

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE FOR STATISTICS AND GEO-INFORMATION SERVICES
2006-07 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

Number: _____

| IDENTIFICATION | | | | August 31 2006 |
|--|---|--------------|-------|--|
| NAME OF COUNTY _____ | <div style="display: flex; justify-content: space-between;"> <div> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> </div> | | | |
| NAME OF DISTRICT _____ | | | | |
| NAME OF CLAN/TOWNSHIP _____ | | | | |
| NAME OF CITY/TOWN/VILLAGE _____ | | | | |
| LDHS CLUSTER NUMBER | | | | |
| LDHS STRUCTURE NUMBER | | | | |
| HOUSEHOLD NUMBER | | | | |
| URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3 | <div style="display: flex; justify-content: space-between;"> <div> <p>.....</p> <p>.....</p> <p>.....</p> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> </div> | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | |
| INTERVIEWER VISITS | | | | |
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY _____ MONTH _____ YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> |
| RESULT* | _____ | _____ | _____ | RESULT* <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> |
| 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 _____ <div style="text-align: right;">(SPECIFY)</div> | | | | TOTAL PERSONS IN HOUSEHOLD <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> TOTAL ELIGIBLE WOMEN <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> TOTAL ELIGIBLE MEN <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> LINE NO. OF RESPONDENT TO HHOLD QUEST. <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div> |
| SUPERVISOR | | FIELD EDITOR | | OFFICE EDITOR |
| NAME _____ | | NAME _____ | | NAME _____ |
| DATE _____ | | DATE _____ | | DATE _____ |
| Introduction and Consent Hello. My name is _____. I am working with the Liberia Institute for Statistics and Geo-Information Services (LISGIS). We are conducting a National Demographic and Health Survey. We would very much like your participation in this survey. The survey interview takes a few minutes to complete. As part of this 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 I ask any question you do not want to answer, let me know and I will go 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

| | | | | | | | IF AGE 15 OR OLDER | | | |
|----------|---|---|----------------------------------|---------------------------------------|--|---|---|--|--|--|
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | MARITAL STATUS | ELIGIBILITY | | |
| | <p>Please give me the names of the persons who usually live in your household and visitors who slept here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p> | <p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> | <p>Is (NAME) male or female?</p> | <p>Does (NAME) usually live here?</p> | <p>Did (NAME) sleep here last night?</p> | <p>How old is (NAME)?</p> <p>IF LESS THAN 1 YEAR, WRITE 00.</p> | <p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED, SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED, NEVER LIVED TOGETHER</p> | <p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p> | <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p> | <p>CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5</p> |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 01 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 01 | 01 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 02 | 02 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 03 | 03 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 04 | 04 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 05 | 05 | 05 |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 06 | 06 | 06 |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 07 | 07 | 07 |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 08 | 08 | 08 |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 09 | 09 | 09 |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 10 | 10 | 10 |

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

| | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

| | IF AGE 0-17 YEARS | | | | IF AGE 3 YEARS OR OLDER | | IF AGE 3-24 YEARS | | | | IF AGE 0-4 YRS |
|----------|--|---|--|--|---------------------------------|---|---|--|--|--|--|
| LINE NO. | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT/RECENT SCHOOL ATTENDANCE | | | | BIRTH REGISTRATION |
| | Is (NAME)'s natural mother still living? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s natural father still living? | Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever been to school? | What is the highest level of school (NAME) attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) go to school any time during this school year? (2006-07) | During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Did (NAME) go to school any time during the last school year, that is, (2005 - 2006)? | During that school year, what grade was (NAME) in? SEE CODES BELOW. | Does (NAME) have a birth certificate? SHOW EXAMPLE. THIS IS NOT A ROAD TO HEALTH CARD |
| | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) |
| 01 | Y N DK 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 22 | LEVEL GRADE <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 20 | LEVEL GRADE <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | Y N 1 2 |
| 02 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 03 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 04 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 05 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 06 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 07 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 27 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 08 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 09 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |
| 10 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> | 1 2 |

