MALAWI DEMOGRAPHIC AND HEALTH SURVEY 2004
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
HOUSEHOLD QUESTIONNAIRE

Questionnaire Number: _____

IDENTIFICATION

PLACE NAME _____

DISTRICT _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

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

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . .
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

HOUSEHOLD SELECTED FOR MALE SURVEY AND BLOOD WORK? (YES = 1, NO = 2)

NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL WOMEN 15-49

TOTAL MEN 15-54

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE***: 3   NATIVE LANGUAGE OF RESPONDENT***:

LANGUAGE OF INTERVIEW***:   WAS A TRANSLATOR USED? (YES=1, NO=2)

*** LANGUAGE CODES: 1 CHICHEWA 2 TUMBUKA 3 ENGLISH 4 OTHER _____(SPECIFY)

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
	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	CIRCLE LINE NUMBER OF WOMAN SELECT-ED FOR DOMES-TIC VIO-LENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5-14	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A	(9)	(10)	(10A)	(11)
			M F	YES NO	YES NO	IN YEARS						YES NO
01		☐☐	1 2	1 2	1 2	☐☐	01	01	01	01	01	1 2
02		☐☐	1 2	1 2	1 2	☐☐	02	02	02	02	02	1 2
03		☐☐	1 2	1 2	1 2	☐☐	03	03	03	03	03	1 2
04		☐☐	1 2	1 2	1 2	☐☐	04	04	04	04	04	1 2
05		☐☐	1 2	1 2	1 2	☐☐	05	05	05	05	05	1 2
06		☐☐	1 2	1 2	1 2	☐☐	06	06	06	06	06	1 2
07		☐☐	1 2	1 2	1 2	☐☐	07	07	07	07	07	1 2
08		☐☐	1 2	1 2	1 2	☐☐	08	08	08	08	08	1 2
09		☐☐	1 2	1 2	1 2	☐☐	09	09	09	09	09	1 2
10		☐☐	1 2	1 2	1 2	☐☐	10	10	10	10	10	1 2

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED

HH ENG 2

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this house-hold? 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 house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (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 class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
01	Y N DK 1 2 8 ↓ ↓ 14 14		Y N DK 1 2 8 ↓ ↓ 16 16		YES NO 1 2 NEXT LINE	LEVEL CLASS	YES NO 1 2 ↳ GO TO 20	YES NO 1 2 GO TO 21	LEVEL CLASS	YES NO 1 2 NEXT LINE	LEVEL CLASS
02	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
03	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
04	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
05	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
06	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
07	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
08	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
09	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
10	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	

**CODES FOR Q.12 THROUGH Q.15
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 17, 20 AND 22
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:

HH ENG 3

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
	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	CIRCLE LINE NUMBER OF WOMAN SELECT-ED FOR DOMES-TIC VIO-LENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5-14	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.

05 = GRANDCHILD   98 = DON'T KNOW
06 = PARENT

HH ENG 4

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
		Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (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 class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***

00 = LESS THAN 1 YEAR COMPLETED
    (FOR Q. 17 ONLY. THIS CODE IS
    NOT ALLOWED FOR Qs. 20 AND 22)
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
	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	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	(10)	(10A)	(11)
			M F	YES NO	YES NO	IN YEARS						YES NO
11			1 2	1 2	1 2		11	11	11	11	11	1 2
12			1 2	1 2	1 2		12	12	12	12	12	1 2
13			1 2	1 2	1 2		13	13	13	13	13	1 2
14			1 2	1 2	1 2		14	14	14	14	14	1 2
15			1 2	1 2	1 2		15	15	15	15	15	1 2
16			1 2	1 2	1 2		16	16	16	16	16	1 2
17			1 2	1 2	1 2		17	17	17	17	17	1 2
18			1 2	1 2	1 2		18	18	18	18	18	1 2
19			1 2	1 2	1 2		19	19	19	19	19	1 2
20			1 2	1 2	1 2		20	20	20	20	20	1 2

*CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER/SISTER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/ STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.12 THROUGH Q.15
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.13 AND Q.15, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 17, 20 AND 22
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:
00 = LESS THAN 1 YEAR COMPLETED
(FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED

HH ENG 6

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this house-hold? 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 house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
					Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (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 class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK		Y N DK		YES NO	LEVEL CLASS	YES NO	YES NO	LEVEL CLASS	YES NO	LEVEL CLASS
11	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
12	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
13	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
14	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
15	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
16	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
17	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
18	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
19	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		1 2 NEXT LINE	
20	1 2 8 ↓ ↓ 14 14		1 2 8 ↓ ↓ 16 16		1 2 NEXT LINE		1 2 ↳ GO TO 20	1 2 GO TO 21		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 ☐ → 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 ☐ → ENTER EACH IN TABLE NO ☐

HH ENG 7

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY					IF AGE 5-54 YEARS
	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	CIRCLE LINE NUMBER OF WOMAN SELECT-ED FOR DOMES-TIC VIO-LENCE MODULE	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 5-14	Has (NAME) been very sick for at least three months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months.

