

TANZANIA DEMOGRAPHIC AND HEALTH AND MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

QST No.

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IDENTIFICATION				
REGION	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
DISTRICIT	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
WARD	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
LARGE CITY, MUNICIPALITY, SMALL TOWN, COUNTRISIDE	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
LARGE CITY=1, MUNICIPALITY=2, SMALL TOWN=3, RURAL=4				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
HOUSEHOLD NUMBER	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
HOUSEHOLD SELECTED FOR MAN'S SURVEY, SALT AND URINE TESTING? (1=YES, 2=.....)				
CITY: DSM, TANGA, MWANZA MUNICIPALITY = DODOMA, KILIMANJARO, MOROGORO, PWANI, LINDI, MTWARA SONGEA, IRINGA, SINGIDA, TABORA, RUKWA, SHINYANGA, KAGERA, MARA, MJINI MAGHARIBI, WETE, CHAKE CHAKE, MKOANI. SMALL TOWN: ALL OTHER CITIES. RURAL: ALL OTHER AREAS				

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table>					2	0	1	
2	0	1										
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

LANGUAGE OF QUESTIONNAIRE**

0	1
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 LANGUAGE OF INTERVIEW**

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 TRANSLATOR USED (YES = 1, NO = 2)

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LANGUAGE OF QUESTIONNAIRE** **ENGLISH** **LANGUAGE CODES:
01 ENGLISH
02 KISWAHILI

SUPERVISOR _____ NAME	FIELD EDITOR _____ NAME	OFFICE EDITOR _____ NAME	KEYED BY _____ NAME										
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER		

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Bureau of Statistics (NBS). We are conducting a survey about health and other topics 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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">HOURS</td> <td style="width: 20%; text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> </td> </tr> <tr> <td>MINUTES</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> </td> </tr> <tr> <td>MORNING</td> <td style="text-align: right;">1</td> </tr> <tr> <td>AFTERNOON</td> <td style="text-align: right;">2</td> </tr> <tr> <td>EVENING</td> <td style="text-align: right;">3</td> </tr> </table>	HOURS	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					MINUTES	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					MORNING	1	AFTERNOON	2	EVENING	3
HOURS	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>																			
MINUTES	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>																			
MORNING	1																			
AFTERNOON	2																			
EVENING	3																			

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	CHECK COLUMN 4 AND 7		
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 5-25 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 CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	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 HOUSEHOLD**
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = CO-WIFE
 - 10 = OTHER RELATIVE
 - 11 = ADOPTED/FOSTER/STEPCHILD
 - 12 = NOT RELATED
 - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				BIRTH REGISTRATION	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		
	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'.	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	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.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	

D

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 COMPL
 (USE '00' FOR Q. 17 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR Q. 19.)
 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	CHECK COLUMN 4 AND 7		
1	2	3	4	5	6	7	8	9	10	11
	<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 THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</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) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

CHECK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|--------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = CO-WIFE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = OTHER RELATIVE |
| 05 = GRANDCHILD | 11 = ADOPTED/FOSTER/STEP CHILD |
| 06 = PARENT | 12 = NOT RELATED |
| | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

LINE NO.	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS	
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	12	13	14	15	16	17	18	19	20
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>

D

CODES FOR Qs. 17 AND 19: EDUCATION

- | | |
|--|-----------------------------|
| LEVEL | GRADE |
| 0 = PRE-PRIMARY | 00 = LESS THAN 1 YEAR COMPL |
| 1 = PRIMARY | (USE '00' FOR Q. 17 ONLY.) |
| 2 = POST PRIMARY TRAINING | THIS CODE IS NOT ALLOWE |
| 3 = SECONDARY 'O' LEVEL | FOR Q. 19.) |
| 4 = POST SECONDARY 'O' LEVI98 = DON'T KNOW | |
| 5 = SECONDARY 'A' LEVEL | |
| 6 = POST SECONDARY 'A' LEVEL | |
| 7 = UNIVERSITY | |
| 8 = DON'T KNOW | |

HOUSEHOLD CHARACTERISTICS

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 → 102 → 103
101A	Which agency is providing water at your main source?	AUTHORITY 1 CBO 2 PRIVATE OPERATOR 3 DONT KNOW 8	→ 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 <input type="text"/> <input type="text"/> <input type="text"/> DONT 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 DONT KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 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 DONT KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DONT 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) DONT 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 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DONT 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 CROP RESIDUALS,STRAW,GRASS 06 ANIMAL DUNC 07 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 115A

