25 June 2008

C O N F I D E N T I A L

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008
MODEL HOUSEHOLD QUESTIONNAIRE
WITH HIV/AIDS AND MALARIA MODULES

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007

IDENTIFICATION

STATE _____ . . . .

LOCAL GOVT. AREA _____ . . . .

LOCALITY _____ . . . .

ENUMERATION AREA _____ . . . .

URBAN/RURAL (URBAN=1, RURAL=2) _____ . . . .

CLUSTER NUMBER . . . .

BUILDING NUMBER . . . .

HOUSEHOLD HEAD NAME/NUMBER _____

HOUSEHOLD SELECTED FOR MAN'S QUESTIONNAIRE (YES=1, N0=2) . . . .

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	2 0 0 8
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
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

	HAUSA	YORUBA	IGBO	ENGLISH	OTHER		TRANSLATOR USED?	YES	NO
LANGUAGE OF INTERVIEW	1	2	3	4	6_____ SPECIFY			1	2
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	6_____ SPECIFY				

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

ENGLISH

Introduction and Consent

Greetings. My name is _____ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of February 22, 2008 to February 23, 2009. We would very much appreciate your participitation. in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any queries, feel free to call any of the following contact person(s):

2008 NDHS Contact Person: Project Director; **Email:** saligar58@yahoo.com; **Phone**: 08033708114
NHREC Dontact Person(s): Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791
                Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be. confidential. Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
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
                                                                ↓

HOUSEHOLD SCHEDULE

			SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD								IF AGE 15 OR OLDER	
	Please give me the names of the persons who usually live in your household and guests of the household who slept 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 5-38 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) sleep here last night?	How old was (NAME) as at last birthday?	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 WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
01			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	02
03			1 2	1 2	1 2			03	03	03	03
04			1 2	1 2	1 2			04	04	04	04
05			1 2	1 2	1 2			05	05	05	05
06			1 2	1 2	1 2			06	06	06	06
07			1 2	1 2	1 2			07	07	07	07
08			1 2	1 2	1 2			08	08	08	08
09			1 2	1 2	1 2			09	09	09	09
10			1 2	1 2	1 2			10	10	10	10

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ 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 slept 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 = BROTHER-IN-LAW/SISTER-IN-LAW
10 = NIECE/NEPHEW BY BLOOD
11 = NIECE/NEPHEW BY MARRIAGE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

(1) LINE NO.	(2) USUAL RESIDENTS AND VISITORS	(3) RELATIONSHIP TO HEAD OF HOUSEHOLD	(4) SEX	(5) RESIDENCE	(6)	(7) AGE	(8) MARITAL STATUS	IF AGE 15 OR OLDER (9) ELIGIBILITY	(9A)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who slept 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 5-38 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) sleep here last night?	How old was (NAME) as at last birthday?	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 WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F / 1 2	Y N / 1 2	Y N / 1 2	IN YEARS					
11		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	11	11	11	11
12		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	12	12	12	12
13		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	13	13	13	13
14		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	14	14	14	14
15		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	15	15	15	15
16		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	16	16	16	16
17		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	17	17	17	17
18		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	18	18	18	18
19		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	19	19	19	19
20		☐ ☐	1 2	1 2	1 2	☐ ☐	☐	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ⌐ 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 slept here last night, who have not been listed? YES ⌐ ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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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 = BROTHER-IN-LAW/SISTER-IN-LAW
10 = NIECE/NEPHEW BY BLOOD
11 = NIECE/NEPHEW BY MARRIAGE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	Y N DK 1 2 8	Y N DK 1 2 — 8 GO TO 16	☐☐	Y N DK 1 2 8	Y N DK 1 2 — 8 GO TO 19	☐☐	Y N DK 1 2 8	01	1 2 GO TO 23
02	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	02	1 2 GO TO 23
03	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	03	1 2 GO TO 23
04	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	04	1 2 GO TO 23
05	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	05	1 2 GO TO 23
06	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	06	1 2 GO TO 23
07	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	07	1 2 GO TO 23
08	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	08	1 2 GO TO 23
09	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	09	1 2 GO TO 23
10	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	10	1 2 GO TO 23