FOR Q.S 20 AND 22)
98 = DON'T KNOW

HH ENG 8

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION						
	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
		Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (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 class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and class did (NAME) attend?***

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

HH ENG 9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

23	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED INTO YARD/PLOT 12
		   COMMUNITY STAND PIPE 13
		WATER FROM OPEN WELL
		   OPEN WELL IN YARD/PLOT ... 22
		   OPEN PUBLIC WELL 23
		WATER FROM COVERED WELL OR
		BOREHOLE
		   PROTECTED WELL IN
		     YARD/PLOT 32
		   PROTECTED PUBLIC WELL ... 33
		SURFACE WATER
		   SPRING 41
		   RIVER/STREAM 42
		   POND/LAKE 43
		   DAM 44
		
		RAINWATER 51
		TANKER TRUCK/BOWSER 61
		BOTTLED WATER 71
		
		OTHER _____ 96
		          (SPECIFY)
			→ 25
			→ 25
			
			→ 25
			
			→ 25
			
			→ 25
			
			→ 25

24	How long does it take you to go there, get water, and come back?	MINUTES .... ☐☐☐ ON PREMISES 996	

25	What kind of toilet facilities does your household have?	FLUSH TOILET 11
		PIT TOILET/LATRINE
		   TRADITIONAL PIT TOILET 21
		   VENTILATED IMPROVED PIT
		     (VIP) LATRINE 22
		NO FACILITY/BUSH/FIELD 31
		
		OTHER _____ 96
		          (SPECIFY)
			
			→ 27

26	Do you share these facilities with other households?	YES .... 1 NO 2	
27	Does your household have: Electricity? A paraffin lamp? A radio? A television? A cellular phone? A telephone (landline)? A bed with a mattress? A sofa set? A table and chair(s)? A refrigerator?	YES NO ELECTRICITY .... 1 2 PARAFFIN LAMP .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 CELL PHONE .... 1 2 TELEPHONE (LANDLINE) ... 1 2 BED WITH MATTRESS .... 1 2 SOFA SET .... 1 2 TABLE AND CHAIR(S) .... 1 2 REFRIGERATOR 1 2	
28	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 .... 06 FIREWOOD, STRAW .... 07 DUNG .... 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

29	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		  EARTH/SAND 11
		  DUNG 12
		RUDIMENTARY FLOOR
		  WOOD PLANKS 21
		  PALM/BAMBOO 22
		  BROKEN BRICKS............. 23
		FINISHED FLOOR
		  PARQUET OR POLISHED
		    WOOD 31
		  VINYL OR ASPHALT STRIPS ... 32
		  CERAMIC TILES 33
		  CEMENT 34
		  CARPET 35
		
		OTHER _____ 96
		       (SPECIFY)	

29A	How many rooms in your household are used for sleeping?	ROOMS .... ☐☐	
29B	Does this household own any agricultural land?	YES .... 1 NO 2	→ 29D
29C	How much agricultural land does this household own? _____ (SIZE AND UNIT)	ACRES .... ☐☐☐.☐ DON'T KNOW 9998	
29D	Does this household own any livestock?	YES .... 1 NO 2	→ 30
29E	How many of the following types of animals are owned by this household? Goats? Pigs? Cattle? Sheep? Chickens?	NUMBER OF GOATS ... ☐☐☐ NUMBER OF PIGS ...... ☐☐☐ NUMBER OF CATTLE ... ☐☐☐ NUMBER OF SHEEP ... ☐☐☐ NUMBER OF CHICKENS . ☐☐☐	
30	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	
31	Does your household have any mosquito nets that can be used while sleeping?	YES .... 1 NO 2	→ 36
32	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS .... ☐	

33	ASK THE RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED . . . 1 NOT OBSERVED 2 (SKIP TO 33C) ↵	OBSERVED . . . 1 NOT OBSERVED 2 (SKIP TO 33C) ↵	OBSERVED . . . 1 NOT OBSERVED 2 (SKIP TO 33C) ↵