CODES FOR Qs. 17, 19, AND 21: EDUCATION

| | |
|---------------------------|---------------------------------|
| LEVEL | GRADE |
| 1 = PRIMARY | 00 = LESS THAN 1 YEAR COMPLETED |
| 2 = SECONDARY | (USE '00' FOR Q. 17 ONLY.) |
| 3 = HIGHER | THIS CODE IS NOT ALLOWED |
| 6 = NURSERY, KINDERGARTEN | FOR Qs. 19 AND 21) |
| 8 = DON'T KNOW | 98 = DON'T KNOW |

| | | | | | | | IF AGE 15 OR OLDER | | | |
|----------|---|---|---------------------------|--------------------------------|-----------------------------------|----------------------------------|---|--|--|--|
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | MARITAL STATUS | ELIGIBILITY | | |
| | <p>Please give me the names of the persons who usually live in your household and visitors who slept here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p> | <p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) sleep here last night? | How old is (NAME)? | <p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED, SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED, NEVER LIVED TOGETHER</p> | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 11 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 11 | 11 | 11 |
| 12 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 12 | 12 | 12 |
| 13 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 13 | 13 | 13 |
| 14 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 14 | 14 | 14 |
| 15 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 15 | 15 | 15 |
| 16 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 16 | 16 | 16 |
| 17 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 17 | 17 | 17 |
| 18 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 18 | 18 | 18 |
| 19 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 19 | 19 | 19 |
| 20 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 20 | 20 | 20 |

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete list. Are there any other persons, like 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, like lodgers, domestic servants, or friends who usually live here?

YES ☐ ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ ADD TO TABLE NO ☐

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

| | IF AGE 0-17 YEARS | | | | IF AGE 3 YEARS OR OLDER | | IF AGE 3-24 YEARS | | | | IF AGE 0-4 YRS |
|----------|--|--|--|---|---------------------------------|---|--|--|---|--|--|
| LINE NO. | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT/RECENT SCHOOL ATTENDANCE | | | | BIRTH REGISTRATION |
| | Is (NAME)'s natural mother still living? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s natural father still living? | Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever been to school? | What is the highest level of school (NAME) attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) go to school any time during this school year? (2006-07) | During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Did (NAME) go to school any time during the last school year, that is, (2005 - 2006)? | During that school year, what grade was (NAME) in? SEE CODES BELOW. | Does (NAME) have a birth certificate? SHOW EXAMPLE. THIS IS NOT A ROAD TO HEALTH CARD |
| | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) |
| 11 | Y N DK 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 22 | LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 20 | LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/> | Y N 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 12 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 13 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 14 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 29 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 15 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 16 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 17 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 18 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 29 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 19 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |
| 20 | 1 2 8 ↓ GO TO 14 | <input type="text"/> <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 20 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 ↓ GO TO 22 | <input type="text"/> <input type="text"/> <input type="text"/> | 1 2 |

