CONFIDENTIAL

2015 TANZANIA DEMOGRAPHIC AND HEALTH AND MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS (NBS)

QST No. ☐ ☐ ☐ ☐ ☐

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . ☐☐☐ / ☐☐☐

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MAN'S SURVEY, SALT AND URINE TESTING? (1=YES, 2= . . . . ☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR **2 0 1** ☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. ☐☐
RESULT*	_____	_____	_____	RESULT* ☐
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
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 ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

TOTAL ELIGIBLE MEN ☐☐

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

LANGUAGE OF QUESTIONNAIRE** **0 1**   LANGUAGE OF INTERVIEW** ☐☐   NATIVE LANGUAGE OF RESPONDENT** ☐☐   TRANSLATOR USED (YES = 1, NO = 2) ☐

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 KISWAHILI

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
_____	☐☐☐	_____	☐☐☐	☐☐☐	☐☐☐
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER

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Hello. My name is _____. I am working with the National Bureau of Statistics (NBS). We are conducting a survey about health all over the United Republic of Tanzania . The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 25 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
    TO BE INTERVIEWED . .   1

RESPONDENT DOES NOT AGREE
    TO BE INTERVIEWED . .   2 ⟶ END

100	RECORD THE TIME.	HOURS		
		MINUTES		

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	IF AGE 15 OR OLDER	
							IF AGE 15 OR OLDER			
				RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
01		☐ ☐				☐ ☐	☐	01	01	01
02		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	02	02	02
03		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	03	03	03
04		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	04	04	04
05		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	05	05	05
06		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	06	06	06
07		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	07	07	07
08		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	08	08	08
09		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	09	09	09
10		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOL

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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2⊤8 ↓ GO TO 14	☐☐	Y N DK 1 2⊤8 ↓ GO TO 16	☐☐	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE ☐ ☐	☐
02	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
03	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
04	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
05	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
06	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
07	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
08	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
09	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐
10	1 2⊤8 ↓ GO TO 14	☐☐	1 2⊤8 ↓ GO TO 16	☐☐	1 2 ↓ NEXT LINE	☐ ☐	1 2 ↓ NEXT LINE	☐ ☐	☐

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CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY 'O' LEVEL
4 = POST SECONDARY 'O' LEVEL
5 = SECONDARY 'A' LEVEL
6 = POST SECONDARY 'A' LEVEL
7 = UNIVERSITY
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
    (USE '00' FOR Q. 17 ONLY.
    THIS CODE IS NOT ALLOWED
    FOR Q. 19.)
98 = DON'T KNOW

		INPATIENT		OUTPATIENT		
HEALTH INSURANCE						
20A	20B	21	22	23	24	25
Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE.
	SEE CODES BELOW.		CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.			CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
Y N DK 1 2 ┬ 8 ↓ GO TO 21	☐	Y N DK 1 2 ┬ 8 ↓ GO TO 23	01	Y N DK 1 2 ┬ 8 ↓ NEXT LINE	Y N DK 1 2 ┬ 8 ↓ NEXT LINE	01
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	02	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	02
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	03	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	03
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	04	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	04
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	05	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	05
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	06	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	06
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	07	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	07
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	08	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	08
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	09	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	09
1 2 ┬ 8 ↓ GO TO 21	☐	1 2 ┬ 8 ↓ GO TO 23	10	1 2 ┬ 8 ↓ NEXT LINE	1 2 ┬ 8 ↓ NEXT LINE	10

CODES FOR Qs. 20B

0=NHIF
1=NSSF
2= CHIF
3= OTHER EMPLOYER BASED
4= OTHER COMMUNITY BASED/MUTUAL
5= PRIVATELY PURCHASED
6= OTHER
7= DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	IF AGE 15 OR OLDER	
1	2	3	4	5	6	7	8	9	10	11
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			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20

ICK HERE IF CONTINUATION SHEET USED ☐

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06 = PARENT

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08 = BROTHER OR SISTER
09 = CO-WIFE
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	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
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12	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
13	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
14	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
15	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
16	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
17	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
18	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
19	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚
20	1 2┬8 ↓ GO TO 14	⬚⬚	1 2┬8 ↓ GO TO 16	⬚⬚	1 2 ↓ NEXT LINE	⬚ ⬚	1 2 ↓ NEXT LINE	⬚ ⬚	⬚