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	Y 1 N 2 DK 8	Y 1 N 2 GO TO 16 DK 8	☐☐	Y 1 N 2 DK 8	Y 1 N 2 GO TO 19 DK 8	☐☐	Y 1 N 2 DK 8	11	1 2 GO TO 23
12	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	12	1 2 GO TO 23
13	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	13	1 2 GO TO 23
14	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	14	1 2 GO TO 23
15	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	15	1 2 GO TO 23
16	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	16	1 2 GO TO 23
17	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	17	1 2 GO TO 23
18	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	18	1 2 GO TO 23
19	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	19	1 2 GO TO 23
20	1 2 8	1 2 GO TO 16 8	☐☐	1 2 8	1 2 GO TO 19 8	☐☐	1 2 8	20	1 2 GO TO 23

	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
LINE NO.	BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR
01	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
02	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
03	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
04	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
05	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
06	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
07	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
08	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
09	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐
10	1 2 — 8 GO TO 23	1 2	1 2 GO TO 29	☐☐	1 2 GO TO 27	☐☐	1 2 GO TO 29	☐☐

CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:
0=PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION YEAR:
01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARDEN LEVEL
01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
       (USE '00' FOR Q. 24 ONLY.
       THIS CODE IS NOT ALLOWED
       FOR QS. 26 AND 28)
98 = DON'T KNOW

*FOR "HIGHER", TOTAL THE NUMBER OF YEARS
   AT THE POST-SECONDARY LEVEL

	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
LINE NO.	BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters age 0 - 17 who have the same mother and the same father?	Do any of these brothers and sisters age 0 - 17 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2007 - 2008) school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006 - 2007)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR
11	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
12	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
13	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
14	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
15	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
16	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
17	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
18	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
19	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐
20	1 2 ─ 8 GO TO 23	1 2	1 2 GO TO 29	☐ ☐	1 2 GO TO 27	☐ ☐	1 2 GO TO 29	☐ ☐

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EDUCATION YEAR:
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01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
         (USE '00' FOR Q. 24 ONLY.
         THIS CODE IS NOT ALLOWED
         FOR QS. 26 AND 28)
98 = DON'T KNOW

***FOR "HIGHER", TOTAL THE NUMBER OF YEARS
         AT THE POST-SECONDARY LEVEL**

	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS
LINE NO.	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
							ONCHO-CERIASIS	LYMPHATIC FILARIASIS	GUINEA WORM	SCHISTO-SOMIASIS	
	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/ HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2= NOT SEEN	In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	In the last 12 months, has (NAME) taken any drug for bilharazia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?
	(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)
	Y N DK	Y N DK	Y N DK	Y N DK			Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
01	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
02	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
03	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
04	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
05	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
06	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
07	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
08	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
09	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
10	1 2 8	1 2 8	1 2 8	1 2 ─┬─ 8 ↓ GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGES 5-17 YEARS
LINE NO.	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
							ONCHO-CERIASIS	LYMPHATIC FILARIASIS	GUINEA WORM	SCHISTO-SOMIASIS	
	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/ HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2= NOT SEEN	In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	In the last 12 months, has (NAME) taken any drug for bilharazia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?
	(29)	(30)	(31)	(32)	'(33)	'(33A)	(34)	(35)	(36)	(37)	(38)
11	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 —— 8 GO TO 34	☐	☐	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8
12	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
16	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
17	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
18	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
19	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
20	1 2 8	1 2 8	1 2 8	1 2 —— 8 GO TO 34	☐	☐	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

39 LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.
CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.
FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'.
IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.
FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED
THE DOMESTIC VIOLENCE QUESTIONS.
SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN
TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

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
		   PUBLIC TAP/STANDPIPE 13
		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)
			→ 106
			
			→ 103
			
			→ 106
			
			→ 103
			
			→ 103

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
		   PUBLIC TAP/STANDPIPE 13
		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
			
			→ 106

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . ☐☐☐ DON'T KNOW 998	

105	Who usually goes to this source to fetch the water for your yourhousehold?	ADULT WOMAN 1
		ADULT WOMAN WITH CHILD 2
		ADULT MAN 3
		FEMALE CHILD
		   UNDER 15 YEARS OLD 4
		MALE CHILD
		   UNDER 15 YEARS OLD 5
		FEMALE AND MALE CHILD
		   UNDER 15 YEARS OLD 6
		ANY HOUSEHOLD MEMBER 7
		
		OTHER _____ 8
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	108

107	What do you usually do to make the water safer to drink?
	
	 Anything else?
	
