UGANDA AIDS INDICATOR SURVEY HOUSEHOLD QUESTIONNAIRE

ENGLISH

		IDENTIFICATION		
SUB-COUNTY/DIVISION PARISH LC1 NAME OF HOUSEHOLD I CLUSTER NUMBER HOUSEHOLD NUMBER REGION KAMPALA=1, SMALL CIT	HEAD Y=2, TOWN=3, RURAL=4	NCE SECTION? (MALE=1;		
		INTERVIEWER VISITS		
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME				MONTH YEAR 2 0 1 1 INTERVIEWER NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
HOME A 3 ENTIRE 4 POSTP 5 REFUS 6 DWELL 7 DWELL 8 DWELL	USEHOLD MEMBER AT H AT TIME OF VISIT E HOUSEHOLD ABSENT I 'ONED IED LING VACANT OR ADDRE LING DESTROYED LING NOT FOUND	(SPECIFY)		TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN TOTAL ELIGIBLE CHILDREN 0-4 YEARS LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
NAME	TEAM SUPER	√ISOR		
DATE				

Introduction and Consent

HIV is one of the leading causes of death in this country. Syphilis is also a common sexually transmitted disease. The government would like to know how common HIV and syphilis are in the country so that they can plan for better services for people affected or infected with HIV and syphilis.

Your household has been selected purely by chance from your community.

We will be asking 37,000 people from over 11,000 households all over the country to participate. The survey will last about 6 months and the interviews will not last more than 30 minutes.

You can choose to participate in the survey or not. It is your choice. If you choose not to participate in the survey, there is no problem.

If you choose to participate in the survey, we will ask you some questions about your household (for example number of people living in the household, age and education). This will help us identify the persons aged 15-59 who will be asked questions about their health and those 0-4 years and 15-59 years who will provide blood specimens. Other questions include the services your household can use (such as water source, health units).

It is up to you or your household member whether or not to participate in the survey. You can stop participating in the survey at any time you want for any reason without penalty.

Most of the questions are general in nature. It is fine to skip any question that you don't want to answer. You may also stop the survey at any time without penalty. We do not expect any major risks from participating in this survey.

You may not benefit directly from being part of this survey, but the information you provide us will help the country in providing good services for all. If you provide us with data about your household, we can help understand more about these two illnesses and how to prevent them. We will not offer you money for participating in the survey.

Everything we talk about will be kept secret to the extent allowed by the law. Your test results will be kept secret to the extent allowed by the law. To protect your privacy, we will use a code number to identify you and all specimens. We will keep these records and specimens locked. Only special staff will be able to look at the records or use the specimens. Your name or any other facts that might point to you will not appear when we present this survey or publish its results.

We would like to answer all your questions. If you have any questions now, please ask us. If you have any questions in the future, there are other persons that you can contact.

Ministry of Health:

Dr. Alex Opio: 0414-256683 Dr. Joshua Musinguzi: 0414-256683 Dr. Wilford Kirungi: 0414-256683

If you have any concerns about your rights in this survey, please contact Mr. Tom Lutalo Chairman UVRI Science and Ethics Committee 0414-320272.

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

		1	1	1			15.405.45		
							IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESI	DENCE	AGE	MARITAL STATUS	ELIG	IBILITY
	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 5-27 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)?	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 AND MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-4
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		01	01
02			1 2	1 2	1 2			02	02
03			1 2	1 2	1 2			03	03
04			1 2	1 2	1 2			04	04
05			1 2	1 2	1 2			05	05
06			1 2	1 2	1 2			06	06
07			1 2	1 2	1 2			07	07
08			1 2	1 2	1 2			08	08
09			1 2	1 2	1 2			09	09
10			1 2	1 2	1 2			10	10
listing. childrender 2B) Ar	st to make sure that I have a com Are there any other persons such or infants that we have not liste e there any other people who ma- irs of your family, such as domes	h as small ed? YES ay not be		ADD TO TABLE	NO	01 = HEAD 02 = WIFE 0 03 = SON 0 04 = SON-IN	OR HUSBAND R DAUGHTER I-LAW OR	P TO HEAD OI 09 = NIECE/N BY BLOO 10 = NIECE/N BY MARR 11 = OTHER F	EPHEW D EPHEW HAGE
2C) Are staying	s, lodgers, or friends who usuall there any guests or temporary here, or anyone else who staye who have not been listed?	visitors		ADD TO TABLE	NO NO	05 = GRAND 06 = PAREN 07 = PAREN 08 = BROTHI	IT IT-IN-LAW	12 = ADOPTE STEPCH 13 = NOT REL 98 = DON'T K	IILD _ATED