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00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)
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		INPATIENT		OUTPATIENT		
HEALTH INSURANCE						
20A	20B	21	22	23	24	25
Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE.
			CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.			CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
	SEE CODES BELOW.					
Y N DK 1 2⌐8 ↓ GO TO 21	☐	Y N DK 1 2⌐8 ↓ GO TO 23	01	Y N DK 1 2⌐8 ↓ NEXT LINE	Y N DK 1 2⌐8 ↓ NEXT LINE	01
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	02	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	02
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	03	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	03
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	04	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	04
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	05	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	05
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	06	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	06
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	07	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	07
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	08	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	08
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	09	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	09
1 2⌐8 ↓ GO TO 21	☐	1 2⌐8 ↓ GO TO 23	10	1 2⌐8 ↓ NEXT LINE	1 2⌐8 ↓ NEXT LINE	10

CODES FOR Qs. 22

0=NHIF
1=NSSF
2= CHIF
3= OTHER EMPLOYER BASED
4= OTHER COMMUNITY BASED/MUTUAL
5= PRIVATELY PURCHASED
6= OTHER
7= DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	**PIPED WATER** 　PIPED INTO DWELLING .... 11 　PIPED TO YARD/PLOT .... 12 　PIPED TO NEIGHBOR .... 13 　PUBLIC TAP/STANDPIPE .... 14 TUBE WELL OR BOREHOLE .... 21 **DUG WELL** 　PROTECTED WELL .... 31 　UNPROTECTED WELL .... 32 **WATER FROM SPRING** 　PROTECTED SPRING .... 41 　UNPROTECTED SPRING .... 42 RAINWATER .... 51 TANKER TRUCK .... 61 CART WITH SMALL TANK .... 71 SURFACE WATER (RIVER/DAM/ 　LAKE/POND/STREAM/CANAL/ 　IRRIGATION CHANNEL) .... 81 BOTTLED WATER .... 91 OTHER _____ 96 　　　　　　(SPECIFY)	→ 103 → 103
101A	Who is providing water at your main source?	AUTHORITY .... 1 CBO 2 PRIVATE OPERATOR 3 DON'T KNOW 4	→ 106
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** 　PIPED INTO DWELLING .... 11 　PIPED TO YARD/PLOT .... 12 　PIPED TO NEIGHBOR .... 13 　PUBLIC TAP/STANDPIPE .... 14 TUBE WELL OR BOREHOLE .... 21 **DUG WELL** 　PROTECTED WELL .... 31 　UNPROTECTED WELL .... 32 **WATER FROM SPRING** 　PROTECTED SPRING .... 41 　UNPROTECTED SPRING .... 42 RAINWATER .... 51 TANKER TRUCK .... 61 CART WITH SMALL TANK .... 71 SURFACE WATER (RIVER/DAM/ 　LAKE/POND/STREAM/CANAL/ 　IRRIGATION CHANNEL) .... 81 OTHER _____ 96 　　　　　　(SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ DON'T KNOW 998	
104A	Who usually goes to the source to collect water for your household? PROBE: Is this person under age 15? 　　　　What sex?	ADULT WOMAN (AGE 15+YEARS)............. 1 ADULT MAN (AGE 15+YEARS) .... 2 FEMALE CHILD (UNDER 15).................... 3 MALE CHILD (UNDER 15) .... 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES ☐ NO ☐		→ 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES .... 1 NO .... 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 109

108	What do you usually do to make the water 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)
		DON'T KNOW .... Z	

109	What kind of toilet facility do members of your household usually use?
	
	IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.
		FLUSH OR POUR FLUSH TOILET
		   FLUSH TO PIPED SEWER SYSTEM 11
		   FLUSH TO SEPTIC TANK 12
		   FLUSH TO PIT LATRINE 13
		   FLUSH TO SOMEWHERE ELSE 14
		   FLUSH, DON'T KNOW WHERE 15
		PIT LATRINE
		   VENTILATED IMPROVED PIT LATRINE 21
		   PIT LATRINE WITH SLAB (WASHABLE) 22
		   PIT LATRINE WITH SLAB (NOT WASHABLE) ... 23
		   PIT LATRINE WITHOUT SLAB/OPEN PIT 24
		
