CONFIDENTIAL

Questionnaire Number:_____
FINAL COPY 22 MARCH 2003

CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2003
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
PROVINCE* _____	☐
DISTRICT _____	☐☐
LOCATION/TOWN _____	
SUBLOCATION/WARD _____	
NASSEP CLUSTER NUMBER	
KDHS CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4	
NAME OF HOUSEHOLD HEAD _____	
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY (YES=1; NO=2)...................................	☐

INTERVIEWER VISITS

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

**RESULT CODES:		TOTAL PERSONS IN HOUSEHOLD	☐☐
1 COMPLETED			
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT		TOTAL ELIGIBLE WOMEN	☐☐
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME			
4 POSTPONED			
5 REFUSED		TOTAL ELIGIBLE MEN	☐☐
6 DWELLING VACANT OR ADDRESS NOT A DWELLING			
7 DWELLING DESTROYED			
8 DWELLING NOT FOUND			
9 OTHER _____		LINE NO. OF RESP. TO HOUSEHOLD QUESTION.	☐☐
(SPECIFY)			

ENGLISH

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

* Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF **ALL** WOMEN AGE 15-49. STAR * LINE NO. OF THE WOMAN SELECTED FOR Qs. ON VIOLENCE	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54. IF HOUSE-HOLD NOT SELECTED FOR MAN'S SURVEY, LEAVE BLANK.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F	YES NO	YES NO	IN YEARS			
01		☐☐	1 2	1 2	1 2	☐☐	01	01	01
02		☐☐	1 2	1 2	1 2	☐☐	02	02	02
03		☐☐	1 2	1 2	1 2	☐☐	03	03	03
04		☐☐	1 2	1 2	1 2	☐☐	04	04	04
05		☐☐	1 2	1 2	1 2	☐☐	05	05	05
06		☐☐	1 2	1 2	1 2	☐☐	06	06	06
07		☐☐	1 2	1 2	1 2	☐☐	07	07	07
08		☐☐	1 2	1 2	1 2	☐☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐	09	09	09
10		☐☐	1 2	1 2	1 2	☐☐	10	10	10

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE/HUSBAND/PARTNER
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 = DOES NOT KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS				
					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?	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	YES NO DK 1 2 8 ↓ TO 12		YES NO DK 1 2 8 ↓ TO 14		YES NO 1 2 NEXT 1┘ LINE	LEVEL GRADE	YES NO 1 2 L0 GO TO 18	YES NO 1 2 GO TO 1┘ 19	LEVEL GRADE	YES NO 1 2 NEXT 1┘ LINE	LEVEL GRADE
02	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
03	1 2 8 ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
04	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
05	1 2 8 ↓ TO 12		1 2 8 ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
06	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
07	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
08	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
09	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	
10	1 2 8 ↓ ↓ TO 12		1 2 8 ↓ ↓ TO 14		1 2 NEXT 1┘ LINE		1 2 L0 GO TO 18	1 2 GO TO 1┘ 19		1 2 NEXT 1┘ LINE	

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = NURSERY, KINDERGARTEN
1 = PRIMARY
2 = POST-PRIMARY, VOCATIONAL
3 = SECONDARY, A LEVEL
4 = COLLEGE (MIDDLE LEVEL)
5 = UNIVERSITY
8 = DOES NOT KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DOES NOT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F	YES NO	YES NO	IN YEARS			
11			1 2	1 2	1 2		11	11	11
12			1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2		18	18	18
19			1 2	1 2	1 2		19	19	19
20			1 2	1 2	1 2		20	20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
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					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?	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	YES NO DK 1 2 8 ↓ ↓ TO 12	☐☐	YES NO DK 1 2 8 ↓ ↓ TO 14	☐☐	YES 1 NO 2 NEXT LINE	LEVEL ☐ GRADE ☐☐	YES 1 NO 2 └O GO TO 18	YES 1 NO 2 GO TO 19 ┘	LEVEL ☐ GRADE ☐☐	YES 1 NO 2 NEXT LINE ┘	LEVEL ☐ GRADE ☐☐
12	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 19 ┘	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
13	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 19 ┘	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
14	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
15	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
16	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
17	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
18	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
19	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐
20	1 2 8 ↓ ↓ TO 12	☐☐	1 2 8 ↓ ↓ TO 14	☐☐	1 2 NEXT LINE ┘	☐ ☐☐	1 2 └O GO TO 18	1 2 GO TO 1┘ 19	☐ ☐☐	1 2 NEXT LINE ┘	☐ ☐☐

