

ENGLISH

TICK IF HOUSEHOLD SELECTED FOR CHILDREN'S SURVEY

UNITED REPUBLIC OF TANZANIA
2016 TANZANIA HIV IMPACT SURVEY
HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

HOUSEHOLD IDENTIFICATION

REGION NAME: _____
DISTRICT NAME: _____
WARD/SHEHIA NAME: _____
VILLAGE NAME: _____
EA NAME: _____
NAME OF HOUSEHOLD HEAD: _____

REGION CODE
DISTRICT CODE
WARD/SHEHIA CODE
VILLAGE NUMBER
EA CODE
HH NUMBER

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
VISIT DATE:	_____	_____	_____	DAY: <input type="text"/> <input type="text"/>
INTERVIEWER NAME:	_____	_____	_____	MONTH: <input type="text"/> <input type="text"/>
RESULT*	_____	_____	_____	YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				INT. CODE: <input type="text"/> <input type="text"/>
				RESULT: <input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS: <input type="text"/>

TOTAL PERSONS IN HOUSEHOLD	TOTAL ELIGIBLE WOMEN:	TOTAL ELIGIBLE MEN:	TOTAL ELIGIBLE CHILDREN:	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

LANGUAGE OF INTERVIEW:

LANGUAGE CODES:

- (01) ENGLISH
- (02) KISWAHILI

SUPERVISOR: _____	SUPERVISOR CODE: □ □	OFFICE EDITOR: □ □	KEYED BY: □ □
DATE: _____			

- * RESULTS CODES:**
- | | |
|---|---|
| (1) COMPLETED | (5) REFUSED |
| (2) NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT | (6) DWELLING VACANT OR ADDRESS NOT A DWELLING |
| (3) ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME | (7) DWELLING DESTROYED |
| (4) POSTPONED | (8) DWELLING NOT FOUND |
| | (9) PARTLY COMPLETED |
| | (10) OTHER (SPECIFY) |

START TIME		
START	Record the start time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.	HOUR: □ □ MINUTES: □ □

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	
	<p>Please give me the names of the persons who usually lives in your household or guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAME AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON ASK QUESTIONS 2A-2C BELOW TO BE SURE THAT THE SCHEDULE IS COMPLETE.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW</p>	<p>Is (NAME) Male or Female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) sleep here last night?</p>	<p>IF LESS THAN 5 YEARS, RECORD IN MONTHS.</p> <p>How old is (NAME)?</p>	<p>Is age of (NAME) recorded in MONTHS/ YEARS?</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
2		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
3		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
4		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
5		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
6		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
7		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
8		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
9		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>
10		<input type="text"/>	M F	Y N	Y N	<input type="text"/>	MONTHS <input type="checkbox"/> YEARS <input type="checkbox"/>

<input type="checkbox"/> TICK HERE IF CONTINUATION SHEET USED 2A) Just to make sure I have a complete listing, are there any other persons such as small children or infants that we have not listed? 2B) Are there any other people who may not be members of your household such as domestic servants, lodgers, of friends who usually live here? 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night who we have not seen?	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> ADD TO SCHEDULE	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>	<p>CODES FOR COLUMN 3: RELATIONSHIP TO HOUSEHOLD HEAD</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01 = HEAD</td> <td style="width: 50%;">09 = CO-WIFE</td> </tr> <tr> <td>02 = WIFE/HUSBAND/PARTNER</td> <td>10 = OTHER RELATIVE</td> </tr> <tr> <td>03 = SON OR DAUGHTER</td> <td>11 = ADOPTED/ FOSTER/STEPCHILD</td> </tr> <tr> <td>04 = SON-IN-LAW/ DAUGHTER-IN-LAW</td> <td>12 = NOT RELATED</td> </tr> <tr> <td>05 = GRANDCHILD</td> <td>98 = DON'T KNOW</td> </tr> <tr> <td>06 = PARENT</td> <td></td> </tr> <tr> <td>07 = PARENT-IN-LAW</td> <td></td> </tr> <tr> <td>08 = BROTHER/SISTER</td> <td></td> </tr> </table>	01 = HEAD	09 = CO-WIFE	02 = WIFE/HUSBAND/PARTNER	10 = OTHER RELATIVE	03 = SON OR DAUGHTER	11 = ADOPTED/ FOSTER/STEPCHILD	04 = SON-IN-LAW/ DAUGHTER-IN-LAW	12 = NOT RELATED	05 = GRANDCHILD	98 = DON'T KNOW	06 = PARENT		07 = PARENT-IN-LAW		08 = BROTHER/SISTER	
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08 = BROTHER/SISTER																			