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL

1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = NURSERY, KINDERGARTEN
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.)
THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21)
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---|
| 101 | Where do you people get your drinking water from? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, 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/LAKE/STREAM 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY) | <div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 103</div> <div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 103</div> <div style="text-align: right;">→ 103</div> |
| 102 | Where do you get water from for washing and cooking? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, 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/LAKE/STREAM 81 OTHER _____ 96 (SPECIFY) | <div style="text-align: right;">→ 106</div> <div style="text-align: right;">→ 106</div> |
| 103 | Where is that water source located? | IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3 | <div style="text-align: right;">→ 106</div> |
| 104 | How long does it take to go there, get water, and come back? | MINUTES <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> DON'T KNOW 998 | |
| 105 | Who usually goes to get the water? | ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS 3 MALE CHILD UNDER 15 YEARS 4 FEMALE AND MALE CHILDREN EQUALLY 5 OTHER _____ 6 (SPECIFY) | |
| 106 | Do you do anything to the water to make it safer to drink? | YES 1 NO 2 DON'T KNOW 8 | <div style="text-align: right;">→ 108</div> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 112 | What do you use for cooking--coal, gas, wood? | ELECTRICITY 01 GAS CYLINDER 02 KEROSENE STOVE 03 FIRE COAL / COAL / CHARCOAL 04 WOOD 05 NO FOOD COOKED IN HOUSEHOLD ... 95 OTHER 96 (SPECIFY) | → 115 |
| 113 | Where do you usually do your cooking? | INSIDE THE HOUSE 1 ON A PORCH 2 IN A SEPARATE BUILDING 3 OUTDOORS 4 OTHER 6 (SPECIFY) | → 115 |
| 114 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| 115 | MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD. RECORD OBSERVATION. IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA. | NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES 33 CONCRETE, CEMENT 34 CARPET 35 OTHER 96 (SPECIFY) | |
| 116 | MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION. | NATURAL ROOFING THATCH/PALM LEAF 11 RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN, PLASTIC 23 FINISHED ROOFING ZINC, METAL 31 WOOD 32 CERAMIC TILES 34 CONCRETE, CEMENT 35 ASBESTOS SHEETS, SHINGLES ... 36 OTHER 96 (SPECIFY) | |
| 117 | MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION. | NATURAL WALLS MUD AND STICKS 11 CANE/PALM/TRUNKS 12 STRAW, THATCH MATS 13 RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD, REUSED WOOD 22 CARDBOARD, PLASTIC 23 FINISHED WALLS CEMENT OR STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|------------|--|-----------|-------------|------------|--|---------------|---|-------------|--|---|---|-----------------|--|---|---------------------|---------------------------|--|--|--|--|
| 118 | How many rooms in this household are used for sleeping? | ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A boat or a canoe? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;"><u>YES</u></th> <th style="width: 15%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT OR CANOE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | <u>YES</u> | <u>NO</u> | WATCH | 1 | 2 | BICYCLE | 1 | 2 | MOTORCYCLE/SCOOTER ... | 1 | 2 | CAR/TRUCK | 1 | 2 | BOAT OR CANOE | 1 | 2 | | | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | |
| WATCH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE/SCOOTER ... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| BOAT OR CANOE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| 120 | Does this household own any livestock, other farm animals, or poultry? | YES 1 NO 2 | → 122 | | | | | | | | | | | | | | | | | | | | |
| 121 | How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cows? Pigs? Goats? Sheep? Chickens, ducks or guinea fowls? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">COWS</td> <td style="width: 15%;"><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>PIGS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>GOATS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>SHEEP</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>CHICKENS, DUCKS, FOWL ...</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </tbody> </table> | COWS | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | PIGS | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | GOATS | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | SHEEP | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | CHICKENS, DUCKS, FOWL ... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| PIGS | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| GOATS | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| SHEEP | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| CHICKENS, DUCKS, FOWL ... | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | Does anyone in this household have a bank account? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | |
| 123 | What do you do with the dirt from this household? | COLLECTED BY GOVERNMENT ... 11 COLLECTED BY COMMUNITY ASSOCIATION 12 COLLECTED BY PRIVATE COMPANY 13 DUMPED IN COMPOUND 14 DUMPED IN STREET / DUMP PILE 15 DUMPED IN BUSH 16 BURNED 17 BURIED 18 FED TO ANIMALS 19 OTHER 96 (SPECIFY) _____ | | | | | | | | | | | | | | | | | | | | | |
| 124 | Does your household have any mosquito nets that can be used while sleeping? | YES 1 NO 2 | → 200 | | | | | | | | | | | | | | | | | | | | |
| 125 | How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'. | NUMBER OF NETS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

**SCHOOL ABSENCE AND CHILD LABOR
FOR ALL CHILDREN AGED 5 THROUGH 14**

200

CHECK COLUMN (7) AGE:

AT LEAST ONE CHILD AGE 5-14 ☐

NO CHILDREN AGE 5-14 ☐

301

| LINE NUMBER | CHILD'S NAME | SCHOOL ABSENCE | | | WORK LAST WEEK | | WORK IN LAST YEAR | HOUSEHOLD CHORES | | WORK IN FAMILY BUSINESS OR FARM | |
|--|---|---------------------------------------|---|--|--|---|--|---|---|---|--|
| WRITE CHILD'S LINE NUMBER FROM COL.1 IN THE HOUSEHOLD SCHEDULE | WRITE CHILD'S NAME FROM COL.2 IN THE HOUSEHOLD SCHEDULE | Is (NAME) going to school these days? | How many days was (NAME) absent from school last week? IF '0', GO TO 206 | Why was (NAME) absent from school (or not going to school)? SEE CODES BELOW | During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid? | Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this household? INCLUDE ALL HOURS AT ALL JOBS. | At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid? | During the past week, did (NAME) help with household chores like shopping, collecting firewood, cleaning, fetching water, or caring for children? | Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing these chores? | During the past week, did (NAME) do any other family work, on the farm or in a business or selling goods in the street? | Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing this work? |
| (201) | (202) | (203) | (204) | (205) | (206) | (207) | (208) | (209) | (210) | (211) | (212) |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |
| <input type="text"/> | <input type="text"/> | Y N 1 2 ↓ GO TO 205 | DAYS <input type="text"/> IF 0, GO TO 206 | REASON <input type="text"/> | PAID UNPD NO 1 2 3 ↓ GO TO 208 | HOURS <input type="text"/> ↓ GO TO 209 | PAID UNPD NO 1 2 3 | Y N 1 2 ↓ GO TO 211 | HOURS <input type="text"/> | Y N 1 2 ↓ NEXT LINE | HOURS <input type="text"/> |

