

ZIMBABWE  
2005 DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION														
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... LARGE CITY/SMALL CITY/TOWN/RURAL ..... (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													

INTERVIEWER VISITS																		
	1	2	3	FINAL VISIT														
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>														
INTERVIEWER'S NAME	_____	_____	_____	ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>														
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>														
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>														
TIME	_____	_____																
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
LANGUAGE OF QUESTIONNAIRE:    1 SHONA    2 NDEBELE    3 ENGLISH    4 OTHER LANGUAGE USED FOR INTERVIEW:    A SHONA    B NDEBELE    C ENGLISH    D OTHER TRANSLATOR USED:                    1 YES            2 NO				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

**HOUSEHOLD SCHEDULE**

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

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
	<p>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.</p> <p>AFTER LISTING NAMES, RELATIONSHIPS, AND SEX ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.</p>	<p>What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>				<p>What is (NAME'S) current marital status? SEE CODES BELOW.</p>				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS					
01		<input type="text"/>	1 2	1 2	1 2	<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
<p><b>CODES FOR Q. 3</b>  <b>RELATIONSHIP TO HEAD OF HOUSEHOLD:</b>            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 = NIECE/NEPHEW BY BLOOD            10 = NIECE/NEPHEW BY MARRIAGE            11 = OTHER RELATIVE            12 = ADOPTED/FOSTER/STEPCHILD            13 = NOT RELATED            98 = DON'T KNOW</p>							<p><b>CODES FOR Q. 8</b>            1 MARRIED            2 LIVING WITH PARTNER            3 DIVORCED            4 SEPARATED            5 WIDOWED            6 NEVER MARRIED/NEVER LIVED WITH PARTNER</p>				

LINE NO.	SICK PERSON	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS								NATURAL BROTHERS AND SISTERS			
	IF AGE 18-59	FOR PERSONS AGE 0-17 YEARS								FOR PERSONS AGE 0-17 YEARS			
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick I mean (NAME) was too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
02	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
03	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
04	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
05	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
06	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
07	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
08	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
09	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
10	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	
YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK	
01	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
02	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
03	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
04	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
05	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
06	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
07	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
08	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
09	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
10	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

**CODES FOR Qs. 27, 29 AND 31**

**EDUCATION LEVEL:**  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DONT KNOW

**EDUCATION GRADE:**  
00 = LESS THAN 1 YEAR COMPLETED  
(NOT ALLOWED FOR Qs. 29 AND 31)  
98 = DON'T KNOW

**CODES FOR Q.35**  
C = HAS CERTIFICATE  
R = REGISTERED, NO CERTIFICATE  
N = BIRTH NOT REGISTERED  
DK = DONT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
			M F	YES NO	YES NO	IN YEARS						
11		<input type="text"/>	1 2	1 2	1 2	<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 ADDITIONAL QUESTIONNAIRE USED

**PROBE TO IDENTIFY ADDITIONAL HOUSEHOLD RESIDENTS.**

Just to make sure that I have a complete household listing:

- 2A) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 2B) In addition, are there any other people who may not be members of your family, such as domestic servants, or friends who usually live here? YES  ENTER EACH IN 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  ENTER EACH IN TABLE NO

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
		Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK Qs. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
11	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="text"/>	Y N DK 1 2 8	<input type="text"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
12	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
13	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
14	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
15	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
16	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
17	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
18	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
19	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
20	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
<b>36</b> CHECK COLUMN 13 AND RECORD TOTAL NUMBER OF VERY SICK HOUSEHOLD MEMBERS AGE 18-59. IF NONE, RECORD '00'. <input type="text"/>								<b>37</b> CHECK COLUMN 20 AND RECORD TOTAL NUMBER OF CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR WAS VERY SICK. IF NONE, RECORD '00'. <input type="text"/>					

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
11	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
12	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
13	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
14	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
15	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
16	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
17	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
18	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
19	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
20	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

