

**MINISTRY OF HEALTH AND SOCIAL SERVICES
2006 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - ENGLISH**

IDENTIFICATION																								
NAME AND CODE OF REGION* _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																							
NAME OF VILLAGE/TOWN/CITY _____																								
DHS CLUSTER NUMBER																								
URBAN/RURAL (URBAN = 1, RURAL = 2)																								
LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																								
HOUSEHOLD NUMBER																								
NAME OF HOUSEHOLD HEAD _____																								
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES = 1, NO = 2)	<input type="checkbox"/>																							
INTERVIEWER VISITS																								
	1	2	3	FINAL VISIT																				
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>																				
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER																				
RESULT**	_____	_____	_____	RESULT																				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																				
TIME	_____	_____		<input type="text"/>																				
**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 <input type="text"/> TOTAL WOMEN 15-49 <input type="text"/> TOTAL MEN 15-49 <input type="text"/> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/>																				
LANGUAGE OF QUESTIONNAIRE: <input type="text" value="3"/>	RESPONDENT'S LANGUAGE: _____ <input type="text"/>																							
LANGUAGE OF INTERVIEW*** <input type="text"/>	TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <input type="text"/>																							
LANGUAGE*** CODES: 1 AFRIKAANS 3 ENGLISH 5 KWANGALI 7 OSHIWAMBO 2 DAMARA/NAMA 4 HERERO 6 LOZI 8 OTHER																								
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY																				
NAME _____	NAME _____																							
DATE _____ <input type="text"/>	DATE _____ <input type="text"/>		<input type="text"/>	<input type="text"/>																				

*REGION CODES: CAPRIVI = 01; ERONGO = 02; HARDAP = 03; KARAS = 04; KHOMAS = 05; KUNENE = 06; CHANGWENA = 07; KAVANGO = 08; OMAHEKE = 09; OMUSATI = 10; OSHANA = 11; OSHIKOTO = 12; OTJOZONDJUPA = 13

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Services. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the 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 we should come to any question you don't want to answer, just let me know and I will go on 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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(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="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	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 = DONT KNOW |

	IF AGE 18-59 YEARS			IF AGE 0-17 YEARS						IF AGE 0-17 YEARS		
LINE NO.	SICK PERSON			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						BROTHERS AND SISTERS		
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="checkbox"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	
01	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	02	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
02	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	03	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
03	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	04	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
04	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	05	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
05	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	06	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
06	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	07	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
07	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	08	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
08	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	09	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
09	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8	10	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2	
10	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/>	1 2 8					

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2006 - 2007) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
01	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[]
02	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
03	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
04	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
05	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
06	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
07	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
08	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
09	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
10	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL	GRADE
0 = PRE-SCHOOL (KG, DAY CARE)	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
1 = PRIMARY	98 = DON'T KNOW
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
(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

- 2A) Just to make sure that I have a complete listing. Are there any other persons such as 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, such as domestic servants, lodgers, 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

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 |
| 06 = PARENT-IN-LAW | 98 = DON'T KNOW |

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS	
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS	
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	11	1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2
11	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	12	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
12	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	13	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
13	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	14	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
14	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	15	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
15	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	16	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
16	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	17	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
17	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	18	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
18	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	19	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
19	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	20	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
20	1 2 8	1 2 8 ↓ GO TO 16	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 2 8				

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) (3) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005) (3)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
11	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[]
12	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
13	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
14	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
15	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
16	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
17	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
18	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
19	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]
20	1 2 ↓ GO TO 29	[][] [][]	1 2 ↓ GO TO 27	[][] [][]	1 2 ↓ GO TO 29	[][] [][]	1 2 8	1 2 8	1 2 8	[]

CODES FOR Qs. 24, 26, AND 28: EDUCATION

- | | |
|--|--|
| LEVEL | GRADE |
| 0 = PRE-SCHOOL (KINDER-GARTEN, DAY CARE) | 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY.) |
| 1 = PRIMARY | THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28) |
| 2 = SECONDARY | 98 = DON'T KNOW |
| 3 = HIGHER | |
| 8 = DON'T KNOW | |