CODES FOR COL. (205):

11=WORK

12=DID NOT WANT TO GO

13=MISTREATED AT SCHOOL

14= CHILD WAS SICK

15=HAD TO CARE FOR SICK RELATIVE

16=SCHOOL IS TOO FAR

17=SECURITY CONCERNS

18=VACATION, HOLIDAYS

19=SCHOOL NOT OPEN

20=SCHOOL TOO FAR

21=NO MONEY FOR FEES

96=OTHER

CHILD DISCIPLINE
FOR ONE CHILD AGED 2 THROUGH 14

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 301 | <p>CHECK COLUMN 7:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MORE THAN 1 CHILD AGED 2-14</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ONLY 1 CHILD AGED 2-14</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO CHILD AGED 2-14</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: -20px;"> <div style="text-align: right; margin-right: 20px;">→ 303</div> <div style="text-align: right;">→ 501</div> </div> | | |
| 302 | CHECK HOUSEHOLD QUESTIONNAIRE, LAST PAGE SELECT THE CHILD AGE 2-14 AS DESCRIBED | | |
| 303 | WRITE NAME AND LINE NUMBER OF SELECTED CHILD | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;">NAME</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 10px; margin-right: 2px;"></div> <div style="border: 1px solid black; width: 15px; height: 10px;"></div> </div> </div> | |
| 304 | <p>All adults use certain ways to teach children the right behavior or to correct a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (NAME) in the past month.</p> <p>a) Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?</p> <p>.....</p> <p>b) Explained why something was wrong?</p> <p>.....</p> <p>c) Shook him/her?</p> <p>.....</p> <p>d) Shouted, yelled or screamed at him/her?</p> <p>.....</p> <p>e) Gave him/her something else to do?</p> <p>.....</p> <p>f) Spanked him/her on the bottom with bare hand?</p> <p>.....</p> <p>g) Hit him/her on the bottom or elsewhere on the body with something like a belt, a stick or other hard object?</p> <p>.....</p> <p>h) Called him/her dumb, lazy, or another name like that?</p> <p>.....</p> <p>i) Slapped him/her on the face, head, arm or leg?</p> <p>.....</p> <p>j) Beat him/her up with an implement over and over as hard as one could?</p> | <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> | |
| 305 | Do you believe that in order to bring up (NAME) properly, you need to physically punish him/her? | <p>YES 1 NO 2 DOES NOT KNOW/NO OPINION 8</p> | |

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

| | | | | |
|-----|--|--|--|--|
| 501 | CHECK COLUMN 11. RECORD LINE NUMBER AND AGE FOR ALL CHILDREN 0-5 YEARS IN Q. 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRES. A FINAL OUTCOME MUST BE RECORDED IN Q. 508. | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 502 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 504 | CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER? | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) |
| 505 | WEIGHT IN KILOGRAMS | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> |
| 506 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| 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 515. | | |

| | | | | |
|-----|--|--|--|--|
| | | CHILD 4 | CHILD 5 | CHILD 6 |
| 502 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ |
| 503 | What is (NAME'S) birth date? 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 <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 504 | CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) | YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) |
| 505 | WEIGHT IN KILOGRAMS | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> |
| 506 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> |
| 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 515. | | |

