

MINISTRY OF HEALTH AND SOCIAL SERVICES AND CENTRAL BUREAU OF STATISTICS  
DEMOGRAPHIC AND HEALTH SURVEY 2000

9 September 2000

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
NAME AND CODE OF REGION * _____	<input type="text"/>
NAME OF VILLAGE/TOWN/CITY _____	<input type="text"/>
DHS CLUSTER NUMBER.....	<input type="text"/>
HOUSEHOLD NUMBER .....	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____	<input type="text"/>
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY (YES=1; NO=2).....	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> INT.CODE <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT**	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NO. OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>**RESULT CODES:</b> 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 <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> TOTAL ELIGIBLE MEN 15-59 <input type="text"/> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE _____	DATE _____	<input type="text"/>	<input type="text"/>

\* Region codes: CAPRIVI=01; ERONGO=02; HARDAP=03; KARAS=04; KHOMAS=05; KUNENE=06; OHANGWENA=07; KAVANGO=08; OMAHEKE=09; OMUSATI=10; OSHANA=11; OSHIKOTO=12; OTJOZONDJUPA=13.

## 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		
				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 ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
01			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS 1 2	01	01	01
02			1 2	1 2	1 2	1 2	02	02	02
03			1 2	1 2	1 2	1 2	03	03	03
04			1 2	1 2	1 2	1 2	04	04	04
05			1 2	1 2	1 2	1 2	05	05	05
06			1 2	1 2	1 2	1 2	06	06	06
07			1 2	1 2	1 2	1 2	07	07	07
08			1 2	1 2	1 2	1 2	08	08	08
09			1 2	1 2	1 2	1 2	09	09	09
10			1 2	1 2	1 2	1 2	10	10	10

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT

07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
10 = OTHER RELATIVE  
11 = ADOPTED/FOSTER/STEPCHILD  
12 = NOT RELATED  
98 = DON'T 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 3 YEARS OR OLDER		IF AGE 3-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

\*\* 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 = PRE-SCHOOL (KINDERGARTEN, DAY CARE)  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER/UNIV.  
8 = DON'T KNOW

EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DON'T KNOW

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	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
11		<input type="text"/>	M      F 1      2	YES   NO 1      2	YES   NO 1      2	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	12	12	12
13		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	13	13	13
14		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	14	14	14
15		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	15	15	15
16		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	16	16	16
17		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	17	17	17
18		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	18	18	18
19		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	19	19	19
20		<input type="text"/>	1      2	1      2	1      2	<input type="text"/>	20	20	20

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF  
HOUSEHOLD:  
01 = HEAD  
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DAUGHTER-IN-LAW  
05 = GRANDCHILD  
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07 = PARENT-IN-LAW  
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\*\* 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 = PRE-SCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER/UNIV.  
8 = DON'T KNOW  
  
EDUCATION GRADE:  
00 = LESS THAN 1 YEAR  
COMPLETED  
98 = DON'T 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 3 YEARS OR OLDER		IF AGE 3-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
11	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