**CODES FOR Qs. 27, 29 AND 31**  
**EDUCATION LEVEL:**  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DONT KNOW

**EDUCATION GRADE:**  
00 = LESS THAN 1 YEAR COMPLETED  
(NOT ALLOWED FOR Qs. 29 AND 31)  
98 = DONT KNOW

**CODES FOR Q.35**  
C = HAS CERTIFICATE  
R = REGISTERED, NO CERTIFICATE  
N = BIRTH NOT REGISTERED  
DK = DONT KNOW

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

**38** 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 10.

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking and cooking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO TAP IN YARD/PLOT ..... 12 PUBLIC TAP ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED DUG WELL ..... 31 UNPROTECTED DUG 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 handwashing or bathing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO TAP IN YARD/PLOT ..... 12 PUBLIC TAP ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED DUG WELL ..... 31 UNPROTECTED DUG 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 → 106
103	Where is the 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 MAN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER ..... 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 108
107	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD 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  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH OTHER ..... 14 FLUSH, DONT KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET. . . 21 NON-VIP PIT LATRINE WITH SLAB ..... 22 NON-VIP PIT LATRINE WITHOUT SLAB ..... 23 COMPOSTING TOILET/ ARBO LOO ..... 31 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 51  OTHER ..... 96 (SPECIFY)	→ 111
109	Do you share this facility with other households?	YES ..... 1 NO ..... 2	→ 111
110	Including this household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS . . . 95 DONT KNOW ..... 98	
111	Does your dwelling unit/household have:  Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator?	YES NO ELECTRICITY ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE TELEPHONE . . . 1 2 NON-MOBILE TELEPHONE 1 2 REFRIGERATOR ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LIQUID PROPANE GAS ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 PARAFFIN/KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 MAIZE/OTHER CROP WASTE .. 10 ANIMAL DUNG ..... 11 DO NOT COOK ..... 12 OTHER _____ 96 (SPECIFY)	→ 114 → 116
113	In this household, is food cooked on a stove or an open fire?  PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD .... 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD ..... 2 CLOSED STOVE WITH CHIMNEY 3 OTHER _____ 6 (SPECIFY)	
114	Is the cooking usually done in the same building where people sleep, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS ..... 3 OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
116	TYPE OF DWELLING UNIT.  RECORD OBSERVATION.	TRADITIONAL ..... 01 MIXED ..... 02 DETACHED ..... 03 SEMI-DETACHED ..... 04 FLAT/TOWNHOME ..... 05 SHACK ..... 06 OTHER _____ 96 (SPECIFY)	
117	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/DUNG ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH ..... 12 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 23 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 ASBESTOS ..... 33 TILES ..... 34 CEMENT ..... 35  OTHER _____ 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS ..... 11 MUD ..... 12 RUDIMENTARY WALLS STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARTON ..... 24 REUSED WOOD ..... 25 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS ..... 35  OTHER _____ 96 (SPECIFY)																									
120	TYPE OF WINDOWS.  RECORD OBSERVATION.	<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>ANY WINDOWS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS/ SHUTTERS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS .....	1	2	WINDOWS WITH GLASS .....	1	2	WINDOWS WITH SCREENS .....	1	2	WINDOWS WITH CURTAINS/ SHUTTERS .....	1	2										
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WINDOWS WITH GLASS .....	1	2																									
WINDOWS WITH SCREENS .....	1	2																									
WINDOWS WITH CURTAINS/ SHUTTERS .....	1	2																									
121	How many rooms in this household are used for sleeping?	ROOMS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																									
122	Does any member of this household own:  A watch? 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>WATCH .....</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> <tr> <td>WHEEL BARREL .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	WHEEL BARREL .....	1	2	
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BOAT WITH MOTOR .....	1	2																									
WHEEL BARREL .....	1	2																									
123	Do any members of this household have access to use land for agricultural purposes?	YES ..... 1 NO ..... 2	→ 125																								
124	How many acres of land are used by household members for agricultural purposes?  IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	ACRES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Does this household own any livestock, herds, or farm animals?	YES ..... 1 NO ..... 2	→ 127
126	How many of the following animals does this household have? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.  Cattle?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens or other poultry?  Pigs?	CATTLE ..... <input type="text"/> HORSES/DONKEYS/MULES ..... <input type="text"/> GOATS ..... <input type="text"/> SHEEP ..... <input type="text"/> POULTRY ..... <input type="text"/> PIGS ..... <input type="text"/>	
127	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
128	During the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?  IF NOT SPRAYED, RECORD 95.  IF YES: How many months ago was the house sprayed? RECORD '00' IF LESS THAN ONE MONTH.	MONTHS AGO ..... <input type="text"/> NOT SPRAYED ..... 95	→ 130
129	Who sprayed the house?	GOVERNMENT PROGRAM .... 1 PRIVATE COMPANY ..... 2 HOUSEHOLD MEMBER ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
130	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 201
131	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