	 CIRCLE 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
		 ALUM G
		
		 OTHER _____ X
		            (SPECIFY)
		 DON'T KNOW . . . . Z	

108	What kind of toilet facility do members of your household usually use?	**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 22
		   PIT LATRINE WITHOUT SLAB/
		     OPEN PIT 23
		 COMPOSTING TOILET 31
		 BUCKET TOILET 41
		 HANGING TOILET/HANGING
		   LATRINE 51
		 NO FACILITY/BUSH/FIELD 61
		
		 OTHER _____ 96
		           (SPECIFY)
			111

109	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	
111	Does your household have the following items which are in good working order: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A cable TV ? A generating set ? Airconditioner ? A computer ? Electric iron ? A fan ?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR . . . . 1 2 CABLE TV . . . . 1 2 GENERATING SET . . . . 1 2 AIR CONDITIONER . . . . 1 2 COMPUTER . . . . 1 2 ELECTRIC IRON . . . . 1 2 FAN 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG 02
		NATURAL GAS 03
		BIOGAS 04
		KEROSENE 05
		COAL, LIGNITE 06
		CHARCOAL 07
		WOOD 08
		STRAW/SHRUBS/GRASS 09
		AGRICULTURAL CROP 10
		ANIMAL DUNG 11
		
		NO FOOD COOKED
		   IN HOUSEHOLD 95
		
		OTHER _____ 96
		                  (SPECIFY)
			→ 115
			
			→ 117

113	In this household, is food cooked mainly on an open fire, an open stove, or a closed stove?	OPEN FIRE .... 1 OPEN STOVE .... 2 CLOSED STOVE WITH CHIMNEY ..... 3 OTHER _____ 6 (SPECIFY)	→115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY .... 1 HOOD .... 2 NEITHER 3	
115	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)	→117
116	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	

117	MAIN MATERIAL FOR FINISH OF THE FLOOR.
	
	     RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 11
		   DUNG 12
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		   PALM/BAMBOO 22
		FINISHED FLOOR
		   PARQUET OR POLISHED
		      WOOD 31
		   VINYL OR ASPHALT STRIPS 32
		   CERAMIC TILES 33
		   CEMENT 34
		   CARPET/RUG 35
		
		OTHER _____ 96
		                  (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

118	MAIN MATERIAL FOR FINISH OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		  NO ROOF 11
		  THATCH/PALM LEAF 12
		RUDIMENTARY ROOFING
		  RUSTIC MAT 21
		  PALM/BAMBOO 22
		  WOOD PLANKS 23
		  CARDBOARD 24
		FINISHED ROOFING
		  METAL/ZINC 31
		  WOOD 32
		  CERAMIC TILES 33
		  CEMENT 34
		  ROOFING SHINGLES 35
		
		OTHER _____ 96
		        (SPECIFY)	

119	MAIN MATERIAL FOR FINISH OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		  NO WALLS 11
		  CANE/PALM/TRUNKS 12
		  DIRT (MUD) 13
		RUDIMENTARY WALLS
		  BAMBOO WITH MUD 21
		  STONE WITH MUD 22
		  PLYWOOD 23
		  CARDBOARD 24
		  REUSED WOOD 25
		FINISHED WALLS
		  CEMENT 31
		  STONE WITH LIME/CEMENT 32
		  BRICKS 33
		  CEMENT BLOCKS 34
		  WOOD PLANKS/SHINGLES 35
		
		OTHER _____ 96
		        (SPECIFY)	

120A	How many rooms in total are in your household, including rooms for sleeping and all other rooms?	ROOMS (TOTAL) . . . . ☐☐	
120B	How many rooms are used for sleeping in your household?	NUMBER OF ROOMS (SLEEPING) ☐☐	
121	Does any member of this household own: A canoe? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	YES NO CANOE . . . . 1 2 BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . 1 2 ANIMAL-DRAWN CART . . . 1 2 CAR/TRUCK . . . . 1 2 BOAT WITH MOTOR 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 124

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How much of agricultural land do members of this household own?	PLOT .... 1 ☐☐ ACRES .... 2 ☐☐ HECTARES .... 3 ☐☐ 95 OR MORE PLOTS/ACRES/ HECTARES 995 DON'T KNOW 998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES .... 1 NO .... 2 → 126	

125	How many of the following animals does this household own?
	IF NONE, ENTER '00'.
	IF MORE THAN 95, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	Milk cows or bulls?
	
	Horses, donkeys, or mules?
	
	Goats?
	
	Sheep?
	
	Chickens/Ducks?
	
	Pigs?
	