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 ☐
- 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 ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
21	During the rainy season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING .....11 PIPED INTO YARD OR PLOT .....12 PUBLIC TAP .....13 UNPROTECTED SOURCE UNPROTECTED DUG WELL .....21 UNPROTECTED SPRING .....22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP .....31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE .....42  RAINWATER .....51 TANKER TRUCK.....61 BOTTLED WATER.....71  OTHER .....96 (SPECIFY)	→ 23 → 23        → 23  → 23																		
22	How long does it take you to go there, get water, and come back (during the rainy season)?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
23	During the dry season, what is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING .....11 PIPED INTO YARD OR PLOT .....12 PUBLIC TAP .....13 UNPROTECTED SOURCE UNPROTECTED DUG WELL .....21 UNPROTECTED SPRING .....22 PROTECTED WELL OR BOREHOLE BOREHOLE WITH PUMP .....31 PROTECTED DUG WELL.....32 SURFACE WATER PROTECED SPRING.....41 RIVER/STREAM/POND/LAKE .....42  RAINWATER .....51 TANKER TRUCK.....61 BOTTLED WATER.....71  OTHER .....96 (SPECIFY)	→ 25 → 25        → 25  → 25																		
24	How long does it take you to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
25	What kind of toilet facility do most members of your household use?	FLUSH TO SEWAGE SYSTEM OR SEPTIC TANK .....11 POUR FLUSH LATRINE(WATER SEAL)12 TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE .....22 BUCKET .....23 NO FACILITY/BUSH/FIELD .....31  OTHER .....96 (SPECIFY)	       → 27																		
26	Do you share this toilet with other households?	YES .....1 NO .....2																			
27	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>ELECTRICITY .....</td><td>1</td><td>2</td></tr> <tr> <td>RADIO .....</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION .....</td><td>1</td><td>2</td></tr> <tr> <td>TELEPHONE .....</td><td>1</td><td>2</td></tr> <tr> <td>REFRIGERATOR .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	TELEPHONE .....	1	2	REFRIGERATOR .....	1	2	
	YES	NO																			
ELECTRICITY .....	1	2																			
RADIO .....	1	2																			
TELEVISION .....	1	2																			
TELEPHONE .....	1	2																			
REFRIGERATOR .....	1	2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....1 GAS .....2 PARAFFIN/KEROSENE .....3 CHARCOAL FROM WOOD .....4 FIREWOOD .....5 OTHER ..... 6 (SPECIFY)																
29	What type of energy does your household mainly use for lighting?	ELECTRICITY .....1 GAS .....2 PARAFFIN/KEROSENE .....3 CANDLE .....4 OTHER ..... 6 (SPECIFY)																
30	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	EARTH/SAND .....11 DUNG .....12 WOOD PLANKS/PALM/BAMBOO .....21 VINYL/LINOLEUM/CERAMIC TILES .....31 CEMENT/CONCRETE .....32 CARPET .....33 OTHER ..... 96 (SPECIFY)																
31	Does any member of your household own:  A donkey cart or a horse? A bicycle? A motorcycle or motor scooter? A car or bakkie or other motor vehicle?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>DONKEY CART/HORSE .....1</td><td></td><td>2</td></tr> <tr> <td>BICYCLE .....1</td><td></td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER .....1</td><td></td><td>2</td></tr> <tr> <td>CAR/BAKKIE .....1</td><td></td><td>2</td></tr> </tbody> </table>		YES	NO	DONKEY CART/HORSE .....1		2	BICYCLE .....1		2	MOTORCYCLE/SCOOTER .....1		2	CAR/BAKKIE .....1		2	
	YES	NO																
DONKEY CART/HORSE .....1		2																
BICYCLE .....1		2																
MOTORCYCLE/SCOOTER .....1		2																
CAR/BAKKIE .....1		2																
32	How many rooms does this household have for sleeping?  DO NOT INCLUDE BATHROOMS OR CLOSETS.	ROOMS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																
33	Does your household have any bednets that can be used while sleeping?	YES .....1 NO .....2																
34	May I see a sample of the salt used for cooking last time?  TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO COLOUR) .....1 BELOW 15 PPM .....2 ABOVE 15 PPM (STRONG COLOR) .....3 NO SALT AT HOME/NOT TESTED .....4	→ 37															
35	RECORD TYPE OF SALT.	GRANULAR SALT IN CONTAINER WITH LID .....1 UNCOVERED GRANULAR SALT .....2 BLOCK SALT .....3 OTHER .....6																
36	What is the source of this salt: was it bought in a shop or from an open market or does it come from a salt pan?	SHOP, SUPERMARKET .....1 OPEN MARKET .....2 SALT PAN .....3 OTHER .....6 DOES NOT KNOW .....8																
37	What is the name of the nearest government health facility that provides health services to this community?  _____ (NAME)	FOR OFFICE USE ..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>  GPS <table border="1" style="display: inline-table; width: 100px; height: 40px; vertical-align: middle;"></table>  DOES NOT KNOW ..... 998	→41															
38	How do you get from here to (HEALTH FACILITY NAME)?	CAR/MOTORCYCLE .....1 PUBLIC TRANSPORT (BUS,TAXI) .....2 ANIMAL/ANIMAL CART .....3 WALKING .....4 OTHER ..... 6 (SPECIFY)																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
39	How long does it take you to get from here to (HEALTH FACILITY NAME)?  (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/>  HOURS.....2 <input type="text" value="0"/> <input type="text"/> <input type="text"/>	
40	CHECK 37: IS THE NEAREST FACILITY A HOSPITAL?  NO, NOT A HOSPITAL <input type="checkbox"/> YES, A HOSPITAL <input type="checkbox"/> _____		→44
41	What is the name of the nearest government hospital that provides health services to this community?  _____ (NAME)	FOR OFFICE USE..... <input type="text"/> <input type="text"/> <input type="text"/>  GPS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DOES NOT KNOW.....998	→ 44
42	How do you get from here to (NAME OF HOSPITAL)?	CAR/MOTORCYCLE .....1 PUBLIC TRANSPORT (BUS,TAXI) .....2 ANIMAL/ANIMAL CART .....3 WALKING .....4  OTHER _____ 6 (SPECIFY)	
43	How long does it take you to get from here to (NAME OF HOSPITAL)?  (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/>  HOURS.....2 <input type="text" value="0"/> <input type="text"/> <input type="text"/>	
44	In the last 12 months, has anyone in this household stayed overnight in a hospital or other health facility other than to deliver a baby?	YES.....1 NO .....2 DOES NOT KNOW.....8	→ 49 → 49
45	How many days did that person stay in hospital?  IF MORE THAN ONE PERSON, ASK ABOUT THE MOST RECENT.	DAYS IN HOSPITAL ..... <input type="text"/> <input type="text"/>	
46	What type of health facility did he or she stay in?	GOVERNMENT HOSPITAL .....11 GOVERNMENT HEALTH CENTRE .....12 GOVERNMENT CLINIC .....13  PRIVATE HOSPITAL.....21 TRADITIONAL HEALING CENTRE .....35  OTHER _____ 96 (SPECIFY)	
47	Did you or a family member pay for this stay in the hospital, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES .....2 PAID NOTHING/FREE .....3 DOES NOT KNOW.....8	→ 49 → 49 → 49
48	Altogether how much was paid for the hospital care: including examinations, laboratory tests, medicines, meals, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
49	In the last 2 weeks, has anyone in this household visited a health facility or consulted a doctor or nurse or traditional healer for any reason?  INCLUDE VISITS FOR CHILDREN.	YES.....1 NO .....2 DOES NOT KNOW.....8	→ 52 → 52
50	Did you or another family member pay for this visit or consultation, either in cash or in goods or gifts?	CASH.....1 GOODS/SERVICES .....2 PAID NOTHING/FREE .....3 DOES NOT KNOW.....8	→ 52 → 52 → 52
51	Altogether how much was paid for this health care: including examinations, laboratory tests, medicines, and staff fees?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



# HEIGHT AND WEIGHT MEASUREMENT

CHECK COLUMN (9): 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 1995 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 (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)
			DAY    MON.    YEAR			LYINGSTAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1    2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1    2	<input type="text"/>
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TICK HERE IF CONTINUATION SHEET USED
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