (NAME) regularly help with household chores such as cooking, shopping, cleaning, washing clothes, fetching water or caring for animals?	Since last [DAY OF THE WEEK], how many hours a week did (NAME) spend doing these chores?	Since last (DAY OF THE WEEK), did (NAME) do any other family work (on the farm or in a business)?	Since last (DAY OF THE WEEK), how many hours did (NAME) do this work?
			Describe briefly the main work or job* that (NAME) did.	Was (NAME) a regular paid employee, a casual labourer, paid per piece or unpaid?***	Where did (NAME) carry out the work? ***							
(1)	(2)	YES NO 1 2 GO TO 10 ↓	(4)	(5)	(6)	YES NO 1 2 GO TO 10 ↓	(8)	NO. OF HOURS	YES NO 1 2 GO TO 12 ↓	NO. OF HOURS	YES NO 1 2 NEXT LINE ↓	NO. OF HOURS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TICK HERE IF CONTINUATION SHEET USED												<input type="checkbox"/>

*** CODES FOR COLUMN 4 AND 8**

- 01 = SALES, SERVICES
- 02 = UNSKILLED MANUAL
- 03 = HOUSEHOLD/DOMESTIC
- 04 = CROP FARMING
- 05 = LIVESTOCK REARING
- 06 = FISHING
- 07 = MANUFACTURING
- 08 = OTHER

**** CODES FOR COLUMN 5**

- 1 = REGULAR PAID EMPLOYEE
- 2 = CASUAL LABOURER
- 3 = PAID AT PIECE RATE
- 4 = UNPAID

*****CODES FOR COLUMN 6**

- 01 = AT FAMILY DWELLING
- 02 = AT EMPLOYER'S HOUSE
- 03 = ON THE STREET
- 04 = SHOP/MARKET/KIOSK
- 05 = INDUSTRY/FACTORY
- 06 = PLANTATION/FARM/GARDEN
- 07 = CONSTRUCTION/QUARRYING SITES
- 08 = OTHER

There will be an education survey done at a later point in time. Your household may or may not be asked to participate in this survey. If your household is included in the survey, someone will return to your house and ask additional questions about education.

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

* 1 = MEASURED; 2 = NOT PRESENT; 3= REFUSED; 4 = DISABLED; 6 = OTHER

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT*
(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)
<input type="text"/>	<input type="text"/>	YEARS <input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT*
			DAY MO. YEAR			LYING STAND.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

MEN AGE 15-54							
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(7)					
<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"/>					

TICK HERE IF CONTINUATION SHEET USED

* RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE

** CONSENT STATEMENT

As part of this survey, we are studying anemia (and vitamin A deficiency) among women, men and children. This (these) problem(s) often result from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia (and vitamin A deficiency).

We request that you (and all children born in 1995 or later) participate in the anemia (and vitamin A deficiency) testing as part of this survey and give a few drops of blood from a finger. The tests use disposable sterile instruments that are clean and completely safe. For anemia test, the blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. (The vitamin A test has to be done in a laboratory so you will not be given the results). The results of the (both) test(s) will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia (and vitamin A deficiency test). However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

*** 1 = MEASURED; 2 = NOT PRESENT; 3 = REFUSED; 6 = OTHER

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF WOMEN 15-49



CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT.*	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT***
(49)	(50)	(51)	(52)	(53)	(54)	(55)
AGE 15-17 AGE 18-49		GRANTED REFUSED	YES NO NA		YES NO/DK	
1 2 GO TO 51 ← ↗	<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 51 ← ↗	<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 51 ← ↗	<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF CHILDREN BORN IN 1995 OR LATER

LINE NO. OF PARENT/RESPONSIBLE ADULT.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)	RESULT***
	GRANTED REFUSED	YES NO NA		
<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	<input type="text"/>
<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	<input type="text"/>
<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	1 2 3	<input type="text"/>	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF MEN 15-54

CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT***
AGE 15-17 AGE 18-54		GRANTED REFUSED		
1 2 GO TO 51 ← ↗	<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	<input type="text"/>	<input type="text"/>
1 2 GO TO 51 ← ↗	<input type="text"/>	1 2 SIGN _____ NEXT LINE ↙ ↗	<input type="text"/>	<input type="text"/>

1 GO TO 51 ← 2		1 SIGN _____ 2 NEXT LINE ←				
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