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed?
YES ☐—O ENTER EACH IN TABLE   NO ☐

2) In addition, 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 ☐—O ENTER EACH IN TABLE   NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?
YES ☐—O ENTER EACH IN TABLE   NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

21	What is the main source of **drinking** water for members of your household?
	
	IF VARIES BY SEASON, ASK ABOUT THE CURRENT TIME.
		PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED INTO COMPOUND/PLOT 12
		   PUBLIC TAP.......................................13
		WATER FROM OPEN WELL
		   OPEN WELL IN COMPOUND/PLOT ..21
		   OPEN PUBLIC WELL..........................22
		COVERED WELL/BOREHOLE
		   COVERED WELL IN COMP./PLOT 31
		   COVERED PUBLIC WELL 32
		SURFACE WATER
		   SPRING...41
		   RIVER/STREAM..................................42
		   POND/LAKE 43
		   DAM 44
		   RAINWATER 51
		   BOTTLED WATER 71
		
		OTHER _____ 96
		            (SPECIFY)
			—O 22A
			—O 22A
			
			—O 22A
			
			—O 22A
			
			—O 22A
			—O 23

22	How long does it take you to go there, get water, and come back?	MINUTES .... ☐☐☐ ON PREMISES.....................................996	
22A	How frequently is water available from this source?	USUALLY ALWAYS AVAILABLE..............1 SEVERAL HOURS PER DAY ....2 ONCE OR TWICE A WEEK ....3 INFREQUENTLY.....................................4	

23	What kind of toilet facility does your household have?	FLUSH TOILET 11
		TRADITIONAL PIT TOILET.....................21
		VENTILATED IMPROVED PIT (VIP)
		   LATRINE 22
		NO FACILITY/BUSH/FIELD 31
		
		OTHER _____ 96
		            (SPECIFY)
			—O 25

24	Do you share this toilet with other households?	YES ....1 NO 2	—O 25
24A	How many other households use this toilet?	LESS THAN 5...1 5-9 ....2 10 OR MORE 3	

25	Does your household have:
	
	   Electricity?
	   Solar power?
	   A radio?
	   A television?
	   A telephone or mobile phone?
	   A refrigerator?
		YES **NO**
		ELECTRICITY 1 2
		SOLAR 1 2
		RADIO 1 2
		TELEVISION 1 2
		TELEPHONE/MOBILE 1 2
		REFRIGERATOR 1 2	