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING LATRINE 51
		NO TOILET/BUSH/FIELD 61
		
		OTHER _____ 96
		          (SPECIFY)
			
			→ 113

110	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... 0 ☐ 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY .... 01 BOTTLED GAS .... 02 PARAFFIN/KEROSENE .... 03 CHARCOAL .... 04 FIREWOOD .... 05 CRPO RESIDUALS,STRAW,GRASS .... 06 ANIMAL DUNG........................... 07 NO FOOD COOKED IN HOUSEHOLD .... 95 OTHER _____ 96 (SPECIFY)	→ 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE .... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS .... 3 OTHER _____ 6 (SPECIFY)	→ 115A
115	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	
115A	What is the main source of energy for lighting in the household?	ELECTRICITY .... 01 SOLAR .... 02 GAS .... 03 PARAFFIN-HURRICANE LAMP ..... 04 PARAFFIN-PRESSURE LAMP .... 05 PARAFFIN-WICK LAMP .... 06 FIREWOOD .... 07 CANDLES .... 08 OTHER _____ (SPECIFY) 96	
116	How many rooms in this household are used for sleeping?	ROOMS .... ☐☐	
116A	How many sleeping spaces such as mats, rugs, mattresses or beds are used in this household?	SLEEPING SPACES ☐☐	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES .... 1 NO 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) COWS/BULLS .... ☐☐ b) CATTLE .... ☐☐ c) HORSES/DONKEYS/MULES ..... ☐☐ d) GOATS .... ☐☐ e) SHEEP .... ☐☐ f) CHICKENS/POULTRY .... ☐☐	
119	Does any member of this household own any agricultural land?	YES .... 1 NO 2	→ 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	HECTARES .... ☐☐.☐ 95 OR MORE HECTARES .... 950 DON'T KNOW 998	
121	Does your household have:			YES	NO
	a) Electricity that is connected?	a) ELECTRICITY 1 2
	b) A radio in working condition?	b) RADIO 1 2
	c) A television in working condition?	c) TELEVISION 1 2
	d) A non-mobile telephone in working condition?	d) NON-MOBILE TELEPHONE .. 1 2
	e) A computer in working conditions?	e) COMPUTER 1 2
	f) A refrigerator in working condition?	f) REFRIGERATOR 1 2
	g) A battery or Generator for power?	g) BATTERY 1 2
	h) An iron (charcoal or electricity)	h) IRON 1 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	YES NO a) WATCH .... 1 2 b) MOBILE PHONE .... 1 2 c) BICYCLE .... 1 2 d) MOTORCYCLE/SCOOTER ..... 1 2 e) ANIMAL-DRAWN CART ..... 1 2 f) CAR/TRUCK .... 1 2 g) BOAT WITH MOTOR 1 2	
123	Does any member of this household have a bank account?	YES .... 1 NO 2	
123A	How far is it to the nearest market place? IF LESS THAN ONE KM, ENTER 00. IF MORE THAN 95 KM, ENTER 95.	KILOMETRES .... ☐☐	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY .... 3 LESS OFTEN THAN ONCE A MONTH .... 4 NEVER 5	
124A	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS .... ☐☐	
124B	In the past week, on how many days did the household eat meat or fish?	DAYS .... ☐	
124C	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER .... 1 SELDOM .... 2 SOMETIMES .... 3 OFTEN .... 4 ALWAYS 5	
124D	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? Would you say it never happened? Rearely happended? Happended sometimes or Often?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
124E	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? Would you say it never happened? Rearely happended? Happended sometimes or Often?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
124F	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? Would you say it never happened? Rearely happended? Happended sometimes or Often?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
124G	How far is it to the nearest health facility? IF LESS THAN ONE KM, ENTER '00'. IF MORE THAN 95 KM, ENTER '95'.	KILOMETRES .... ☐☐	
124H	If you were to go to the nearest health facility, how would usually you go there?	CAR/MOTORCYCLE .... 1 PUBLIC TRANSPORT (BUS, TAXI) .... 2 ANIMAL/ANIMAL CART .... 3 WALKING .... 4 BICYCLE .... 5 OTHER _____ 6 (SPECIFY)	
124I	Did your household receive cash/food/other assistance from government or non Government organisations	YES, CASH 01 YES, FOOD 02 YES, OTHER ASSISTANCE _____ 03 (SPECIFY) NO .... 2 DON'T KNOW 8	┐→ 125
124J	What is the name of the organisation/program that provide this assistance	GOVERNMENT A NON GOVERNMENT _____ B (SPECIFY) PROGRAM _____ C OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124K	When was the last time? IF LESS THAN 2 YEARS, RECORD NUMBER OF MONTH. IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO ☐☐ YEARS AGO ☐☐	
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . A PRIVATE COMPANY . . . . B NONGOVERNMENTAL ORGANIZATION (NGO) . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
127	Does your household have any mosquito nets?	YES . . . . 1 NO 2	→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . ☐	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S). IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE . . . . 1 SOLID WHITI . . . . 2 BLUE AND WHITE STRIPEI 3 OTHER 6 _____ (SPECIFY)	SOLID BLUE . . . . 1 SOLID WHITI . . . . 2 BLUE AND WHITE STRIPE 3 OTHER 6 _____ (SPECIFY)	SOLID BLUE . . . . 1 SOLID WHITI . . . . 2 BLUE AND WHITE STRIPEI 3 OTHER 6 _____ (SPECIFY)
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98
134	Did you get the net through Government's net distribution campagin to households, during an antenatal care visit, or during an immunization visit?	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4
135	Where did you get the net?	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98
136	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8