HH ENG 3 Appendix E • 191

		IF AG 59 YE										ı	F AGE	0-17 YEARS						
LINE NO.		SICK							SURV	/IVOR	SHIP	AND I	RESID	ENCE OF BIOI	_OGIC	AL PA	AREN ⁻	ΓS		
	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?		nat	AME)'s ural ther al		Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? WRITE MOTHER'S LINE NUMBER. IF NO, WRITE '00'.	Has moth very at le mon the pmon she sick do n	NOTINETED USEH (NAM her be a sick f ast 3 this du past 1: was to to wo ormal vities?	DIN IOLD TE)'s enfor uring 2 nat is poork or	nat	AME)'s 's 's 'tural		Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? WRITE FATHER'S LINE NUMBER. IF NO, WRITE '00'.	Has (father very stor at month the part month he was	least hs dur ast 12 hs, tha as too o worl ormal	E)'s 3 ring 2 at is	MOTHER / FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.11B OR 14 = NO) OR BEEN SICK (Q.13 OR 16 = YES).	BOTH PARENTS ALIVE IF YES TO Q.11B AND Q.14 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	CARE TAKER Who is (NAME)'s main care taker? WRITE LINE NUMBER. IF NO, WRITE 00'	
		(11A))		(11B)	(12)		(13)			(14)		(15)		(16)		(17)	(18)	(18A)
01	Y 1	N 2	DK 8	Y 1	N 2 — GO 1	DK 8 FO 14		1	N 2	DK 8	Y 1	N 2 — GO 1	DK - 8 7 TO 17		Y 1	N 2	DK 8	01	1 2 GO TO 21	
02	1	2	8	1	2 — GO 1	√ 8 ΓΟ 14		1	2	8	1	2 - GO 1	- 8 , O 17		1	2	8	02	1 2 J GO TO 21	
03	1	2	8	1	2 — GO 1	8 FO 14		1	2	8	1	2 — GO	— 8 , O 17		1	2	8	03	1 2 ↓ GO TO 21	
04	1	2	8	1	2 - GO 1	√ 8 ΓΟ 14		1	2	8	1	2 - GO 1	— 8 , O 17		1	2	8	04	1 2 GO TO 21	
05	1	2	8	1	2 — GO 1	▼ 8 ГО 14		1	2	8	1	2 - GO 1	— 8 7 O 17		1	2	8	05	1 2 GÓ TO 21	
06	1	2	8	1	2 - GO 1	√ 8 ΓΟ 14		1	2	8	1	2 - GO 1	- 8 , O 17		1	2	8	06	1 2 GO TO 21	
07	1	2	8	1	,	√ 8 ГО 14	1 1 1	1	2	8	1	,	- 8 , O 17		1	2	8	07	1 2 GO TO 21	
08	1	2	8	1	2 — GO 1	√ 8 ГО 14		1	2	8	1	,	- 8 7 O 17		1	2	8	08	1 2 GÓ TO 21	
09	1	2	8	1		ΓΟ 14		1	2	8	1	,	— 8 , O 17		1	2	8	09	1 2 GÓ TO 21	
10	1	2	8	1	2 — GO 1	√ 8 ΓΟ 14		1	2	8	1		- 8 7 O 17		1	2	8	10	1 2 GO TO 21	

IF	AGE 5 YEARS OR	2				IF AG	E 5-17	YEARS				IF AGE 0-4 YEARS																						
	EDUCATION							C MAT NEED:	ERIAL S				BIRTH REGISTRATION																					
Has (NAME) ever attended	What is the highest level of school (NAME) has	IF AGE 5-24 YEARS		Does (NAM have a blan	,		Does (NAMI have a a pair	,		Does (NAMI have a least t	ať		Does (NAME) have a a birth																					
school?	what is the highest (class/ year) (NAME) completed at that level?** SEE CODES BELOW.	Did (NAM attend school at any time during the 2011 school year?	d 		ROLL					of shoes?			UI SHOES?																		sets o clothe	f		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
(21)	1) (22) (23)			(24)		(25)		(26)			(27)																							
Y N 1 2 ↓ GO TO 24	LEVEL CLASS	Y 1	N 2	Y 1	N 2	DK 8	Y 1	N 2	DK 8	Y 1	N 2	DK 8																						
1 2 ↓ GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 ↓ GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 ↓ GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 ↓ GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						
1 2 GO TO 24		1	2	1	2	8	1	2	8	1	2	8																						

