

VIETNAM POPULATION AND AIDS INDICATOR SURVEY (VPAIS)

# HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION				
PROVINCE: _____				<input type="text"/>
DISTRICT: _____				<input type="text"/>
COMMUNE: _____				<input type="text"/>
CLUSTER NUMBER:.....				<input type="text"/>
NAME OF HOUSEHOLD HEAD: _____				<input type="text"/>
HOUSEHOLD NUMBER: .....				<input type="text"/>
URBAN/RURAL (Urban = 1; Rural = 2): .....				<input type="text"/>
LARGE CITY/SMALL CITY/TOWN/RURAL (*)..... (Large City = 1; Small City = 2; Town = 3; Rural = 4):				<input type="text"/>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/>
				MONTH <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <input type="text"/>
RESULT (**)	_____	_____	_____	INT. NUMBER <input type="text"/>
				RESULT <input type="text"/>
NEXT VISIT - DATE - TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <input type="text"/>
<b>(**) RESULT CODES:</b> 1 = COMPLETED 2 = NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 = ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 = POSTPONED 5 = REFUSED 6 = DWELLING VACANT OR ADDRESS NOT A DWELLING 7 = DWELLING DESTROYED 8 = DWELLING NOT FOUND 9 = OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> TOTAL ELIGIBLE MEN <input type="text"/> LINE NO. OF RESPONDENT TO HH QUESTIONNAIRE <input type="text"/>
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR NAME _____ DATE _____	KEYED BY NAME _____ DATE _____	

(\*) The following guidelines should be used to categorize urban sample points: 'Large cities' are national capitals and places with over 1 million population; 'small cities' are places between 50,000 and 1 million population; remaining urban sample points are 'towns'.

**A. HOUSEHOLD SCHEDULE**  
Now we would like  
some information  
about the people who  
usually live in your  
household or who are  
staying with you now?

**\* CODES FOR Q.3 (RELATIONSHIP TO HEAD OF HH)**

01 = HEAD	09 = NIECE/NEPHEW BY BLOOD
02 = WIFE/HUSBAND	10 = NIECE/NEPHEW BY MARRIAGE
03 = SON/DAUGHTER	11 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	12 = ADOPTED/FOSTER/ STEP CHILD
05 = GRANDCHILD	13 = NOT RELATED
06 = PARENT	98 = DON'T KNOW
07 = PARENT-IN-LAW	
08 = BROTHER/SISTER	

**\*\* CODES FOR Q.7A**

1 = MARRIED/LIVING TOGETHER  
2 = DIVORCED/SEPARATED  
3 = WIDOWED  
4 = NEVER MARRIED/NEVER LIVED WITH  
A PARTNER

LINE NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HH	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBLE FOR INDIV. SURVEY	IF AGE 5 YEARS OR OLDER			IF AGE 5-17 YEARS		
									EDUCATION			BASIC MATERIAL NEEDS		
									Has [NAME] ever attended school?	What is the highest level of school [NAME] has attended? **  What is the highest grade [NAME] completed at that level? **	IF AGE 5- 24 YEARS Did [NAME] attend school at any time during the current school year?	Does [NAME] have anything to cover him/her at night when sleeping?	Does [NAME] have a pair of shoes?	Does [NAME] have at least two sets of clothing?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)	(9)	(10)	(11)	(13)	(14)	(15)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YRS 1 2		01	Y N 1 2 Q13	LVL GRADE 1 2 3	Y N 1 2	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8
02			1 2	1 2	1 2	1 2		02	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
03			1 2	1 2	1 2	1 2		03	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
04			1 2	1 2	1 2	1 2		04	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
05			1 2	1 2	1 2	1 2		05	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
06			1 2	1 2	1 2	1 2		06	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
07			1 2	1 2	1 2	1 2		07	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
08			1 2	1 2	1 2	1 2		08	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
09			1 2	1 2	1 2	1 2		09	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
10			1 2	1 2	1 2	1 2		10	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
11			1 2	1 2	1 2	1 2		11	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
12			1 2	1 2	1 2	1 2		12	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
13			1 2	1 2	1 2	1 2		13	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8
14			1 2	1 2	1 2	1 2		14	1 2 Q13	1 2 3	1 2	1 2 8	1 2 8	1 2 8

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?  
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?  
3) Are there any guests or temporary visitors staying here, or anyone else who stayed  
here last night, who have not been listed?