LINE NO.	IF (NAME) IS 0-17 YEARS				
	EMANCIPATION STATUS	ORPHAN STATUS/PARENT OR GUARDIAN			
	Is (NAME) emancipated? [Emancipated minor: Is a person who is not age 18 or over but who, because she or he is married, or is no longer dependent on the parents, does not require parental permission to participate].	Is (NAME)'s natural mother alive?	Does (NAME) 's natural mother usually live in this household or was a guest last night? IF YES: RECORD MOTHER'S LINE NUMBER. IF NO: RECORD FEMALE GUARDIAN'S LINE NUMBER OR '00' IF PARENT OR GUARDIAN NOT PRESENT IN HH.	Is (NAME)'s natural father alive?	Does (NAME) 's natural father usually live in this household or was a guest last night? IF YES: RECORD FATHER'S LINE NUMBER. IF NO: RECORD MALE GUARDIAN'S LINE NUMBER OR '00' IF PARENT OR GUARDIAN NOT PRESENT IN HH.
(1)	(9)	(10)	(11)	(12)	(13)
1	Y N	Y N DK └─> 12	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Y N DK └─> 14	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
2	Y N	Y N DK └─> 12	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Y N DK └─> 14	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
3	Y N	Y N DK └─> 12	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Y N DK └─> 14	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
4	Y N	Y N DK └─> 12	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Y N DK └─> 14	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

5	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>
6	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>
7	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>
8	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>
9	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>
10	Y	N	Y N DK └─▶ 12	<input type="checkbox"/>	Y N DK └─▶ 14	<input type="checkbox"/>

LINE NO.	IF (NAME) is 18+ years						
	SICK PERSON	MOTHER DEAD OR SICK		FATHER DEAD OR SICK			
	CHECK COLUMNS 7 AND 8, IF UNDER 18 → 19 IF 18 YEARS OR MORE: Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	CHECK COLUMN 10, IF COLUMN 10 'N' → 22 IF COLUMN 10 'Y': Has (NAME)'s natural mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	IF MOTHER SICK: Does (NAME)'s natural mother have HIV/AIDS?	CHECK COLUMN 12, IF COLUMN 12 'N' → 25 IF COLUMN 11 'Y': Has (NAME)'s natural father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	IF FATHER SICK: Does (NAME)'s natural father have HIV/AIDS?	IF CHILD'S NATURAL FATHER HAS DIED (COLUMN 12'N') OR BEEN SICK (COLUMN 22 'Y'), SELECT Y. IF CHILD'S NATURAL MOTHER HAS DIED (COLUMN 10 'N') OR BEEN SICK (COLUMN 19 'Y'), SELECT Y.	
(1)	(18)	(19)	(20)	(22)	(23)	(25)	(26)
1	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
2	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
3	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
4	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
5	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
6	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N

7	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
8	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
9	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N
10	Y N	Y N ↳ 21	Y N DK	Y N ↳ 24	Y N DK	Y N	Y N