		NET #1	NET #2	NET #3
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. . . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ NAME _____ LINE NO. . . . . ☐☐ GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139

137A	Why not?
	
	RECORD ALL MENTIONED
		NO MOSQUITOE . . . . A
		NO MALARIA NOW . . . . . . B
		TOO HOT C
		DON'T LIKE SMELL . . . . . . D
		FEEL CLOSED IN/
		   AFRAID . . . . E
		NET TOO OLD/TORN F
		NET TOO DIRTY . . . . . G
		NET NOT AVAILABLE
		   LAST NIGHT/NET
		   BEING WASH . . . . H
		USUAL USER(S) DID
		   NOT SLEEP HERE
		   LAST NIGHT I
		NET TOO SMALL . . . . J
		SAVING NET FOR
		   LATER . . . . K
		NO LONGER KILLS/
		   REPELS MOSQ. L
		
		OTHER _____ X
		   (SPECIFY)
		
		DON'T KNOW . . . . Z
			NO MOSQUITOE . . . . A
			NO MALARIA NOW . . . . . . B
			TOO HOT C
			DON'T LIKE SMELL . . . . . . D
			FEEL CLOSED IN/
			   AFRAID . . . . E
			NET TOO OLD/TORN F
			NET TOO DIRTY . . . . . G
			NET NOT AVAILABLE
			   LAST NIGHT/NET
			   BEING WASH . . . . H
			USUAL USER(S) DID
			   NOT SLEEP HERE
			   LAST NIGHT I
			NET TOO SMALL . . . . J
			SAVING NET FOR
			   LATER . . . . K
			NO LONGER KILLS/
			   REPELS MOSQ. L
			
			OTHER _____ X
			   (SPECIFY)
			
			DON'T KNOW . . . . Z
				NO MOSQUITOE . . . . A
				NO MALARIA NOW . . . . . . B
				TOO HOT C
				DON'T LIKE SMELL . . . . . . D
				FEEL CLOSED IN/
				   AFRAID . . . . E
				NET TOO OLD/TORN F
				NET TOO DIRTY . . . . . G
				NET NOT AVAILABLE
				   LAST NIGHT/NET
				   BEING WASH . . . . H
				USUAL USER(S) DID
				   NOT SLEEP HERE
				   LAST NIGHT I
				NET TOO SMALL . . . . J
				SAVING NET FOR
				   LATER . . . . K
				NO LONGER KILLS/
				   REPELS MOSQ. L
				
				OTHER _____ X
				   (SPECIFY)
				