132	ASK THE RESPONDENT TO SHOW YOU THE NET (S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED ..... 1 NOT OBSERVED . . . 2	OBSERVED ..... 1 NOT OBSERVED . . . 2	OBSERVED ..... 1 NOT OBSERVED . . . 2
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/>  MORE THAN 37 MONTHS AGO ... 96  NOT SURE ..... 98	MOS AGO <input type="text"/>  MORE THAN 37 MONTHS AGO ... 96  NOT SURE ..... 98	MOS AGO <input type="text"/>  MORE THAN 37 MONTHS AGO ... 96  NOT SURE ..... 98
134	What type of mosquito net do you have?	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ←  'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ←  'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ←  'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
135	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	
136	Since you got the mosquito net, was it ever soaked or dipped in a liquid or chemical to repel mosquitos?	YES ..... 1 NO ... (SKIP to 138) ← 2 NOT SURE ..... 8	YES ..... 1 NO ... (SKIP to 138) ← 2 NOT SURE ..... 8	YES ..... 1 NO ... (SKIP to 138) ← 2 NOT SURE ..... 8	
137	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	
138	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	
139	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE 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"/>	
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

**SECTION 2: SUPPORT FOR SICK PEOPLE**

201	CHECK Q36 IN HOUSEHOLD SCHEDULE AND RECORD NUMBER OF CHRONICALLY SICK HOUSEHOLD MEMBERS AGE 18-59. <div style="float:right; border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>			
	AT LEAST ONE <input style="width: 20px; height: 15px; margin-left: 10px;" type="checkbox"/>	NONE <input style="width: 20px; height: 15px; margin-left: 10px;" type="checkbox"/> → 301		
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).			
203	LINE NUMBER AND NAME FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1 <sup>ST</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width: 40px; height: 20px; margin-left: 5px;" type="text"/>	2 <sup>ND</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width: 40px; height: 20px; margin-left: 5px;" type="text"/>	3 <sup>RD</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width: 40px; height: 20px; margin-left: 5px;" type="text"/>
204	You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received for [that/each of those] person(s) 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.			
205	Now I would like to ask you about the support you 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 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8
206	Did your household receive any of this 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
207	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?	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8
208	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
209	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 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8
210	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
211	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 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8
212	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

		1 <sup>ST</sup> SICK PERSON NAME _____	2 <sup>ND</sup> SICK PERSON NAME _____	3 <sup>RD</sup> SICK PERSON NAME _____
213	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 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL ..... 3 (SKIP TO 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL ..... 3 (SKIP TO 215) ←
214	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
215	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 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 217) ←
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) 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
217		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE SICK PEOPLE, GO TO 301.		