HOUSEHOLD SCHEDULE				HEALTH INSURANCE	
LINE NO.	SPOUSES AND CO-HABITATING PARTNERS				
	RECORD THE LINE NUMBER (NAME) 'S OF SPOUSE OR PARTNER. IF NO SPOUSE OR PARTNER LEAVE BLANK.	RECORD THE LINE NUMBER (NAME) 'S OF SPOUSE OR PARTNER. IF NO SPOUSE OR PARTNER LEAVE BLANK.	RECORD THE LINE NUMBER (NAME) 'S OF SPOUSE OR PARTNER. IF NO SPOUSE OR PARTNER LEAVE BLANK.	Is (NAME) covered by any health insurance?	What is (NAME) 's main type of health insurance NHIF=01 NSSF=02 CHF=03 OTHER EMPLOYER BASED=04 OTHER COMMUNITY BASED MUTUAL =05 PRIVATELY PURCHASED = 07 OTHER (SPECIFY)____=96 DON'T KNOW=98
(1)	(27a)	(27b)	(27c)	28	29

1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
5	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
6	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
7	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
8	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
9	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>
10	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Y N <u>DK</u> GO TO101 ↓	<input type="checkbox"/>

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN			
101	<p>DO NOT READ: CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD AGE 0-17 YEARS?</p>	<p>NUMBER OF CHILDREN <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>0-17 YRS:</p> <p style="text-align: right;">IF '00' NONE →</p> <p style="text-align: center;">↓ IF AT LEAST ONE CHILD</p> <p style="text-align: center;">CONTINUE TO 102</p>	<p>HH CHARACT.</p>
102	<p>DO NOT READ: CHECK COLUMN 18 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY SICK ADULT AGE 18-64 YEARS?</p>	<p>YES.....1 →</p> <p>NO.....2</p>	<p>105</p>
103	<p>DO NOT READ: CHECK COLUMN 25 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD WHOSE MOTHER HAS DIED OR IS VERY SICK?</p>	<p>YES.....1 →</p> <p>NO.....2</p>	<p>105</p>
104	<p>DO NOT READ: CHECK COLUMN 26 IN THE HOUSEHOLD SCHEDULE.</p> <p>ANY CHILD WHOSE FATHER HAS DIED OR IS VERY SICK?</p>	<p>YES.....1 →</p> <p>NO.....2 →</p>	<p>105</p> <p>HH CHARACT.</p>

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES			SKIP										
105	RECORD NAMES, LINE NUMBERS, AND AGES OF ALL CHILDREN 0-17 WHO ARE IDENTIFIED IN COLUMNS 18, 25, AND 26 AS HAVING A SICK ADULT IN THEIR HOUSEHOLD OR HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.														
	<p style="text-align: center;">NAME</p> <hr/> <p>LINE NUMBER (FROM COLUMN 1)</p> <p>AGE (FROM COLUMN 7)</p>	<p>CHILD (1)</p> <hr/> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<p>CHILD (2)</p> <hr/> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<p>CHILD (3)</p> <hr/> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			
<p>➤ INTERVIEWER SAY: “I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support, I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based.”</p>															
106	<p>Now I would like to ask you about the support your household received for (NAME).</p> <p>In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies, or medicine, for which you did not have to pay?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>											

107	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 DON'T KNOW.....8 109 ←	YES.....1 NO.....2 DON'T KNOW.....8 109 ←	YES.....1 NO.....2 DON'T KNOW.....8 109 ←
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108	Did your household receive any of this emotional or psychological support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
109	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 DON'T KNOW.....8 111 ←	YES.....1 NO.....2 DON'T KNOW.....8 111 ←	YES.....1 NO.....2 DON'T KNOW.....8 111 ←
110	Did your household receive any of this material support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
111	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 DON'T KNOW.....8 CHECK ← BEFORE 113	YES.....1 NO.....2 DON'T KNOW.....8 CHECK ← BEFORE 113	YES.....1 NO.....2 DON'T KNOW.....8 CHECK ← BEFORE 113
112	Did your household receive any of this social support for (NAME) in the past 3 months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

113	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, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS	YES.....1 NO, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS	YES.....1 NO, DID NOT RECEIVE SUPPORT.....2 NO, CHILD DOES NOT ATTEND SCHOOL.....3 DON'T KNOW.....8 SKIP IF CHILD<5 YEARS
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CONTINUE TO NEXT CHILD IF OTHER CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR IS VERY SICK.