CODES FOR Q. 22: EDUCATION LEVEL

CLASS:

0=PRESCHOOL

1 = PRIMARY 2 = 'O' LEVEL

3 = 'A' LEVEL

4= TERTIARY 5= UNIVERSITY 8 = DON'T KNOW

00 = LESS THAN 1 YR COMPLETED 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING	102
		OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/COMPOUND . 22 OPEN PUBLIC WELL 23 WATER FROM COVERED WELL OR BOREHOLE	102
		PROTECTED WELL IN DWELLING	102
		PROTECTED SPRING 41 UNPROTECTED SPRING 42 RIVER/STREAM 43 POND/LAKE 44 DAM 45 RAINWATER 51	→ 102
		WATER TRUCK	→ 102
101	How long does it take you to go there, get water, and come back?	MINUTES	
102	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 01 VIP LATRINE 02 COVERED PIT LATRINE, NO SLAB 03 COVERED PIT LATRINE, WITH SLAB 04 UNCOVERED PIT LATRINE, NO SLAB 05 UNCOVERED PIT LATRINE, WITH SLAB 06 COMPOSTING TOILET 07 NO FACILITY/BUSH/FIELD 08 OTHER 96 (SPECIFY)	→ 104
103	Do you share this toilet facility with other households?	YES	
104	Does your household have:	<u>YES</u> <u>NO</u>	
	a) Electricity? b) A radio? c) A cassette player? d) A television? e) A mobile phone? f) A fixed phone? g) A refrigerator? h) A table?	ELECTRICITY 1 2 RADIO 1 2 CASSETTE PLAYER 1 2 TELEVISION 1 2 MOBILE PHONE 1 2 FIXED PHONE 1 2 REFRIGERATOR 1 2 TABLE 1 2	
	i) A chair? j) A sofa set? k) A bed? l) A cupboard? m/A clock?	CHAIRS 1 2 SOFA SET 1 2 BED 1 2 CUPBOARD 1 2 CLOCK 1 2	

HH ENG 6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	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 DUNG 07 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
106	What is the main source of energy for lighting in the household?	ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 FIREWOOD 07 CANDLES 08 OTHER (SPECIFY) 96	
107	MAIN MATERIAL OF THE FLOOR	NATURAL FLOOR	
	RECORD OBSERVATION. CIRCLE ONLY ONE.	EARTH/SAND 11 EARTH AND DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 MOSAIC OR TILES 33 BRICKS 34 CEMENT 35 STONES 36	
		OTHER96	
100	MANAMATERIAL OF THE POOF	,	
108	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. MARK ONLY ONE.	NATURAL ROOFING THATCHED .11 MUD .12 FINISHED ROOFING WOOD/PLANKS .21 IRON SHEETS .22 ASBESTOS .23 TILES .24 TIN .25 CEMENT .26 OTHER .96 (SPECIFY)	
109	MAIN MATERIAL OF THE EXTERIOR WALLS.	NATURAL WALLS	
	RECORD OBSERVATION. MARK ONLY ONE.	THATCHED/STRAW 11 RUDIMENTARY WALLS MUD AND POLES 21 UN-BURNT BRICKS 22 UN-BURNT BRICKS WITH PLASTER 23 BURNT BRICKS WITH MUD 24 FINISHED WALLS 31 CEMENT BLOCKS 31 STONE 32 TIMBER 33 BURNT BRICKS WITH CEMENT 34 OTHER 96 (SPECIFY)	
110	How many rooms in your household are used for sleeping?		
	(INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Does any member of your household own or have:	YES NO	
	a) A watch?	WATCH 1 2	
	b) A bicycle?	BICYCLE	
	c) A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER 1 2	
	d) An animal-drawn cart?	ANIMAL-DRAWN CART 1 2	
	e) A car or truck?	CAR/TRUCK 1 2	
	f) A boat with a motor	BOAT WITH MOTOR 1 2	
	g) A boat without a motor	BOAT WITH NO MOTOR 1 2	
	h) A bank account?	BANK ACCOUNT 1 2	
112	How many acres of land for farming or grazing does this household own?	ACRES FOR FARMING	
	(PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ACRES FOR GRAZING	
113	Does the household use land for farming or grazing that it doesn't own?	YES, RENTED	
	OWIT:	YES, PRIVATE LAND PROVIDED FREE 3	
	IF YES: Is it rented, sharecropped, private land provided	YES, OPEN ACCESS/COMMUNAL 4	
	free, or open access/communal/other?	NO 5	→114A
114	How many acres of land are used?	ACRES FOR	
	(PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	FARMING	
	,	ACRES FOR GRAZING	
114A	How many of the following animals/birds does this household own?		
	IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.		
	a) Local cattle?	LOCAL CATTLE	
	b) Exotic/Cross cattle?	EXOTIC/CROSS CATTLE	
	c) Horses, donkeys, or mules?	HORSES/DONKEYS/MULES	
	d) Goats?	GOATS	
	e) Sheep?	SHEEP	
	f) Pigs?	PIGS	
	g) Chickens?	CHICKENS	
115	How far is it to the nearest market place? WRITE '00' IF LESS THAN ONE KILOMETRE IF MORE THAN 95 KM, WRITE 95	KILOMETRES	
	CIRCLE '98' IF DON'T KNOW	DON'T KNOW 98	
116	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS	
117	In the past week, on how many days did the household eat meat?	DAYS	