**SECTION 3: 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 NO . . . . . 2 DON'T KNOW . . . . . 8			→ 401 → 401
302	How many household members died in the last 12 months?	NO. OF PERSONS .. <input type="text"/> <input type="text"/>			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE.				
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"/>	
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	
308	CHECK 306:  AGE OF PERSON AT DEATH	<18/60+ <input type="checkbox"/> (SKIP TO 322) ←  18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 322) ←  18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 322) ←  18-59 <input type="checkbox"/>	
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 support 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 this 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 this 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 this 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 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 health problems (NAME) may have recently 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) ever 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 (nausea/coughing/diarrhea/constipation) 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; OR, IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

**SECTION 4: SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/></p> <p>NO CHILD AGE 0-17 <input type="checkbox"/></p>	<p>→ END</p>	
402	<p>CHECK Q36 IN HOUSEHOLD QUESTIONNAIRE: <b>ANY VERY SICK ADULTS 18-59?</b></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 Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
403	<p>CHECK 306 IN SECTION 3: <b>ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT AGE 18-59 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT 18-59 IN 306 <input type="checkbox"/></p>	<p>→ GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
404	<p>CHECK Q37 IN HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND IS SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER WHO HAS DIED OR IS SICK <input type="checkbox"/></p> <p>NO CHILD WITH MOTHER OR FATHER WHO HAS DIED OR IS VERY SICK <input type="checkbox"/></p> <p>GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN COLUMN 20</p>	<p>→ 501</p>	

405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AS APPROPRIATE BEGINNING WITH WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THE CHILDREN ARE LISTED IN THE SCHEDULE OR IN COLUMN 20. IF MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.	1ST CHILD		2ND CHILD		3RD CHILD		4TH CHILD						
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>
406	I would like to ask you about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 405) and 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.  ASK THE CARE AND SUPPORT QUESTIONS FOR EACH CHILD LISTED IN Q405, BEGINNING WITH THE CHILD LISTED IN THE FIRST COLUMN.													
407	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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
408	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 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8
409	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
410	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 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8
411	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
412	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 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8
413	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
416	GO BACK TO 407 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.													

405	CONTINUE LISTING OF CHILDREN	5TH CHILD		6TH CHILD		7TH CHILD		8TH CHILD	
		NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>
407	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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
408	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 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8
409	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
410	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 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8
411	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
412	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 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8
413	Did your household receive any of this 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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	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	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
416		GO BACK TO 407 IN NEXT COLUMN IN THIS QUESTIONNAIRE, OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.							

**SECTION 5: WEIGHT AND HEIGHT MEASUREMENT - ALL CHILDREN UNDER AGE 5  
HEMOGLOBIN MEASUREMENT - CHILDREN 6-60 MONTHS**

CHECK COLUMN (12): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN AGE 0-60 MONTHS.

FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COMPARE MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

BEFORE CONDUCTING ANEMIA TESTING, OBTAIN CONSENT FROM PARENT, GUARDIAN, OR OTHER RESPONSIBLE ADULT.

CHILDREN UNDER AGE 5				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER				
LINE NO. FROM COL. (12)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	
(501)	(502)	(503)	(504)	(505)	(506)	(507)	(508)	
			DAY MONTH YEAR			L S		
<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"/> 1 2	<input type="text"/>
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TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>				

**CONSENT STATEMENT**

As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.

To know more about this problem in Zimbabwe, we are asking in this survey that young children all over the country take a test for low blood levels. We would like (NAME OF CHILD[REN] BORN IN 2000 OR LATER, AND AT LEAST 6 MONTHS OF AGE) to take part in this test by giving a few drops of blood from his (her) finger or heel.

The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result(s) for (NAME OF CHILD[REN]) will be given to you right after the test is done.

We will not tell anyone else the results of the test.

Do you have any questions?

You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.

Do you agree that (NAME) may give blood for the anaemia test?  
CIRCLE CODE AND SIGN.

HEMOGLOBIN MEASUREMENT OF CHILDREN 6-60 MONTHS				
RECORD NAME OF PARENT/RESPONSIBLE ADULT.	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT*  CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(509)	(510)	(511)	(512)	(513)
	<input type="text"/>	GRANTED 1 SIGN _____ REFUSED NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>

514	<p>CHECK 512:</p> <p>NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 515 FOR ANY CHILD WITH A LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH HOUSEHOLD INTERVIEW.</p>
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515	<p>We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the clinic at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the clinic?</p>
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NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

