

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2003
HOUSEHOLD QUESTIONNAIRE

NATIONAL POPULATION COMMISSION

IDENTIFICATION																																				
STATE NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																			
LOCAL GOVT. AREA _____																																				
LOCALITY NAME _____																																				
ENUMERATION AREA _____																																				
URBAN /RURAL (URBAN = 1, RURAL = 2) _____																																				
CLUSTER NUMBER.....																																				
BUILDING NUMBER.....																																				
HOUSEHOLD NAME/NUMBER _____																																				
MEN'S INTERVIEW (YES=1, NO=2).....																																				
LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE (LARGE TOWN = 1, MEDIUM TOWN = 2, SMALL TOWN = 3, VILLAGE = 4)																																				
INTERVIEWER VISITS																																				
	1	2	3	FINAL VISIT																																
DATE				DAY																																
				MONTH																																
				YEAR																																
INTERVIEWER'S NAME				NAME																																
RESULT*				RESULT																																
NEXT VISIT: DATE				TOTAL NO. OF VISITS																																
TIME				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>																																
<div style="display: flex; justify-content: space-around; font-size: small;"> HAUSAYORUBAIGBOENGLISHOTHER </div> LANGUAGE OF INTERVIEW 1 2 3 4 6 NATIVE LANGUAGE OF RESPONDENT 1 2 3 4 6			TRANSLATOR YES NO USED? 1 2																																	
SUPERVISOR NAME _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DATE _____	FIELD EDITOR NAME _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DATE _____	OFFICE EDITOR <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	KEYED BY <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>																																	

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		
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) as of last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6		
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(8A)	(9)		
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F		YES NO	YES NO	IN YEARS					
		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01		
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02		
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03		
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04		
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05		
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06		
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07		
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08		
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09		
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2		1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	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

09 = BROTHER OR SISTER-IN-LAW

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 5 YEARS OR OLDER			IF AGE 5-24 YEARS				
	(10)	(11)	(12)	(13)	(13A)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01	YES NO DK 1 2 8 ↓ skip to (12)	<input type="text"/>	YES NO DK 1 2 8 ↓ skip to (13A)	<input type="text"/>	YES NO 1 2	YES NO 1 2 NEXT LINE	LEVEL CLASS/ YEAR <input type="text"/> <input type="text"/>	YES NO 1 2 L GO TO 18	YES NO 1 2 GO TO 19	LEVEL CLASS/ YEAR <input type="text"/> <input type="text"/>	YES NO 1 2 NEXT LINE	LEVEL CLASS/ YEAR <input type="text"/> <input type="text"/>
02	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
03	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
04	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
05	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
06	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
07	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
08	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
09	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
10	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>

** CODES FOR 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-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

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

FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL.

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) as of last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
11		<div><div></div><div></div></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div><div></div><div></div></div>	11	11	11
12		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	12	12	12
13		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	13	13	13
14		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	14	14	14
15		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	15	15	15
16		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	16	16	16
17		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	17	17	17
18		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	18	18	18
19		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	19	19	19
20		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	20	20	20
21		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	21	21	21
22		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	22	22	22
23		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	23	23	23

* 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
09 = BROTHER OR SISTER-IN- LAW
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/
STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** 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-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION CLASS:
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 5 YEARS OR OLDER			IF AGE 5-24 YEARS				
	(10)	(11)	(12)	(13)	(13A)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
11	YES NO DK 1 2 8 ↓ skip to (12)	<input type="text"/>	YES NO DK 1 2 8 ↓ skip to (13A)	<input type="text"/>	YES NO 1 2	YES NO 1 2 NEXT LINE	CLASS/ YEAR <input type="text"/> <input type="text"/>	YES NO 1 2 L GO TO 18	YES NO 1 2 GO TO 19	CLASS/ YEAR <input type="text"/> <input type="text"/>	YES NO 1 2 NEXT LINE	CLASS/ YEAR <input type="text"/> <input type="text"/>
12	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
13	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
14	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
15	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
16	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
17	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
18	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
19	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
20	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
21	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
22	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>
23	1 2 8 ↓ skip to (12)	<input type="text"/>	1 2 8 ↓ skip to (13A)	<input type="text"/>	1 2	1 2 NEXT LINE	<input type="text"/> <input type="text"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="text"/> <input type="text"/>	1 2 NEXT LINE	<input type="text"/> <input type="text"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE USED <input type="checkbox"/>	
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 <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
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 <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																		
27	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND.....11</p> <p>DUNG.....12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS.....21</p> <p>PALM/BAMBOO.....22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD.....31</p> <p>VINYL OR ASPHALT STRIPS.....32</p> <p>CERAMIC TILES.....33</p> <p>CEMENT.....34</p> <p>CARPET.....35</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																					
28	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A donkey or horse or camel?</p> <p>A canoe or boat or ship?</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>BICYCLE.....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> <tr> <td>DONKEY/HORSE/CAMEL.....</td><td>1</td><td>2</td></tr> <tr> <td>CANOE/BOAT/SHIP.....</td><td>1</td><td>2</td></tr> </table>				YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	DONKEY/HORSE/CAMEL.....	1	2	CANOE/BOAT/SHIP.....	1	2	
	YES	NO																					
BICYCLE.....	1	2																					
MOTORCYCLE/SCOOTER	1	2																					
CAR/TRUCK.....	1	2																					
DONKEY/HORSE/CAMEL.....	1	2																					
CANOE/BOAT/SHIP.....	1	2																					
29A	Does your household own any mosquito nets that can be used to protect against mosquitoes while sleeping? I am talking about nets people sleep under.	<p>YES.....1</p> <p>NO.....2</p>			→30G																		
29B	How many mosquito nets does your household own?	<p>NUMBER OF NETS.....</p> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div>																					
30A	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. ASK OR RECORD APPROPRIATE ANSWER FOR THE FOLLOWING QUESTIONS. IF UNABLE TO OBSERVE THE NETS, CIRCLE APPROPRIATE CODE AND ASK QUESTIONS.	<p>NET 1</p> <p>SEEN.....1</p> <p>NOT SEEN.....2</p>	<p>NET 2</p> <p>SEEN.....1</p> <p>NOT SEEN.....2</p>	<p>NET 3</p> <p>SEEN.....1</p> <p>NOT SEEN.....2</p>																			
30B	How long ago did your household obtain the mosquito net?	<p>MONTHS</p> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div> <p>MORE THAN 3 YRS AGO 96</p>	<p>MONTHS</p> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div> <p>MORE THAN 3 YRS AGO 96</p>	<p>MONTHS</p> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block;"></div> <p>MORE THAN 3 YRS AGO 96</p>																			
30C	OBSERVE OR ASK THE BRAND OF MOSQUITO NET(S) IN THE HOUSEHOLD.	<p>PERMANENT NET¹1</p> <p>(SKIP TO 30F)←</p> <p>PRETREATED NET²2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET4</p> <p>OTHER.....6</p> <p>DON'T KNOW/ UNSURE8</p>	<p>PERMANENT NET¹1</p> <p>(SKIP TO 30F)←</p> <p>PRETREATED NET²2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET4</p> <p>OTHER.....6</p> <p>DON'T KNOW/ UNSURE8</p>	<p>PERMANENT NET¹1</p> <p>(SKIP TO 30F)←</p> <p>PRETREATED NET²2</p> <p>NET WITH KIT...3</p> <p>UNTREATED NET4</p> <p>OTHER.....6</p> <p>DON'T KNOW/ UNSURE8</p>																			
30D	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	<p>YES1</p> <p>NO2</p> <p>(SKIP TO 30F)←</p> <p>NOT SURE8</p>	<p>YES1</p> <p>NO2</p> <p>(SKIP TO 30F)←</p> <p>NOT SURE8</p>	<p>YES.....1</p> <p>NO2</p> <p>(SKIP TO 30F)←</p> <p>NOT SURE8</p>																			

¹ 'Permanent' is a pretreated net that does not require any further treatment

² 'Pretreated' net that requires additional treatments every 6-12 months

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
30E	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <div><div></div><div></div></div> MORE THAN 3 YRS AGO 96	MONTHS <div><div></div><div></div></div> MORE THAN 3 YRS AGO 96	MONTHS <div><div></div><div></div></div> MORE THAN 3 YRS AGO 96	
30F	Who slept under this mosquito net last night? RECORD RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NET 1 LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____	NET 2 LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____	NET 3 LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____ LINE <div><div></div><div></div></div> NO NAME _____	
30G	Does your household do anything else to protect themselves against mosquito?	YES 1 NO 2			→ 33
30H	What does your household do?	COIL A SPRAY (INSECTICIDE) B WIRE GAUZE C OTHER X (SPECIFY)			
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3			↘ 35
34	Where you wash your hands, do you have the following: Water/tap? Soap, ash or other cleansing agent? Basin?	YES NO WATER/TAP? 1 2 SOAP, ASH OR OTHER CLEANSING AGENT? 1 2 BASIN? 1 2			
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 7 PPM 2 15 PPM 3 30 PPM 4 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)			
There will be an education survey done at a later point in time. Your household may or may not be asked to participate in the survey. If your household is included in the survey someone will return to your house and ask additional questions about education.					

HEIGHT AND WEIGHT

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

WOMEN 15-49			WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49				
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	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
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
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CHILDREN UNDER AGE 6			WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1998 OR LATER				
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<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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<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"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE 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.