	Other _____
	        (SPECIFY)
	
	Other _____
	        (SPECIFY)
		
		COWS/BULLS .... ☐☐
		
		HORSES/DONKEYS/MULES . ☐☐
		
		GOATS .... ☐☐
		
		SHEEP .... ☐☐
		
		CHICKENS/DUCKS .... ☐☐
		
		PIGS .... ☐☐
		
		OTHER .... ☐☐
		
		OTHER .... ☐☐	

126	Does any member of this household have a bank account?	YES .... 1 NO 2	
127	Does your household have any mosquito nets that can be used while sleeping?	YES .... 1 NO .... 2 → 138	
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 THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	Is this net an untreated net, a long-lasting net, or a re-treatable net?	UNTREATED NET 11 (SKIP TO 135) ←┘ LONG-LASTING NET .... 21 (SKIP TO 135) ←┘ RE-TREATABLE NET .... 31 (SKIP TO 133) ←┘ OTHER .... 41 DON'T KNOW 98	UNTREATED NET 11 (SKIP TO 135) ←┘ LONG-LASTING NET .... 21 (SKIP TO 135) ←┘ RE-TREATABLE NET .... 31 (SKIP TO 133) ←┘ OTHER .... 41 DON'T KNOW 98	UNTREATED NET 11 (SKIP TO 135) ←┘ LONG-LASTING NET .... 21 (SKIP TO 135) ←┘ RE-TREATABLE NET .... 31 (SKIP TO 133) ←┘ OTHER .... 41 DON'T KNOW 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES .... 1 NO .... 2 (SKIP TO 135) ←┤ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) ←┤ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) ←┤ NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 137) ←┤ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ←┤ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ←┤ NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐	NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐	NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐ NAME_____ LINE NO. . . . . . ☐☐
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.

138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . . 1 BELOW 15 PPM . . . . 2 15 PPM AND ABOVE . . . . 3 NO SALT IN HH . . . . 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)

SUPPORT FOR SICK PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 ☐☐ AT LEAST ONE ↓ NONE ☐ → 301			
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S). READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK. You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons]. First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	**1ST SICK PERSON** NAME _____ LINE NO. . . . ☐☐	**2ND SICK PERSON** NAME _____ LINE NO. . . . ☐☐	**3RD SICK PERSON** NAME _____ LINE NO. . . . ☐☐
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8
205	Did your household receive any of these medical support at least once a month while (NAME) was sick?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8
207	Did your household receive any of these emotional or psychological support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8
209	Did your household receive any of these material support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ← DK 8
211	Did your household receive any of these social support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD .... 2 NOT AT ALL . 3 (SKIP TO 214) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . 3 (SKIP TO 214) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . 3 (SKIP TO 214) ◄┘
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3

214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?
	
	IF YES:
	Was this problem (were any of these problems) ever severe?
		YES, SEVERE 1
		YES, NEVER
		  SEVERE ... 2
		NO 3
		(SKIP TO 216) ◄┘
			YES, SEVERE 1
			YES, NEVER
			  SEVERE ... 2
			NO 3
			(SKIP TO 216) ◄┘
				YES, SEVERE 1
				YES, NEVER
				  SEVERE ... 2
				NO 3
				(SKIP TO 216) ◄┘

215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8			→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS . . . . [ ]			
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE . [ ][ ]	AGE . [ ][ ]	AGE . [ ][ ]	
306A	Was the death of (NAME) registered with NPopC?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 [ ]	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 [ ]	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 [ ]	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any of these medical support at least once a month while (NAME) was sick?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any of these emotional or psychological support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any of these material support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	

		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3

320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?
	
	IF YES:
	Was this problem (were any of these problems) severe?
		YES, SEVERE . 1
		YES, NEVER
		  SEVERE . . . 2
		NO 3
		(SKIP TO 322) ←
			YES, SEVERE . 1
			YES, NEVER
			  SEVERE . . . 2
			NO 3
			(SKIP TO 322) ←
				YES, SEVERE . 1
				YES, NEVER
				  SEVERE . . . 2
				NO 3
				(SKIP TO 322) ←

321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 ☐ ↓ NO CHILD AGE 0-17 ☐	→ 501
402	CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: **ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?** NO SICK ADULT AGE 18-59 ☐ ↓ AT LEAST ONE SICK ADULT AGE 18-59 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ☐ ↓ AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
404	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ ↓ NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐	→ 501
405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of these material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

NO.	CODING CATEGORIES			
		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐	NAME _____ LINE NO. . . . ☐☐ AGE . ☐☐
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of these material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... ☐☐.☐	KG. ... ☐☐.☐	KG. ... ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

510	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 514.		
		WOMAN 1	WOMAN 2	WOMAN 3
511	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
512	WEIGHT IN KILOGRAMS	KG. .... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
513	HEIGHT IN CENTIMETERS	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
514	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6