YES ☐ → (ENTER EACH IN TABLE) NO ☐  
YES ☐ → (ENTER EACH IN TABLE) NO ☐  
YES ☐ → (ENTER EACH IN TABLE) NO ☐

<b>** CODES FOR Q.10</b> EDUCATION LEVEL: 1 = PRIMARY 2 = LOWER SECOND. 3 = UPPER SECOND. 4 = HIGHER 8 = DON'T KNOW EDUCATION GRADE: GRADES = 0, 1, 2, ..., 12 (LEVEL 1-3) YEARS = 0, 1, 2, 3, 4, 5+ (LEVEL 4) DON'T KNOW = 98	<b>*** CODES FOR Q.16 THROUGH Q.20</b> THESE QUESTIONS REFER TO BIOLOGICAL PARENTS OF THE CHILD.  IN Q.17 AND Q.20, RECORD '00' IF PARENT NOT LISTED IN THE HOUSEHOLD SCHEDULE.	<b>**** CODES FOR Q.27</b> 1 = CERTIFICATE 2 = REGISTRATION 3 = NEITHER 8 = DON'T KNOW
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IF AGE 0-17 YEARS									IF AGE 0-4 YEARS
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS***				PARENTS ALIVE	BROTHERS 0-17 YEARS		SISTERS 0-17 YEARS		BIRTH REGISTRATION
Is [NAME]'s natural mother alive?	IF MOTHER ALIVE Does [NAME]'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'	Is [NAME]'s natural father alive?	IF FATHER ALIVE Does [NAME]'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'	CHECK Q.16 AND Q.19: IF YES TO Q.16 AND Q.19 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'	Does [NAME] have any natural brothers under the age of 18? By natural brothers, I mean of the same mother and same father.	Do all of [NAME] natural brother live in this HH?	Does [NAME] have any natural sisters under the age of 18? By natural sisters, I mean of the same mother and same father.	Do all of [NAME] natural sisters live in this HH?	Does [NAME] have a birth certificate? IF NO, PROBE: Has [NAME]'s birth ever been registered with the civil authority?
(16)	(17)	(19)	(20)	(22)	(23)	(24)	(25)	(26)	(27)
Y N DK 1 2 8	<div><div></div><div></div></div>	Y N DK 1 2 8	<div><div></div><div></div></div>	Y N 1 2 ↳ Q27	Y N DK 1 2 8 ↳ Q25	Y N 1 2	Y N DK 1 2 8 ↳ Q27	Y N 1 2	C R N DK 1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8
1 2 8	<div><div></div><div></div></div>	1 2 8	<div><div></div><div></div></div>	1 2 ↳ Q27	1 2 8 ↳ Q25	1 2	1 2 8 ↳ Q27	1 2	1 2 3 8

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
41	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/PLOT..... 11 PIPED TO PUBLIC TAP ..... 12 WELL WELL INTO RESIDENCE/PLOT..... 31 PUBLIC WELL..... 32 SURFACE WATER SPRING..... 41 RIVER/STREAM..... 42 POND/LAKE ..... 43 DAM ..... 44 RAIN WATER ..... 51 TANKER TRUCK ..... 61 BOTTLED WATER..... 71 OTHER..... 96  _____ (SPECIFY)																															
42	What kind of toilet facility do members of your household usually use?	FLUSH TOILET..... 11 PIT LATRINE VENTILATED IMPROVED PIT TOILET/LATRINE..... 21 TRADITIONAL PIT TOILET/LATRINE ..... 22 NO FACILITY/BUSH/FIELD ..... 31 OTHER..... 96  _____ (SPECIFY)	→ 44																														
43	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2																															
44	Does your household have: Electricity? A radio/radio cassette? A television? A telephone (any kind)? A refrigerator? A washing machine? A water pump? A cupboard? A table and chairs?	<table><tr><td></td><td>YES</td><td>NO</td></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 (ANY KIND) .....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr><tr><td>WASHING MACHINE.....</td><td>1</td><td>2</td></tr><tr><td>WATER PUMP .....</td><td>1</td><td>2</td></tr><tr><td>CUPBOARD .....</td><td>1</td><td>2</td></tr><tr><td>TABLE AND CHAIRS .....</td><td>1</td><td>2</td></tr></table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION.....	1	2	TELEPHONE (ANY KIND) .....	1	2	REFRIGERATOR.....	1	2	WASHING MACHINE.....	1	2	WATER PUMP .....	1	2	CUPBOARD .....	1	2	TABLE AND CHAIRS .....	1	2	
	YES	NO																															
ELECTRICITY .....	1	2																															
RADIO .....	1	2																															
TELEVISION.....	1	2																															
TELEPHONE (ANY KIND) .....	1	2																															
REFRIGERATOR.....	1	2																															
WASHING MACHINE.....	1	2																															
WATER PUMP .....	1	2																															
CUPBOARD .....	1	2																															
TABLE AND CHAIRS .....	1	2																															
45	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 GAS..... 02 RANGER BOTH ELETRIC AND GAS ..... 03 KEROSENE ..... 04 COAL ..... 05 WOOD..... 06 STRAW ..... 07 OTHER..... 96  _____ (SPECIFY)																															