WEIGHT, HEIGHT AND HIV TESTING FOR WOMEN AGE 15-49

| | | | | |
|-----|--|--|--|--|
| 515 | CHECK COL. 9. WRITE LINE NUMBER AND NAME FOR ALL WOMEN AGE 15-49 IN 516. IF MORE THAN 3 WOMEN, USE ADDITIONAL QUESTIONNAIRES. A FINAL OUTCOME MUST BE RECORDED IN 519 AND 530 | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 516 | LINE NUMBER (COLUMN 9) NAME (COLUMN 2) | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 517 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 518 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 519 | 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 |
| 520 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ↙ |
| 521 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ↙ | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 525) ↙ |
| 522 | LINE NO. OF PARENT/GUARDIAN RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> |
| 525 | READ HIV TEST CONSENT. FOR NEVER-IN-UNION WOMEN 15-17, ASK CONSENT FROM PARENT/GUARDIAN IN 522 BEFORE ASKING WOMAN | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) _____ (IF CODE 3 OR 4, GO TO 530). | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) _____ (IF CODE 3 OR 4, GO TO 530). | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) _____ (IF CODE 3 OR 4, GO TO 530). |
| 526 | IF CODE '1' OR '2', PROCEED WITH TAKING BLOOD SPOTS. A FINAL OUTCOME MUST BE RECORDED IN 530 FOR EACH WOMAN. | | | |
| 529 | BAR CODE LABEL | PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER | PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER | PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER |
| 530 | OUTCOME OF HIV TEST PROCEDURE | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 |

CONSENT STATEMENT FOR HIV TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 536 IF HE CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CONDUCT THE TEST ONLY IF BOTH PARENT (OTHER ADULT) **AND** THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Liberia.

For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.

If you want to know whether you have HIV, I can tell you the nearby facilities that offer counseling and testing for HIV.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you give some drops of blood for the HIV test? (allow NAME OF ADOLESCENT to take the HIV test?)

We would also like to store part of the blood sample at the laboratory for further tests in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree.

If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

| | |
|------|---|
| 530D | GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531 |
|------|---|

HIV TESTING FOR MEN AGE 15-49

| | | | | |
|--|---|---|---|---|
| 531 | CHECK COL. 10. WRITE LINE NUMBER AND NAME FOR ALL MEN AGE 15-49 IN 532. IF MORE THAN 3 MEN, USE ADDITIONAL QUESTIONNAIRE. A FINAL OUTCOME MUST BE RECORDED IN 539. | | | |
| | | MAN 1 | MAN 2 | MAN 3 |
| 532 | LINE NUMBER (COLUMN 10) NAME (COLUMN 2) | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 533 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ↙ |
| 534 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 536) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 536) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 536) ↙ |
| 535 | LINE NO. OF PARENT/GUARDIAN RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> |
| 536 | READ HIV TEST CONSENT. FOR NEVER-IN-UNION MEN 15-17, ASK CONSENT FROM PARENT/GUARDIAN IDENTIFIED IN 535 BEFORE ASKING RESPONDENT. | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539). | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539). | GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539). |
| 537 | IF CODE 1 OR 2, PROCEED WITH TAKING BLOOD SPOTS. A FINAL OUTCOME MUST BE RECORDED IN 539 FOR EACH MAN. | | | |
| 538 | BAR CODE LABEL | PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER | PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER | PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER |
| 539 | OUTCOME OF HIV TEST PROCEDURE | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6 |
| <p align="center">CONSENT STATEMENT FOR HIV TEST</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 536 IF HE CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CONDUCT THE TEST ONLY IF BOTH PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Liberia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>If you want to know whether you have HIV, I can tell you the nearby facilities that offer counseling and testing for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you give some drops of blood for the HIV test? (allow NAME OF ADOLESCENT to take the HIV test?)</p> <p>We would also like to store part of the blood sample at the laboratory for further tests in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree.</p> <p>If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p> | | | | |
| 540 | GO BACK TO 533 FOR NEXT MAN; IF NO MORE MEN, END INTERVIEW. | | | |

**TABLE FOR SELECTION OF CHILD FOR THE CHILD DISCIPLINE QUESTIONS
AND WOMAN 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 CHILDREN 2-14 IN COLUMN (7) OR NUMBER OF WOMEN 15-49 IN COLUMN (9) 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 CHILD/WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DISCIPLINE/DOMESTIC VIOLENCE QUESTIONS.

FOR CHILD DISCIPLINE: WRITE THE NAME AND LINE NUMBER IN Q. 303.

FOR DOMESTIC VIOLENCE: PUT A CHECK MARK NEXT TO THE LINE NUMBER OF THE SELECTED WOMAN IN COL.9.

EXAMPLE: IF THE QUESTIONNAIRE NUMBER IS '3716', 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 CHILDREN / 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 |