				DON'T KNOW . . . . Z

138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

		NET #4	NET #5	NET #6
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S). IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE . . . . 1 SOLID WHITE . . . . 2 BLUE AND WHITE STRIPE 3 OTHER . . . . 6 _____ (SPECIFY)	SOLID BLUE . . . . 1 SOLID WHITE . . . . 2 BLUE AND WHITE STRIPE 3 OTHER . . . . 6 _____ (SPECIFY)	SOLID BLUE . . . . 1 SOLID WHITE . . . . 2 BLUE AND WHITE STRIPE 3 OTHER . . . . 6 _____ (SPECIFY)
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98	MONTHS AGO . . . . . [ ] MORE THAN 36 MONTHS AGO . . . . . 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98	**LONG-LASTING INSECTICIDE-TREATED NET (LLIN)** PERMANENT . . . . 11 OLYSET . . . . 12 NETPROTEC . . . . 13 DURANET . . . . 14 OTHER/DON'T KNOW 16 (SKIP TO 134) OTHER TYPE . . . . 96 DON'T KNOW TYPE . . 98
134	Did you get the net through Government's net distribution campagin to households, during an antenatal care visit, or during an immunization visit?	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4	YES, NET DISTRIBUTION CAMPAIGN . . . . 1 YES, ANC . . . . 2 YES, IMMUNIZATION VISIT . . . . 3 (SKIP TO 136) NO 4
135	Where did you get the net?	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98	**GOVERNMENT OR PARASTATAL** GOVT. HEALTH FACILITY . . . . 01 PRIVATE HEALTH FACILITY . . . . 02 PHARMACY . . . . 03 SHOP/MARKET . . . . . 04 CBD . . . . 05 RELIGIOUS INSTITUTION . . . . . 06 SCHOOL . . . . 07 OTHER . . . . 08 DON'T KNOW 98
136	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137A) NOT SURE 8

		NET #4	NET #5	NET #6
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. . . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] - - - - - - - - - - - - - - - - NAME _____ LINE NO. . . . . [ ][ ] GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139

137A	Why not?
	
	RECORD ALL MENTIONED
		NO MOSQUITOE . . . . A
		NO MALARIA NOW . . . . . . B
		TOO HOT C
		DON'T LIKE SMELL . . . . . . D
		FEEL CLOSED IN/
		   AFRAID . . . . E
		NET TOO OLD/TORN F
		NET TOO DIRTY . . . . . G
		NET NOT AVAILABLE
		   LAST NIGHT/NET
		   BEING WASH . . . . H
		USUAL USER(S) DID
		   NOT SLEEP HERE
		   LAST NIGHT I
		NET TOO SMALL . . . . J
		SAVING NET FOR
		   LATEF . . . . K
		NO LONGER KILLS/
		   REPELS MOSQ. L
		
		OTHER _____ X
		    (SPECIFY)
		
		DON'T KNOW . . . . Z
			NO MOSQUITOE . . . . A
			NO MALARIA NOW . . . . . . B
			TOO HOT C
			DON'T LIKE SMELL . . . . . . D
			FEEL CLOSED IN/
			   AFRAID . . . . E
			NET TOO OLD/TORN F
			NET TOO DIRTY . . . . . G
			NET NOT AVAILABLE
			   LAST NIGHT/NET
			   BEING WASH . . . . H
			USUAL USER(S) DID
			   NOT SLEEP HERE
			   LAST NIGHT I
			NET TOO SMALL . . . . J
			SAVING NET FOR
			   LATEF . . . . K
			NO LONGER KILLS/
			   REPELS MOSQ. L
			
			OTHER _____ X
			    (SPECIFY)
			
			DON'T KNOW . . . . Z
				NO MOSQUITOE . . . . A
				NO MALARIA NOW . . . . . . B
				TOO HOT C
				DON'T LIKE SMELL . . . . . . D
				FEEL CLOSED IN/
				   AFRAID . . . . E
				NET TOO OLD/TORN F
				NET TOO DIRTY . . . . . G
				NET NOT AVAILABLE
				   LAST NIGHT/NET
				   BEING WASH . . . . H
				USUAL USER(S) DID
				   NOT SLEEP HERE
				   LAST NIGHT I
				NET TOO SMALL . . . . J
				SAVING NET FOR
				   LATEF . . . . K
				NO LONGER KILLS/
				   REPELS MOSQ. L
				
				OTHER _____ X
				    (SPECIFY)
				