MATRIX END

INTERVIEWER SAYS: "Thank you for the information regarding **(NAME)**."

IF THERE IS ANOTHER CHILD 0-17 YEARS IN THE HOUSEHOLD WHO HAS BEEN IDENTIFIED IN COLUMN 17 AS HAVING A MOTHER/FATHER WHO HAS DIED OR IS VERY SICK BESIDES (NAME) → CONTINUE TO 106 AND ASK ABOUT THE NEXT CHILD.

INTERVIEWER SAYS: "Next, I would like to ask you about **(NAME)**".

TICK IF CONTINUATION SHEET REQUIRED.

IF NO OTHER CHILDREN, CONTINUE HOUSEHOLD INTERVIEW.

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
HOUSEHOLD DEATHS			

114	Now I would like to ask you more questions about your household. Has any usual resident of your household died since January 1, 2014?	YES.....1 → 201 NO.....2																				
115	How many usual household residents died since January 1, 2014?	NUMBER OF DEATHS..... <table border="1" data-bbox="1177 434 1329 504"> <tr><td> </td><td> </td></tr> </table>																				
ASK 116-120 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS USE ADDITIONAL QUESTIONNAIRES.																						
116	What was the name of the person who died (most recently/before him/her)?	NAME 1 ST DEATH _____	NAME 2 ND DEATH _____	NAME 3 RD DEATH _____																		
117	When did (NAME) die? Please give your best guess.	DAY <table border="1" data-bbox="794 969 916 1039"> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" data-bbox="794 1039 916 1108"> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" data-bbox="794 1108 916 1178"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW DAY = -8 DON'T KNOW MONTH = -8 DON'T KNOW YEAR = -8							DAY <table border="1" data-bbox="1075 969 1197 1039"> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" data-bbox="1075 1039 1197 1108"> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" data-bbox="1075 1108 1197 1178"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW DAY = -8 DON'T KNOW MONTH = -8 DON'T KNOW YEAR = -8							DAY <table border="1" data-bbox="1356 969 1477 1039"> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" data-bbox="1356 1039 1477 1108"> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" data-bbox="1356 1108 1477 1178"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW DAY = -8 DON'T KNOW MONTH = -8 DON'T KNOW YEAR = -8						
118	Was (NAME) male or female?	MALE1 FEMALE.....2 DON'T KNOW8	MALE1 FEMALE.....2 DON'T KNOW8	MALE1 FEMALE.....2 DON'T KNOW8																		
119	How old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN 1 YEAR, AND COMPLETED YEARS IF 1 YEAR OR MORE.	DAYS <table border="1" data-bbox="794 1664 916 1733"> <tr><td> </td><td> </td></tr> </table> MONTHS <table border="1" data-bbox="794 1733 916 1803"> <tr><td> </td><td> </td></tr> </table> YEARS <table border="1" data-bbox="794 1803 916 1872"> <tr><td> </td><td> </td></tr> </table>							DAYS <table border="1" data-bbox="1075 1664 1197 1733"> <tr><td> </td><td> </td></tr> </table> MONTHS <table border="1" data-bbox="1075 1733 1197 1803"> <tr><td> </td><td> </td></tr> </table> YEARS <table border="1" data-bbox="1075 1803 1197 1872"> <tr><td> </td><td> </td></tr> </table>							DAYS <table border="1" data-bbox="1356 1664 1477 1733"> <tr><td> </td><td> </td></tr> </table> MONTHS <table border="1" data-bbox="1356 1733 1477 1803"> <tr><td> </td><td> </td></tr> </table> YEARS <table border="1" data-bbox="1356 1803 1477 1872"> <tr><td> </td><td> </td></tr> </table>						

CONTINUE TO NEXT DEATH ACCORDING UP TO THE NUMBER REPORTED FROM 115.

TICK IF CONTINUATION SHEET REQUIRED.