HOUSEHOLD CHARACTERISTICS

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 _____ 96 (SPECIFY)																												
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																												
116A	How many sleeping spaces such as mats, rugs, mattresses or beds are used in this household?	SLEEPING SPACES <input type="text"/> <input type="text"/>																												
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 <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> <input type="text"/>																												
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?	HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 DONT KNOW 998																												
121	Does your household have:	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) Electricity that is connected?</td> <td>a) ELECTRICITY 1</td> <td>2</td> </tr> <tr> <td>b) A radio in working condition?</td> <td>b) RADIO 1</td> <td>2</td> </tr> <tr> <td>c) A television in working condition?</td> <td>c) TELEVISION 1</td> <td>2</td> </tr> <tr> <td>d) A non-mobile telephone in working condition?</td> <td>d) NON-MOBILE TELEPHONE .. 1</td> <td>2</td> </tr> <tr> <td>e) A computer in working conditions?</td> <td>e) COMPUTER 1</td> <td>2</td> </tr> <tr> <td>f) A refrigerator in working condition?</td> <td>f) REFRIGERATOR 1</td> <td>2</td> </tr> <tr> <td>g) A battery or Generator for power?</td> <td>g) BATTERY 1</td> <td>2</td> </tr> <tr> <td>h) An iron (charcoal or electricity)</td> <td>h) IRON 1</td> <td>2</td> </tr> </table>		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	
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a) Electricity that is connected?	a) ELECTRICITY 1	2																												
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h) An iron (charcoal or electricity)	h) IRON 1	2																												

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
		YES	NO		
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?	a) WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/SCOOTER 1 e) ANIMAL-DRAWN CART 1 f) CAR/TRUCK 1 g) BOAT WITH MOTOR 1	2 2 2 2 2 2 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	<input type="text"/> <input type="text"/>		
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	<input type="text"/> <input type="text"/>		
124B	In the past week, on how many days did the household eat meat or fish?	DAYS	<input type="text"/>		
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? Rarely happened? Happened 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? Rarely happened? Happened 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? Rarely happened? Happened 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	<input type="text"/> <input type="text"/>		
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 ever receive any (NAME OF ASSISTANCE) from government or non Government organisations?	124J What is the name of the organisation or program that provided this assistance?			
			GOVERN- MENT	NON GVT PROGRAM	
		a) CASH ASSISTANCE	YES 1 → NO 2 DK 8	1 2 _____ SPECIFY	
		b) FOOD ASSISTANCE	YES 1 → NO 2 DK 8	1 2 _____ SPECIFY	
	c) OTHER ASSISTANCE _____ SPECIFY	YES 1 → NO 2 DK 8	1 2 _____ SPECIFY		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124J1	CHECK 124I, AT LEAST ONE YES CIRCLED? YES <input data-bbox="662 197 699 222" type="checkbox"/> ↓	NO <input data-bbox="943 197 980 222" type="checkbox"/> →	125

MOSQUITO 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 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 <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> 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 BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 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 BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 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 BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE 96 DON'T KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) NO 5	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) NO 5	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) NO 5
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 ADDO 04 SHOP/MARKET 05 CHW 06 RELIGIOUS INSTITUTION 07 SCHOOL 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 ADDO 04 SHOP/MARKET 05 CHW 06 RELIGIOUS INSTITUTION 07 SCHOOL 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 ADDO 04 SHOP/MARKET 05 CHW 06 RELIGIOUS INSTITUTION 07 SCHOOL 08 OTHER 96 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

MOSQUITO NETS

		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. <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"/>
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		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"/>
		GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139
137A	Why not? RECORD ALL MENTIONED	NO MOSQUITOES 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 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.

MOSQUITO NETS

		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 QUESTIONNAIRE(S).	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 <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> 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 BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE 96 DONT KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANENT 11 OLYSET 12 NETPROTEC 13 DURANET 14 OTHER/DON'T KNOW BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE 96 DONT KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANENT 11 OLYSET 12 NETPROTEC 13 DURANET 14 OTHER/DON'T KNOW BRAND 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE 96 DONT KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) ← NO 5	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) ← NO 5	YES, NET DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SNP 4 (SKIP TO 136) ← NO 5
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 08 DONT KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 08 DONT KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 08 DONT 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


MOSQUITO NETS

		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. <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"/>
		GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139
137A	Why not? RECORD ALL MENTIONED	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TOR F NET TOO DIRTY G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED 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 MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TOR F NET TOO DIRTY G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED 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 MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TOR F NET TOO DIRTY G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED 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.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