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
33A	**OBSERVE THE CONDITION OF THE MOSQUITO NET:** DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2	
33B	**OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.**	BLUE . . . . . . 1 GREEN . . . 2 WHITE . . . . . . 3 OTHER . . . 4	BLUE . . . . . . 1 GREEN . . . 2 WHITE . . . . . . 3 OTHER . . . 4	BLUE . . . . . . 1 GREEN . . . 2 WHITE . . . . . . 3 OTHER . . . 4	
33C	**OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.**	CONICAL . . . 1 RECTANGLE 2	CONICAL . . . 1 RECTANGLE 2	CONICAL . . . 1 RECTANGLE 2	
34	How long ago did your household obtain the mosquito net?	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96	
35	Where did you get this mosquito net?	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP . . . . . . 3 OTHER . . . 4 _____ (SPECIFY)	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP . . . . . . 3 OTHER . . . 4 _____ (SPECIFY)	HEALTH FACILITY . 1 COMMUNITY-DISTRIBUTED 2 PRIVATE SHOP . . . . . . 3 OTHER . . . 4 _____ (SPECIFY)	
35A	When you got the net, did it come with an insecticide treatment kit?	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	
35B	Since you got the mosquito net, was it ever soaked or dipped in an insectide to kill or repel mosquitos?	YES . . . . 1 NO . . . . 2 (SKIP TO 35D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 35D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 35D) ← NOT SURE . . . 8	
35C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96 NOT SURE . . . 98	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96 NOT SURE . . . 98	MOS AGO ☐☐ MORE THAN 3 YEARS AGO... 96 NOT SURE . . . 98	
35D	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 35F) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 35F) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 35F) ← NOT SURE . . . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
35E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐	NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐	NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐ NAME_____ LINE NO. ☐☐	
35F		GO BACK TO 33 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 36.	GO BACK TO 33 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 36.	GO BACK TO 33 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 36.	
36	What color of mosquito net do you prefer?	BLUE . . . . 1 GREEN . . . . 2 WHITE . . . . 3 OTHER _____ 4 (SPECIFY) DK/NO PREFERENCE 8			
37	What shape of mosquito net do you prefer?	CONICAL . . . . 1 RECTANGULAR . . . . 2 DK/NO PREFERENCE 8			

CHILD LABOUR

Now I would like to ask you about any work children in this household may do.

LINE NO. COPY LINE NUMBER OF CHILDREN AGE 5-14 FROM COL. (1)	CHILD'S NAME COPY THE NAMES OF CHILDREN AGE 5-14 FROM COL. (2)	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of the household?*	During the past week, did (NAME) help with house-keeping chores such as cooking, shop-ping, cleaning, washing clothes, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?	During the past week, did (NAME) do any other family work on the farm or in a business?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work?
(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)
☐☐		PAID 1 UNPAID 2 NO 3 GO TO 43 ←	☐☐	YES 1 NO 2 GO TO 45 ←	☐☐	YES 1 NO 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐
☐☐		1 2 3 GO TO 43 ←	☐☐	1 2 GO TO 45 ←	☐☐	1 2 GO TO NEXT LINE	☐☐

* IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS.

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 8A IN THE HOUSEHOLD SCHEDULE AND CIRCLE 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, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMN (10): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6.

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL. (10)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)
☐☐		☐☐	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	LYING STAND. 1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
☐☐		☐☐	☐☐ ☐☐ ☐☐☐☐	0 ☐☐.☐	☐☐☐.☐	1 2	☐
TICK HERE IF CONTINUATION SHEET USED ☐							

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(55)	(56)	(57)	(58)	(59)	(60)
	☐☐	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐
	☐☐	1 2 SIGN _____ NEXT LINE ↵	☐☐.☐		☐

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem. You do not have to participate; however, if you do, it will help the government to develop programs to prevent and treat anemia.

We request that you agree to let me test (NAME OF CHILDREN BORN IN 1999 OR LATER) for anemia. For the test, I will take a few drops of blood from a finger or from the heel of the child. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions? Do you agree to have the test done?

61	CHECK 58 AND 59: NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT* ONE OR MORE ☐ NONE ☐ ↓ ↓ GIVE EACH PARENT/RESPONSIBLE ADULT GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 62.** END HOUSEHOLD INTERVIEW.
62	We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the doctor?

NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2
		YES . . . . 1 NO 2

*   The cutoff point is 7 g/dl for children.

**   If more than one child is below the cutoff point, read the statement in Q.62 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.