25A	How many rooms in your household are used for sleeping?	ROOMS .... ☐☐	
26	What type of fuel does your household **mainly** use for cooking?	ELECTRICITY ....01 LPG/NATURAL GAS ....02 BIOGAS...03 PARAFFIN/KEROSENE ....04 COAL, LIGNITE ....05 CHARCOAL FROM WOOD.....................06 FIREWOOD/STRAW...............................07 DUNG ....08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/MUD/DUNG/SAND....................11 WOOD PLANKS...................................21 PALM, BAMBOO ....22 PARQUET OR POLISHED WOOD ....31 VINYL OR ASPHALT STRIPS................32 CERAMIC TILES ....33 CEMENT ....34 CARPET ....35 OTHER _____ 96 (SPECIFY)	
27A	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH/MAKUTI ....11 TIN CANS..12 CORRUGATED IRON (MABATI) ....21 ASBESTOS SHEETS.............................22 CONCRETE ....31 TILES..32 OTHER _____ 96 (SPECIFY)	
27B	STATE OF REPAIR OF THE DWELLING. RECORD OBSERVATION.	COMPLETELY DILAPIDATED, SHACK....1 NEEDS MAJOR REPAIRS......................2 NEEDS NO OR MINOR REPAIRS............3 BEING REPAIRED NOW ....4 UNDER CONSTRUCTION 5	
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	**YES** **NO** BICYCLE ....1 2 MOTORCYCLE/SCOOTER..........1 2 CAR/TRUCK................................1 2	
28A	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without paying?	OWNS ....1 PAYS RENT/LEASE.................................2 NO RENT, W. CONSENT OF OWNER.....3 NO RENT, SQUATTING...........................4	
28B	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS ....1 PAYS RENT/LEASE.................................2 NO RENT, W. CONSENT OF OWNER.....3 NO RENT, SQUATTING...........................4	
28C	How does this household dispose of kitchen waste and trash?	REGULAR COLLECTION BY GOV'T......01 INFREQUENT COLLECTION BY GOV'T02 PAYS FOR PRIVATE COLLECTION ......03 COMPOSTED ....04 DUMP, BURY, BURN IN COMPOUND...05 DUMP IN STREET/ EMPTY PLOT..........06 OTHER _____ 96 (SPECIFY)	
29	Does your household have any mosquito nets that can be used while sleeping?	YES ....1 NO 2	—○p. 9
30	How many mosquito nets does your household own?	NUMBER OF NETS .... ☐☐	

		NET #1	NET #2	NET #3
31	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	SEEN............... 1 NOT SEEN 2	SEEN .... 1 NOT SEEN........2	SEEN............... 1 NOT SEEN 2
32	How long ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS .... AGO ☐☐ MORE THAN 3 YRS AGO ..... 96 DK 98	MONTHS .... AGO ☐☐ MORE THAN 3 YRS AGO......96 DK 98	MONTHS .... AGO ☐☐ MORE THAN 3 YRS AGO ..... 96 DK.................. 98
32A	How did your household obtain the net, was it bought or was it given free of charge? IF FREE, ASK: Was it from a non-governmental organisation or from the government?	BOUGHT........... 1 FREE FR.NGO. 2 FREE FR.GOV..3 NOT SURE....... 8	BOUGHT............1 FREE FR.NGO .2 FREE FR.GOV..3 NOT SURE 8	BOUGHT .... 1 FREE FR.NGO. 2 FREE FR.GOV..3 NOT SURE 8

33	OBSERVE OR ASK THE SHAPE OF THE NET.	CONICAL 1
		RECT-
		  ANGULAR 2
		OTHER............. 3
		NOT SURE....... 8
			CONICAL 1
			RECT-
			  ANGULAR 2
			OTHER 3
			NOT SURE 8
				CONICAL.......... 1
				RECT-
				  ANGULAR...... 2
				OTHER 3
				NOT SURE 8

33A	OBSERVE OR ASK THE COLOR OF THE NET.	WHITE.............. 1 BLUE .... 2 GREEN............. 3 OTHER............. 6 NOT SURE....... 8	WHITE ....1 BLUE................2 GREEN ....3 OTHER ....6 NOT SURE 8	WHITE.............. 1 BLUE .... 2 GREEN............. 3 OTHER............. 6 NOT SURE 8
34	Since you got the mosquito net, was it ever soaked or dipped in *dawa* or a chemical to repel mosquitoes or insects?	YES .... 1 NO ....2 (GO TO 34B)1⊢ NOT SURE....... 8	YES ....1 NO ....2 (GO TO 34B)1⊢ NOT SURE 8	YES.................. 1 NO .... 2 (GO TO 34B)1⊢ NOT SURE 8
34A	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH AGO, WRITE '00'.	MONTS ☐☐ AGO MORE THAN 3 YRS AGO 96	MONTS ☐☐ AGO MORE THAN 3 YRS AGO......96	MONTS ☐☐ AGO MORE THAN 3 YRS AGO 96
34B	Who slept under this mosquito net last night? Anyone else? WRITE THE LINE NUMBERS FROM THE HOUSEHOLD SCHEDULE. IF NO ONE SLEPT UNDER THE NET, WRITE '00'.	LINE .... ☐☐ NO. LINE .... ☐☐ NO. .... LINE .... ☐☐ NO.	LINE .... ☐☐ NO. LINE .... ☐☐ NO...... LINE .... ☐☐ NO......	LINE.... ☐☐ NO. LINE.... ☐☐ NO. .... LINE.... ☐☐ NO. ....