				DON'T KNOW . . . . Z

138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE .... 1 OBSERVED, MOBILE .... 2 NOT OBSERVED, 　NOT IN DWELLING/YARD/PLOT .... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE .... 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT 　(BAR, LIQUID, POWDER, PASTE) .... A ASH, MUD, SAND .... B NONE C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	**NATURAL FLOOR** 　NO WALL . . . . 11 　EARTH/SAND .... 12 　DUNG .... 13 **RUDIMENTARY FLOOR** 　WOOD PLANKS .... 21 　PALM/BAMBOO .... 22 **FINISHED FLOOR** 　PARQUET OR POLISHED WOOD .... 31 　VINYL OR ASPHALT STRIPS .... 32 　CERAMIC TILES, TERRAZZO .... 33 　CEMENT/CONCRETE .... 34 　CARPET .... 35 OTHER _____ 96 　　　　　　　(SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	**NATURAL ROOFING** 　NO ROOF .... 11 　GRASS/THATCH/PALM LEAF/MUI .... 12 **RUDIMENTARY ROOFING** 　RUSTIC MAT .... 21 　PALM/BAMBOO .... 22 　WOOD PLANKS .... 23 **FINISHED ROOFING** 　IRON SHEET .... 31 　CONCRETE .... 32 　TILES .... 33 OTHER _____ 96 　　　　　　　(SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** 　GRASS .... 11 　CANE/PALM/TRUNKS/BAMBOO 12 **RUDIMENTARY WALLS** 　POLES WITH MUD .... 21 　STONE WITH MUD .... 22 　WOOD,TIMBER .... 23 **FINISHED WALLS** 　CEMENT/CONCRET................... 26 　STONE WITH LIME/CEMENT .... 27 　SUN-DRIED BRICKS/MUD BRICK .... 28 　BAKED BRICKS .... 29 　CEMENT BLOCKS .... 30 OTHER _____ 96 　　　　　　　(SPECIFY)	
145	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household? TEST SALT FOR IODINE.	IODINE PRESENT .... 1 NO IODINE .... 2 NO SALT IN HOUSEHOLD .... 3 SALT NOT TESTED _____ 6 　　　　　　(SPECIFY REASON)	
146	CHECK COVER OF HOUSEHOLD QUESTIONNAIRE. IF HOUSEHOLD SELECTED FOR ADDITIONAL SALT TESTING ASK FOR ADDITIONAL FULL TABLESPOON OF SALT. PLACE SALT IN CONTAINER PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S CONTAINER OF SALT AND THE 3RD ON THE TRANSIMITAL FORM		

INPATIENT HEALTH EXPENDITURES MODULE

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ONE OR MORE INPATIENTS ☐ ↓ NO INPATIENTS ☐ ⟶ 301

202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. THEN ASK: Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).

203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER . . . . . ☐☐	INPATIENT LINE NUMBER . . . . . ☐☐	INPATIENT LINE NUMBER . . . . . ☐☐
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME _____	NAME _____	NAME _____

205	Where did (NAME) most recently stay overnight for health care?	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER . . . 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITAl . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER . . . 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER . . . 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY
206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER 06 (SPECIFY)
207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998
207A	Who pay for your health care?	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER 6 (SPECIFY)
208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES . . . . 1 NO . . . . 2 (GO TO 218)	YES . . . . 1 NO . . . . 2 (GO TO 218)	YES . . . . 1 NO . . . . 2 (GO TO 218)

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NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
209 Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITAl . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER 96 SPECIFY
210 What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)
211 How much money was spent on treatment and services(NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998	COST ☐☐☐☐ NO COST/ FREE . . . . 0000 IN KIND ONLY . . . . . 9995 DON'T KNOW 9998
211A Who pay for your health care?	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)
212 Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES . . . . 1 NO . . . . 2⌐ (GO TO 218) ←	YES . . . . 1 NO . . . . 2⌐ (GO TO 218) ←	YES . . . . 1 NO . . . . 2⌐ (GO TO 218) ←
213 Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITAl . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER _____ 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER _____ 96 SPECIFY	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIIONAL HOSPITAL . . 22 DISTRICT HOSPITA . . . . . 23 HEALTH CENTR . . . . 24 DISPENSARY . . . . 25 CHW/CBD WORKER ... 26 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSP. 31 DISTRICT HOSPITAL . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . 34 **PRIVATE** . . . . SPECIALISED HOSPIT. . . 41 HOSPITA . . . . 42 HEALTH CENTR . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 45 OTHER _____ 96 SPECIFY