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 106 <input type="checkbox"/> → 103 <input type="checkbox"/> → 106 <input type="checkbox"/> → 103 <input type="checkbox"/> → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 106 <input type="checkbox"/> → 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108																								
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z																									
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 111																								
109	Do you share this toilet facility with other households?	YES 1 NO 2	<input type="checkbox"/> → 111																								
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																									
111	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>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A non-mobile telephone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Solar electricity?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	A radio?	1	2	A television?	1	2	A mobile telephone?	1	2	A non-mobile telephone?	1	2	A refrigerator?	1	2	Solar electricity?	1	2	
	YES	NO																									
ELECTRICITY	1	2																									
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A non-mobile telephone?	1	2																									
A refrigerator?	1	2																									
Solar electricity?	1	2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	 → 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER 6 (SPECIFY)	 → 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	 → 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>WATCH</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many hectares of agricultural land do members of this household own?	HECTARES <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 95 DON'T KNOW 98	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chickens?	CATTLE <input type="text"/> <input type="text"/> COWS/BULLS <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES ... <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/>	
126	Does any member of this household have a bank account?	YES 1 NO 2	
126A	What is the name of the nearest government health facility that provides health services to this community? _____ NAME	HOSPITAL 1 HEALTH CENTER 2 CLINIC 3 OUTREACH POINT 4 DON'T KNOW 6 FOR OFFICIAL USE <input type="text"/> <input type="text"/> <input type="text"/>	→ 126H
126B	If you were to go to (HEALTH FACILITY NAME), how would you go there?	CAR/MOTORCYCLE 1 PUBLIC TRANSPORT (BUS, TAXI) 2 ANIMAL/ANIMAL CART 3 WALKING 4 OTHER _____ 6 SPECIFY	
126C	How long does it take from here to (HEALTH FACILITY NAME) by (MODE OF TRANSPORT IN 126B)?	MINUTES 1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS 2 <input type="text"/> <input type="text"/> <input type="text"/> DAYS 3 <input type="text"/> <input type="text"/> <input type="text"/>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . . 2	OBSERVED 1 NOT OBSERVED . . 2	OBSERVED 1 NOT OBSERVED . . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF NET.	'PERMANENT' NET OLYSET NET . . 11 YORKKOL ... 12 SUPA NET PLUS 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← OTHER 31 DK BRAND 98	'PERMANENT' NET OLYSET NET . . 11 YORKKOL ... 12 SUPA NET PLUS 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← OTHER 31 DK BRAND 98	'PERMANENT' NET OLYSET NET . . 11 YORKKOL ... 12 SUPA NET PLUS 13 OTHER/ DK BRAND 16 (SKIP TO 135) ← OTHER 31 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?	YES 1 NO 2 DON'T KNOW 8		→ 141
139	How many months ago was the house sprayed? IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO <input type="text"/> <input type="text"/>		
140	Who sprayed the house?	GOVERNMENT WORKER/ PROGRAM 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8		→ 142
141	What is the reason your house has not been sprayed?	NO ONE AT HOME 1 DO NOT WANT SPRAYING 2 DO NOT NEED SPRAYING 3 OTHER _____ 6 SPECIFY DON'T KNOW ABOUT SPRAYING 7 DON'T KNOW 8		
142	May I see a sample of the salt used for cooking last time?	0 PPM (NO COLOUR) 1 BELOW 15 PPM 2 ABOVE 15 PPM (STRONG COLOUR) ... 3 NO SALT AT HOME 4 NOT TESTED 5 REFUSED 6		→ 201
143	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 4 DON'T KNOW 8		

SUPPORT FOR SICK PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE <input type="checkbox"/>	NUMBER OF SICK PEOPLE AGE 18-59 <input type="text"/> <input type="text"/> NONE <input type="checkbox"/> → 301		
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S). READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK. You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons]. First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME _____ LINE NO. <input type="text"/> <input type="text"/>	2ND SICK PERSON NAME _____ LINE NO. <input type="text"/> <input type="text"/>	3RD SICK PERSON NAME _____ LINE NO. <input type="text"/> <input type="text"/>
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 206) ← DK 8	YES 1 NO 2 (SKIP TO 206) ← DK 8	YES 1 NO 2 (SKIP TO 206) ← DK 8
205	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 208) ← DK 8	YES 1 NO 2 (SKIP TO 208) ← DK 8	YES 1 NO 2 (SKIP TO 208) ← DK 8
207	Did your household receive of this any emotional or psychological support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 210) ← DK 8	YES 1 NO 2 (SKIP TO 210) ← DK 8	YES 1 NO 2 (SKIP TO 210) ← DK 8
209	Did your household receive any of this material support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8
211	Did your household receive any of this social support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			<input type="checkbox"/> → 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS <input type="text"/>			
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ <input type="checkbox"/> (SKIP TO 318) ← 18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 318) ← 18-59 <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 318) ← 18-59 <input type="checkbox"/>	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE . . . 2 NO 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 <input type="checkbox"/> →</p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> →</p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

406	NAME FROM COLUMN 2	1ST CHILD NAME _____	2ND CHILD NAME _____	3RD CHILD NAME _____	4TH CHILD NAME _____
	LINE NUMBER FROM COLUMN 1	LINE NO. <input type="text"/> <input type="text"/>			
	AGE FROM COLUMN 7	AGE <input type="text"/> <input type="text"/>			
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8			
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8			
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8			
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8			
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8			
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

NO.	CODING CATEGORIES				
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE <input type="checkbox"/> <input type="checkbox"/> NO. AGE . <input type="checkbox"/> <input type="checkbox"/>	6TH CHILD NAME _____ LINE <input type="checkbox"/> <input type="checkbox"/> NO. AGE . <input type="checkbox"/> <input type="checkbox"/>	7TH CHILD NAME _____ LINE <input type="checkbox"/> <input type="checkbox"/> NO. AGE . <input type="checkbox"/> <input type="checkbox"/>	8TH CHILD NAME _____ LINE <input type="checkbox"/> <input type="checkbox"/> NO. AGE . <input type="checkbox"/> <input type="checkbox"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8			
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8			
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any material support in the past 3 months?	YES 1 NO 2 DK 8			
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any social support in the past 3 months?	YES 1 NO 2 DK 8			
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8			
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 AGE FROM COLUMN 7	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>
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"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/>	KG. ... <input type="text"/>	KG. ... <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <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 FOR NEXT CHILD IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		
		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 AGE FROM COLUMN 7	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>	LINE NUMBER ... <input type="text"/> NAME _____ AGE <input type="text"/>
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"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 510)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/>	KG. ... <input type="text"/>	KG. ... <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <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 ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 510.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

510	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 511. IF MORE THAN SIX WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 514.			
		WOMAN 1	WOMAN 2	WOMAN 3
511	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 _____
512	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"/>
513	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"/>
514	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
		WOMAN 4	WOMAN 5	WOMAN 6
511	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 _____
512	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"/>
513	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"/>
514	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