• *Appendix E*

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	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	
119	How far is it to the nearest health facility? (IF LESS THAN ONE KILOMETRE, WRITE '00'. IF MORE THAN 95 KM, WRITE 95. IF DON'T KNOW, CIRCLE '98'.)	KILOMETRES	
120	If you were to go to this facility, how would you most likely go there?	CAR/MOTORCYCLE 1 PUBLIC TRANSPORT (BUS, TAXI) 2 ANIMAL/ANIMAL CART 3 WALKING 4 BICYCLE 5 OTHER 6 (SPECIFY)	

LIST OF PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS			3	SKIP				
201	Now I would like to ask you a few more questions about yo household. Think back over the past 12 months. Has any temper of your household died in the last 12 months?	YES NO DON'T KN	1 → 301						
202	How many household members died in the last 12 months	NUMBER OF DEATHS							
203	ASK 204-206 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).								
204	What was the name of the person who died (most recently/before him/her)?	NAME 1S	T DEATH	NAME 2ND DEATH	NAME 3R	D DEATH			
205	Was (NAME) male or female?	MALE FEMALE		MALE 1 FEMALE 2		1			
206	How old was (NAME) when (he/she) died?	AGE .		AGE .	AGE .				

SUPPORT AT THE COMMUNITY LEVEL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIE	SKIP			
			<u>Y</u>	N	DK	
301	Does your community have any of the following persons	COMMUNITY HEALTH WORKER	1	2	8	
	or groups?	NGO OFFERING HIV SERVICES	1	2	8	
		HIV OR POST TEST CLUB	1	2	8	
		HIV WOMEN'S GROUP	1	2	8	
		HIV MEN'S GROUP	1	2	8	
		HIV YOUTH GROUP	1	2	8	
302	How far is your home from the nearest health facility which offers HIV counseling and testing services? (INTERVIEWER: PROBE DISTANCE IN KM AND	NUMBER OF KILOMETERS				
	RECORD RESPONDENTS BEST GUESS)	250 KILOMETERS OR MORE . DON'T KNOW		995 998		

HH ENG 10

198 • Appendix E

TABLE FOR SELECTION OF RESPONDENT FOR THE SEXUAL VIOLENCE (SV) QUESTIONS

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE SEXUAL VIOLENCE QUESTIONS. THEN, GO TO COLUMN **(9)** AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE SV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE SEXUAL VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE

LAST DIGIT OF THE		TO	OTAL NUMBER	OF ELIGIBLE W	OMEN/MEN IN	THE HOUSEHO	LD	
QUESTIONNAIRE NUMBER	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 LINE NUMBER OF PERSON SELECTED	
FOR SEXUAL VIOLENCE MODULE	