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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 IS THE NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN 8 IN THE HOUSEHOLD SCHEDULE AND PUT A STAR * NEXT TO THE LINE NUMBER OF THE ELIGIBLE WOMAN.

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'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE ELIGIBLE WOMAN FOR DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	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

WEIGHT AND HEIGHT MEASUREMENT—WOMEN AND CHILDREN

CHECK COLUMNS (8) AND (9): RECORD LINE NUMBER, NAME AND AGE OF WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETRES)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
☐☐		YEARS ☐☐	▓▓▓	☐☐☐.☐	☐☐☐.☐	▓▓▓	☐
☐☐		☐☐	▓▓▓	☐☐☐.☐	☐☐☐.☐	▓▓▓	☐
☐☐		☐☐	▓▓▓	☐☐☐.☐	☐☐☐.☐	▓▓▓	☐
☐☐		☐☐	▓▓▓	☐☐☐.☐	☐☐☐.☐	▓▓▓	☐
☐☐		☐☐	▓▓▓	☐☐☐.☐	☐☐☐.☐	▓▓▓	☐

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT OF CHILDREN BORN IN 1998 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME) s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETRES)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0☐.☐☐	☐☐☐.☐	1 2	☐
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TICK HERE IF CONTINUATION SHEET USED ☐

HIV TESTING—WOMEN AND MEN

Total Number of Samples _____

CHECK COLUMNS (8) AND (9A); WRITE LINE NUMBER, NAME, SEX, AND AGE OF WOMEN 15-49 AND MEN 15-54. THIS PAGE TO BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL.(8) OR (9A) (44)	NAME FROM COL.(2) (45)	SEX FROM COL.(4) (46)	AGE FROM COL.(7) (47)	CHECK AGE IN COL.(47): (48)	LINE NO. OF PARENT/ RESPON-SIBLE ADULT (49)	READ THE CONSENT STATEMENT TO THE **PARENT OR RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN) (50)	READ THE CONSENT STATEMENT TO THE **WOMAN OR MAN OR YOUTH** CIRCLE CODE (AND SIGN) (51)	SAMPLE RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY) (52)	SAMPLE BAR CODE (53)
		M F / 1 2	YEARS	15-17 18+ / 1 2 → TO 51		AGREES 1→ SIGN / REFUSES 2 / NOT READ 3	AGREES 1→ SIGN / REFUSES 2 / NOT READ 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
		1 2		1 2 → TO 51		1→ SIGN	1→ SIGN / 2 / 3	☐	PASTE FIRST LABEL HERE — PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

CONSENT STATEMENT

Hello, my name is _____. I'm from the Ministry of Health and collaborating with Central Bureau of Statistics. As part of this survey, we are studying HIV among women and men. As you know, HIV is the virus that causes AIDS. The government is trying to find out how common HIV and other sexually transmitted diseases are, so that they can develop programs to prevent HIV and care for those who have it.

We request that you participate in this test by giving a few drops of blood from a finger. For this test, I will use clean, sterile instruments that are completely safe. Blood will be tested later in the laboratory.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you. If you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV/STD testing. But if you decide not to have the test done, it is your right and I will respect your decision.

Will you accept to participate in the HIV/STD test? GO BACK TO COLUMN (51). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV/STD test? GO TO COLUMN (50). CIRCLE THE APPROPRIATE CODE AND SIGN. IF PARENT AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD IN COL. (51).

NOTE FOR THE INTERVIEWER:
THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.