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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HOUSEHOLD CHARACTERISTICS

INTERVIEWER SAY: “Now I would like to ask you more questions about your household.”

201	What is the <u>main</u> source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING.....11</p> <p>PIPED TO YARD/PLOT.....12</p> <p>PUBLIC TAP/STANDPIPE.....13</p> <p>TUBE WELL OR BOREHOLE.....21</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL.....32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING.....42</p> <p>RAINWATER.....51</p> <p>TANKER TRUCK.....61</p> <p>CART WITH SMALL TANK.....71</p> <p>SURFACE WATER (RIVER/DAM/LAKE/ POND/STREAM/CANAL).....81</p> <p>BOTTLED WATER.....91</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	
202	Did you do anything to the water to make it safer to drink?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>→ 204</p>

203	What do you do to make your water safe for drinking?	BOILING.....1 FILTRATION (CHARCOAL FILTER).....2 SEDIMENTATION.....3 DISINFECTION (WATERGUARD, CHLORINE).....4 USE BOTTLED WATER.....5 OTHER.....96 <hr/> (SPECIFY)	
204	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET.....11 TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT LATRINE (VIP).....22 NO FACILITY/BUSH/FIELD.....61 OTHER.....96 <hr/> (SPECIFY)	207
205	Do you share this toilet facility with other households?	YES.....1 NO.....2	
206	How many households use this toilet facility?	NO. OF HOUSEHOLD IF LESS THAN 10 <hr/> 10 OR MORE HOUSEHOLDS96 DON'T KNOW98	
PREFACE BEFORE QUESTIONS 207-211: Does your household have:			
207	Electricity?	YES.....1 NO.....2	
208	A radio	YES.....1 NO.....2	
209	A television?	YES.....1 NO.....2	

210	A telephone/mobile telephone	YES.....1 NO.....2	
211	A refrigerator	YES.....1 NO.....2	
212	What type of fuel does your household mainly use for cooking?	ELECTRICITY.....1 LPG / NATURAL GAS.....2 BIOGAS.....3 PARAFFIN / KEROSENE.....4 COAL, LIGNITE.....5 CHARCOAL FROM WOOD.....6 FIREWOOD / STRAW.....7 DUNG.....8 NO FOOD COOKED IN HOUSEHOLD.....95 OTHER.....96 _____ (SPECIFY)	
213	MAIN MATERIAL OF FLOOR RECORD OBSERVATION.	NATURAL FLOOR EARTH / SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM / BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIP.....32 CERAMIC TILES.....33 CEMENT/TERAZO.....34 CARPET.....35 OTHER.....96 _____ (SPECIFY)	

214	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	NATURAL ROOFING NO ROOF.....11 THATCH/PALM LEAF (MAKUTI).....12 DUNG / MUD.....13 RUDIMENTARY ROOFING CORRUGATED IRON (MABATI).....21 TIN CANS.....22 FINISHED ROOFING ASBESTOS SHEET.....31 CONCRETE.....32 TILES.....33 OTHER.....96 _____ (SPECIFY)	
215	MAIN MATERIAL OF THE EXTERIOR WALLS RECORD OBSERVATION.	NATURAL WALLS NO WALLS.....11 CANE/PALM/TRUNKS.....12 DUNG / MUD.....13 RUDIMENTARY WALLS BAMBOO WITH MUD.....21 STONE WITH MUD.....22 PLYWOOD/CARDBOARD.....23 CARTON.....24 REUSED WOOD.....25 FINISHED WALLS CEMENT.....31 STONE WITH LIME/CEMENT.....32 BRICKS.....33 CEMENT BLOCKS.....34 WOOD PLANKS/SHINGLES.....35 OTHER.....96 _____ (SPECIFY)	
216	How many rooms are used for sleeping?	NUMBER OF ROOMS: <input type="text"/> <input type="text"/>	

PREFACE BEFORE QUESTIONS 215-218:
Does any member of your household own:

217	A bicycle?	YES.....1 NO.....2	
218	A motorcycle or motor scooter?	YES.....1 NO.....2	

219	A car or truck?	YES..... 1 NO..... 2	
220	A boat with a motor?	YES..... 1 NO..... 2	

PREFACE BEFORE QUESTIONS 219-223:
Does any member of your household own:

221	Cows?	YES..... 1 NO..... 2	
222	Goats/Sheep?	YES..... 1 NO..... 2	
223	Poultry (e.g., ducks, chickens)?	YES..... 1 NO..... 2	
224	Dogs?	YES..... 1 NO..... 2	
225	Other animals (camels, horses, donkeys)?	YES..... 1 NO..... 2	

MALARIA & FOOD SECURITY

226*	Does your household have any mosquito nets that can be used while sleeping?	YES..... 1 NO..... 2	
227*	In the past 4 weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 227
228*	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES)..... 1 SOMETIMES (3-10 TIMES)..... 2 OFTEN (MORE THAN 10 TIMES)..... 3	



229*	In the past 4 weeks, did you or any household member go to sleep at night hungry because there was not enough food?	YES.....1 NO.....2 DON'T KNOW.....8	229
230*	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3	
231*	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	YES.....1 NO.....2 DON'T KNOW.....8	301
232*	How often did this happen in the past 4 weeks?	RARELY (1-2 TIMES).....1 SOMETIMES (3-10 TIMES).....2 OFTEN (MORE THAN 10 TIMES).....3	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
ECONOMIC SUPPORT			

<p>301</p>	<p>Has your household received any of the following forms of external economic support in the last 12 months?</p> <p>SELECT ALL THAT APPLY.</p>	<p>NOTHINGA CASH TRANSFER (E.G. PENSIONS, DISABILITY GRANTS, CHILD GRANT).....B ASSISTANCE FOR SCHOOL FEES.....C MATERIAL SUPPORT FOR EDUCATION (E.G. UNIFORMS, SCHOOL BOOKS, EDUCATION, TUITION SUPPORT, BURSARIES).....D INCOME GENERATION SUPPORT IN CASH OR KIND (E.G. AGRICULTURAL INPUTS).....E FOOD ASSISTANCE PROVIDED AT THE HOUSEHOLD OR EXTERNAL INSTITUTION.....F MATERIAL OR FINANCIAL SUPPORT FOR SHELTER.....G SOCIAL PENSION.....H OTHER.....X</p> <hr/> <p>(SPECIFY) DON'T KNOWZ</p>	<p>NOTHING →END OF SECTION</p>
<p>302</p>	<p>Has your household received any of the following forms of external economic support in the last 3 months?</p> <p>SELECT ALL THAT APPLY.</p>	<p>NOTHINGA CASH TRANSFER (E.G. PENSIONS, DISABILITY GRANTS, CHILD GRANT).....B ASSISTANCE FOR SCHOOL FEES.....C MATERIAL SUPPORT FOR EDUCATION (E.G. UNIFORMS, SCHOOL BOOKS, EDUCATION, TUITION SUPPORT, BURSARIES).....D INCOME GENERATION SUPPORT IN CASH OR KIND (E.G. AGRICULTURAL INPUTS).....E FOOD ASSISTANCE PROVIDED AT THE HOUSEHOLD OR EXTERNAL INSTITUTION.....F MATERIAL OR FINANCIAL SUPPORT FOR SHELTER.....G SOCIAL PENSION.....H OTHER.....X</p> <hr/> <p>(SPECIFY) DON'T KNOWZ</p>	

END OF HOUSEHOLD INTERVIEW

➤ **INTERVIEWER SAY:** “This is the end of the household survey. Thank you very much for your time and for your responses.”

END TIME

END	Record the end time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.	HOUR: <input type="text"/> <input type="text"/> MINUTES: <input type="text"/> <input type="text"/>	
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INTERVIEWER OBSERVATIONS:
TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

COMMENTS ABOUT SPECIFIC QUESTIONS:

GENERAL QUESTIONS:
