

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
REGION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
DISTRICT _____	
COUNTY _____	
SUBCOUNTY/TOWN _____	
PARISH/LC2 NAME _____	
EA NAME _____	
UDHS NUMBER _____	
URBAN/RURAL (URBAN=1, RURAL=2) .....	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .....	
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
HOUSEHOLD NUMBER .....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME OF HOUSEHOLD HEAD _____	
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES = 1, NO = 2)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
HOUSEHOLD SELECTED FOR VITAMIN A TESTING? (YES = 1, NO = 2)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT:      DATE	_____	_____		TOTAL NO. OF VISITS
	_____	_____		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></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: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD  TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN  LINE NO. OF RESP. TO HOUSEHOLD QUEST.
				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>

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

## 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	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
	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.  (FIRST AND LAST NAME IN CAPITAL LETTERS)	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES	NO	YES	NO	IN YEARS				
1		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M    F 1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1	1	1	1
2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	2	2	2	2
3		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	3	3	3	3
4		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	4	4	4	4
5		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	5	5	5	5
6		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	6	6	6	6
7		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	7	7	7	7
8		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	8	8	8	8
9		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	9	9	9	9
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1    2	1    2	1    2	1    2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	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 = CO-WIFE  
10 = OTHER RELATIVE  
11 = ADOPTED/FOSTER/STEPCHILD  
12 = NOT RELATED  
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this 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 4 YEARS OR OLDER		IF AGE 4-24 YEARS					
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<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 20	1 2 GO TO 21	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

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

\*\*\* CODES FOR Qs. 17, 20 AND 22

EDUCATION LEVEL:  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = POST SECONDARY  
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			
				Does (NAME) usually live here?	Did (NAME) stay here last night?		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 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5 - 17
	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.  (FIRST AND LAST NAME IN CAPITAL LETTERS)	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?			How old is (NAME)?				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	9	9	9
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20	20

**\* 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

**\*\* Q.12 THROUGH Q.15**

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

**\*\*\*CODES FOR Qs. 17, 20 AND 22**

EDUCATION LEVEL:

- 0 = PRESCHOOL
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = POST SECONDARY
- 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 18 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 4 YEARS OR OLDER		IF AGE 4-24 YEARS					
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	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 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT ↕ LINE	<input type="text"/>	1 2 ↳ GO TO 20	1 2 ↳ GO TO 21	<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																								
23	What is the MAIN source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 → 25 PIPED INTO YARD/PLOT ..... 12 → 25 PUBLIC TAP ..... 13 <b>WATER FROM OPEN WELL</b> OPEN WELL IN YARD/PLOT .... 21 → 25 OPEN PUBLIC WELL ..... 22 <b>WATER FROM COVERED WELL</b> PROTECTED WELL IN YARD/PLOT ..... 31 → 25 PROTECTED PUBLIC WELL .... 32 <b>WATER FROM BOREHOLE</b> BOREHOLE IN YARD/PLOT .... 33 → 25 BOREHOLE PUBLIC ..... 34 <b>SURFACE WATER</b> SPRING ..... 41 RIVER/STREAM ..... 42 POND/LAKE ..... 43 DAM ..... 44 RAINWATER ..... 51 → 25 TANKER TRUCK ..... 61 BOTTLED WATER ..... 71 → 25 GRAVITY FLOW SCHEME ..... 81  OTHER ..... 96 (SPECIFY)																									
24	How long does it take you to go there, get water, and come back?	MINUTES ..... <table border="1"><tr><td></td><td></td><td></td></tr></table> ON PREMISES ..... 996																									
25	What kind of toilet facility does your household have?	FLUSH TOILET ..... 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET .... 21 VENTILATED IMPROVED PIT (VIP) LATRINE ..... 22 NO FACILITY/BUSH/FIELD ..... 31 → 27  OTHER ..... 96 (SPECIFY)																									
26	Do you share this facility with other households?	YES ..... 1 NO ..... 2																									
27	Does your household have:  Electricity? A radio? A television? A telephone? A refrigerator? A lantern? A cupboard?	<table><tr><th></th><th>YES</th><th>NO</th></tr><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><tr><td>LANTERN .....</td><td>1</td><td>2</td></tr><tr><td>CUPBOARD .....</td><td>1</td><td>2</td></tr></table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	TELEPHONE .....	1	2	REFRIGERATOR .....	1	2	LANTERN .....	1	2	CUPBOARD .....	1	2	
	YES	NO																									
ELECTRICITY .....	1	2																									
RADIO .....	1	2																									
TELEVISION .....	1	2																									
TELEPHONE .....	1	2																									
REFRIGERATOR .....	1	2																									
LANTERN .....	1	2																									
CUPBOARD .....	1	2																									
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 CHARCOAL ..... 05 FIREWOOD, STRAW ..... 06 DUNG ..... 07  OTHER ..... 96 (SPECIFY)																									
29	What type of fuel does your household mainly use for lighting?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 CHARCOAL ..... 05 FIREWOOD, STRAW ..... 06 DUNG ..... 07  OTHER ..... 96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
30	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 FINISHED FLOOR PARQUET AND POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES ..... 33 CEMENT ..... 34  OTHER ..... 96 (SPECIFY)	
31	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	THATCHED ..... 01 IRON SHEETS ..... 02 ASBESTOS ..... 03 TILES ..... 04 TIN ..... 05 CEMENT ..... 06  OTHER ..... 96 (SPECIFY)	
32	MAIN MATERIAL OF THE WALL.  RECORD OBSERVATION.	THATCHED ..... 01 MUD AND POLE ..... 02 UNBURNT BRICKS ..... 03 BURNT BRICKS WITH MUD ..... 04 BURNT BRICKS WITH CEMENT ... 05 TIMBER ..... 06 CEMENT BLOCKS ..... 07 STONE ..... 08  OTHER ..... 96 (SPECIFY)	
33	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A boat or canoe? A donkey?	YES NO BICYCLE ..... 1 2 MOTORCYCLE/SCOOTER ... 1 2 CAR/TRUCK ..... 1 2 BOAT/CANOE ..... 1 2 DONKEY ..... 1 2	
34	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 38
35	CHECK COLUMNS (6) AND (7): NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT  NONE <input type="checkbox"/> ..... → 38  ONE <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> ..... → 37 ↓		
36	Did (NAME) sleep under a mosquito net last night?	YES ..... 1 NO ..... 2	→ 38
37	Did all, some or none of the children under age 5 who slept in the household last night sleep under a mosquito net?	ALL CHILDREN ..... 1 SOME CHILDREN ..... 2 NONE ..... 3	
38	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT ..... 1 SOMEWHERE ELSE ..... 2 NOWHERE ..... 3	→ 40
39	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	YES NO WATER/TAP ..... 1 2 SOAP, ASH OR OTHER CLEANSING AGENT ..... 1 2 BASIN ..... 1 2	
40	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) ..... 1 BELOW 15 PPM ..... 2 15 PPM+ ..... 3 NO SALT ..... 4	

# CHILD LABOUR MODULE FOR CHILDREN AGES 5-17

LINE NO.  FROM COL.(11)	NAME  FROM COL.(2)	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household?	WORKED AT ANY TIME IN THE PAST YEAR			Since last [DAY OF THE WEEK], did (NAME) do any kind of work for someone who is not a member of this household?	Describe briefly the main work or job* that (NAME) did.	Since last [DAY OF THE WEEK], how many hours did (NAME) do this work?	Since last [DAY OF THE WEEK] did (NAME) regularly help with household chores such as cooking, shopping, cleaning, washing clothes, fetching water or caring for animals?	Since last [DAY OF THE WEEK], how many hours a week did (NAME) spend doing these chores?	Since last [DAY OF THE WEEK], did (NAME) do any other family work (on the farm or in a business)?	Since last [DAY OF THE WEEK], how many hours did (NAME) do this work?
			Describe briefly the main work or job* that (NAME) did.	Was (NAME) a regular paid employee, a casual labourer, paid per piece or unpaid?*	Where did (NAME) carry out the work? ***							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
<div><div></div><div></div></div>	<div></div>	YES NO 1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	YES NO 1 2 GO TO 10	<div><div></div><div></div></div>	NO. OF HOURS <div><div></div><div></div></div>	YES NO 1 2 GO TO 12	NO. OF HOURS <div><div></div><div></div></div>	YES NO 1 2 NEXT LINE	NO. OF HOURS <div><div></div><div></div></div>
<div><div></div><div></div></div>	<div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 12	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 12	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 12	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 12	<div><div></div><div></div></div>	1 2 NEXT LINE	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div></div>	1 2 GO TO 10	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 12	<div><div></div><div></div></div>	1 2 END	<div><div></div><div></div></div>
TICK HERE IF CONTINUATION SHEET USED						<div><div></div></div>						

## \* CODES FOR COLUMN 4 AND 8

01 = SALES, SERVICES  
02 = UNSKILLED MANUAL  
03 = HOUSEHOLD/DOMESTIC  
04 = CROP FARMING  
05 = LIVESTOCK REARING  
06 = FISHING  
07 = MANUFACTURING  
08 = OTHER

## \*\* CODES FOR COLUMN 5

1 = REGULAR PAID EMPLOYEE  
2 = CASUAL LABOURER  
3 = PAID AT PIECE RATE  
4 = UNPAID

## \*\*\*CODES FOR COLUMN 6

01 = AT FAMILY DWELLING  
02 = AT EMPLOYER'S HOUSE  
03 = ON THE STREET  
04 = SHOP/MARKET/KIOSK  
05 = INDUSTRY/FACTORY  
06 = PLANTATION/FARM/GARDEN  
07 = CONSTRUCTION/QUARRYING SITES  
08 = OTHER



There will be an education survey done at a later point in time. Your household may or may not be asked to participate in this survey. If your household is included in the survey, someone will return to your house and ask additional questions about education.

# WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

\* 1 = MEASURED; 2 = NOT PRESENT; 3= REFUSED; 4 = DISABLED; 6 = OTHER

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*
(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)
		YEARS					
<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"/>

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*
			DAY MO. 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"/>	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"/>	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"/>	1 2	<input type="text"/>

MEN AGE 15-54							
LINE NO. FROM COL.(10)	NAME FROM COL.(2)	AGE FROM COL.(7)					
<input type="text"/>		<input type="text"/>					
<input type="text"/>		<input type="text"/>					
<input type="text"/>		<input type="text"/>					

TICK HERE IF CONTINUATION SHEET USED ☐

\* RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE

\*\* CONSENT STATEMENT

As part of this survey, we are studying anemia (and vitamin A deficiency) among women, men and children. This (these) problem(s) often result from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia (and vitamin A deficiency).

We request that you (and all children born in 1995 or later) participate in the anemia (and vitamin A deficiency) testing as part of this survey and give a few drops of blood from a finger. The tests use disposable sterile instruments that are clean and completely safe. For anemia test, the blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. (The vitamin A test has to be done in a laboratory so you will not be given the results). The results of the (both) test(s) will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia (and vitamin A deficiency test). However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

\*\*\* 1 = MEASURED; 2 = NOT PRESENT; 3 = REFUSED; 6 = OTHER

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF WOMEN 15-49						
CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT.*	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT***
(49)	(50)	(51)	(52)	(53)	(54)	(55)
AGE 15-17 AGE 18-49		GRANTED REFUSED	YES NO NA		YES NO/DK	
1 2 GO TO 51 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE	1 2 3	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 51 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE	1 2 3	<input type="text"/>	1 2	<input type="text"/>
1 2 GO TO 51 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE	1 2 3	<input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN AND VITAMIN A MEASUREMENTS OF CHILDREN BORN IN 1995 OR LATER						
	LINE NO. OF PARENT/RESPONSIBLE ADULT.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)	TESTED FOR VITAMIN A DEFICIENCY	HEMOGLOBIN LEVEL (G/DL)		RESULT***
	<input type="text"/>	GRANTED REFUSED 1 2 SIGN _____ NEXT LINE	YES NO NA 1 2 3	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE	1 2 3	<input type="text"/>		<input type="text"/>
	<input type="text"/>	1 2 SIGN _____ NEXT LINE	1 2 3	<input type="text"/>		<input type="text"/>

HEMOGLOBIN MEASUREMENT OF MEN 15-54						
CHECK COLUMN (43):	LINE NO. OF PARENT/RESPONSIBLE ADULT	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT** CIRCLE CODE (AND SIGN)		HEMOGLOBIN LEVEL (G/DL)		RESULT***
AGE 15-17 AGE 18-54		GRANTED REFUSED				
1 2 GO TO 51 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE		<input type="text"/>		<input type="text"/>
1 2 GO TO 51 ←	<input type="text"/>	1 2 SIGN _____ NEXT LINE		<input type="text"/>		<input type="text"/>

<div>1</div> <div>GO TO 51</div> <div>2</div>	<div></div>	<div>1</div> <div>SIGN</div> <div>2</div> <div>NEXT LINE</div>		<div></div>		<div></div>
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55	<p>CHECK 52 AND 53:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <p>☐</p> <p>↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT, REFERRAL LETTER AND END THE INTERVIEW.</p> </div> <div style="text-align: center;"> <p>NONE</p> <p>☐</p> <p>↓</p> <p>GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END THE INTERVIEW.</p> </div> </div>
56	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem.</p> <p>You should seek medical assistance for this problem. We will give you a letter of referral which you can take to the doctor or health facility you consult. It provides information on the results of your test that will help the doctor or health facility.</p>

- The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children, women who are not pregnant (or who don't know if they are pregnant), and men.
- \*\* If more than one woman, man or child is below the cutoff point, read the statement in Q.56 to each woman who is below the cutoff point and each woman/parent/responsible adult for whom a child is below the cutoff point.

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT MEASUREMENT:

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