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____

214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY 03
		OTHER
		
		_____ 06
		(SPECIFY)
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY 03
			OTHER
			
			_____ 06
			(SPECIFY)
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY 03
				OTHER
				
				_____ 06
				(SPECIFY)

215	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST
		
		☐☐☐☐
		
		NO COST/
		  FREE 0000
		IN KIND ONLY 9995
		DON'T KNOW 9998
			COST
			
			☐☐☐☐
			
			NO COST/
			  FREE 0000
			IN KIND ONLY 9995
			DON'T KNOW 9998
				COST
				
				☐☐☐☐
				
				NO COST/
				  FREE 0000
				IN KIND ONLY 9995
				DON'T KNOW 9998

215A	Who pay for your health care?	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)
216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES .... 1 NO .... 2⌐ (GO TO 220) ←	YES .... 1 NO .... 2⌐ (GO TO 220) ←	YES .... 1 NO .... 2⌐ (GO TO 220) ←
217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS ☐☐	NUMBER OF INPATIENT VISITS ☐☐	NUMBER OF INPATIENT VISITS ☐☐
220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301

301   CHECK COLUMN 25:

ONE OR MORE ELIGIBLE ☐   NO ELIGIBLE ☐
OUTPATIENTS ↓   OUTPATIENTS ────────────────→ 311

TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE

LAST DIGIT OF THE HOUSE-HOLD QUESTION-NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	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

302
NAME
OF SELECTED OUTPATIENT _____

HH LINE NUMBER
OF SELECTED OUTPATIENT ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	**GOVERNMENT/PARASTATAL** NATIONAL/ZONAL/SPEC.HOSPITAL . . . . . 21 REGIIONAL HOSPITAL . . . . 22 DISTRICT HOSPITA . . . . 23 HEALTH CENTR . . . . 24 DISPENSAR` . . . . 25 CHW/CBD WORKER . . . . 26 **RELIGIOUS/VOLUNTARY** . . . . REFERAL/SPEC. HOSPITA . . 31 DISTRICT HOSPITA . . . . 32 HEALTH CENTR . . . . 33 DISPENSAR` . . . . . . . . . . . . . 34  **PRIVATE** SPECIALISED HOSPIT/ . . . . . . . . . . . . . . . . . 41 HOSPITAL       . . . . . . . . . . . . . . . . . 42 HEALTH CENTR . . . . . . . . . . . . . . . . . . . . . 43 DISPENSAR` . . . . 44 TRADITIONAL HEALER/ALTERNATIVE MEL . . 45 PHARMACY/DRUG SHOP . . . . 46 OTHER _____ 96 (SPECIFY)	

304	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01
		ANTENATAL CARE/
		   DELIVERY/
		   POSTNATAL CARE 02
		MALARIA 03
		FEVER 04
		DIARRHEA 05
		HIV/AIDS/STD 06
		OTHER ILLNESS 07
		CHECK-UP/
		   PREVENTIVE CARE 08
		ACCIDENT/INJURY 09
		OTHER _____ 96
		              (SPECIFY)
		MISSING/DON'T KNOW 98	

305	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST . . . . [ ][ ][ ] NO COST/FREE . . . . 99998 IN KIND . . . . 99998 DON'T KNOW . . . . 99998 (GO TO HE34)	→ 306
305A	Who pay for your health care?	INSURANCE 1 SELF 2 EMPLOYER 3 INSURANCE AND SELF 4 OTHER _____ 6 (SPECIFY)	
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES 1 NO 2	→ 311
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . [ ][ ]	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . [ ][ ]	
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST . . . . [ ][ ][ ][ ] NONE . . . . 00000 IN KIND ONLY . . . . 99995 DON'T KNOW 99998	
312	RECORD THE TIME.	HOURS . . . . [ ][ ] MINUTES . . . . [ ][ ]	

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE

LAST DIGIT OF THE HOUSE-HOLD QUESTION-NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN [ ][ ]

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

EDITOR'S OBSERVATIONS

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