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 EARTH/SAND 11 DUNG 12 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/MUD 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 NO WALL 11 GRASS 12 CANE/PALM/TRUNKS/BAMBOO 13 RUDIMENTARY WALLS POLES WITH MUD 21 STONE WITH MUD 22 WOOD, TIMBER 23 FINISHED WALLS CEMENT/CONCRETE 31 STONE WITH LIME/CEMENT 32 SUN-DRIED BRICKS/MUD BRICK 33 BAKED BRICKS 34 CEMENT BLOCKS 35 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
145	<p>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?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1 NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>	
146	<p>CHECK COVER OF HOUSEHOLD QUESTIONNAIRE. IF HOUSEHOLD SELECTED FOR ADDITIONAL SALT TESTING ASK FOR ADDITIONAL FULL TABLESPOON OF SALT. PLACE SALT IN CONTAINER</p> <p>PUT THE 1ST BAR CODE LABEL HERE </p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S CONTAINER OF SALT AND THE 3RD ON THE TRANSIMITAL FORM</p>		

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT																																
		NAME _____	NAME _____	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 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITAL 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 OTHER _____ 96 SPECIFY	GOVERNMENT/PARASTATAL NATIONAL/ZONAL/ SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITA 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 OTHER _____ 96 SPECIFY	GOVERNMENT/PARASTATAL NATIONAL/ZONAL/ SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITA 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 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 in total did you or any other member of your household spend on the 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	COST (TSH) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> NO COST/ FREE 00000000 IN KIND ONL 99999995 DON'T KNOW 99999998											COST (TSH) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> NO COST/ FREE 00000000 IN KIND ONL 99999995 DON'T KNOW 99999998											COST (TSH) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> NO COST/ FREE 00000000 IN KIND ONL 99999995 DON'T KNOW 99999998										
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 220) ←	YES 1 NO 2 (GO TO 220) ←	YES 1 NO 2 (GO TO 220) ←																														
213	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	GOVERNMENT/PARASTATAL NATIONAL/ZONAL/ SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITAL 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 OTHER _____ 96 SPECIFY	GOVERNMENT/PARASTATAL NATIONAL/ZONAL/ SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITA 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 OTHER _____ 96 SPECIFY	GOVERNMENT/PARASTATAL NATIONAL/ZONAL/ SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSARY 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DDF- 32 HOSPITAL 33 HEALTH CENTRE 34 DISPENSARY 35 CLINIC 36 PRIVATE SPECIALISED HOSPIT. . . 41 HOSPITA 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46 OTHER _____ 96 SPECIFY																														

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES MODULE

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE
OUTPATIENTS

NO ELIGIBLE
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 HOUSEHOLD QUESTIONNAIRE 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

OUTPATIENT HEALTH EXPENDITURES MODULE

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.HOSPIT. 21 REGIONAL HOSPITAL 22 REGIONAL HOSPITAL 23 DISTRICT HOSPITA 24 HEALTH CENTR 25 DISPENSAR' 26 CLINIC 27 CHW 28 RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSF 31 DISTRICT HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 PRIVATE SPECIALISED HOSPIT. 41 HOSPITAL 42 HEALTH CENTR 43 DISPENSAR' 44 CLINIC 45 TRADITIONAL HEALER/ALTERNATIVE MEL 46 PHARMACY 47 ADDO 48 OTHER _____ 96 SPECIFY _____	
304	How much money in total did you or any other member of your household spend 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 (TSH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
305	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	
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 <input type="text"/> <input type="text"/>	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY <input type="text"/> <input type="text"/>	
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 (TSH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 000000 IN KIND ONLY 999995 DON'T KNOW 999998	

SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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 HOUSEHOLD QUESTIONNAIRE 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	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

RECORD THE TIME.	<table style="width: 100%;"> <tr> <td>HOURS</td> <td style="text-align: center;"> <table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> <tr> <td>MINUTES</td> <td style="text-align: center;"> <table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> <tr> <td>MORNING</td> <td style="text-align: right;">1</td> </tr> <tr> <td>AFTERNOON</td> <td style="text-align: right;">2</td> </tr> <tr> <td>EVENING</td> <td style="text-align: right;">3</td> </tr> </table>	HOURS	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					MINUTES	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					MORNING	1	AFTERNOON	2	EVENING	3
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MORNING	1																		
AFTERNOON	2																		
EVENING	3																		

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