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
46	<p>MAIN MATERIAL OF THE FLOOR</p> <p>RECORD OBSERVATION</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND.....11</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 STRIP.....32</p> <p>CERAMIC TILES.....33</p> <p>CEMENT.....34</p> <p>CARPET.....35</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	
47	<p>MAIN MATERIAL OF THE ROOF</p> <p>RECORD OBSERVATION</p>	<p>NATURAL ROOFING</p> <p>THATCH/PALM LEAF .....11</p> <p>SOD .....12</p> <p>RUIDIMENTARY ROOFING</p> <p>RUSTIC MAT .....21</p> <p>PALM/BAMBOO .....22</p> <p>WOOD PLANKS .....23</p> <p>FINISHED ROOFING</p> <p>METAL .....31</p> <p>WOOD .....32</p> <p>CALAMINE/CEMENT FIBER .....33</p> <p>CERAMIC TILES.....34</p> <p>CEMENT.....35</p> <p>ROOFING SHINGLES .....36</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
48	MAIN MATERIAL OF THE 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 CARTON ..... 25 REFUSED 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)	→ 50																					
49	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																						
50	Does any member of your household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? A boat without a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <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>ANIMAL-DRAWN CART .....</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK .....</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR .....</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITHOUT MOTOR .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	BOAT WITHOUT MOTOR .....	1	2	
	YES	NO																						
BICYCLE .....	1	2																						
MOTORCYCLE/SCOOTER .....	1	2																						
ANIMAL-DRAWN CART .....	1	2																						
CAR/TRUCK .....	1	2																						
BOAT WITH MOTOR .....	1	2																						
BOAT WITHOUT MOTOR .....	1	2																						
51	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 52																					
51A	Do you do anything to protect your household from mosquitos? Anything else?	YES, USE MOSQUITO SPRAY ..... A YES, WINDOW SCREENS ..... B OTHER ..... X  _____ (SPECIFY) NOTHING ..... Y	→ END																					
52	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD "7"	NUMBER OF NETS..... <input type="text"/>																						

		NET # 1	NET # 2	NET # 3	NET # 4
53	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 4 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED .....1 NOT OBSERVED .....2	OBSERVED.....1 NOT OBSERVED .....2	OBSERVED ..... 1 NOT OBSERVED ..... 2
54	How long ago did your household obtain the mosquito net?	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO...95	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO ..95	MONTHS AGO..... <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO.. 95	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO ..95
56	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES.....1 NO.....2 NOT SURE .....8	YES.....1 NO .....2 NOT SURE.....8	YES .....1 NO .....2 NOT SURE.....8	YES.....1 NO .....2 NOT SURE.....8
57	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO.....2 NOT SURE .....8 Q59 ←	YES.....1 NO .....2 NOT SURE.....8 Q59 ←	YES .....1 NO .....2 NOT SURE.....8 Q59 ←	YES.....1 NO .....2 NOT SURE .....8 Q59 ←
58	How long ago was the net soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 2 YEARS AGO.....95 NOT SURE .....98	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 2 YEARS AGO .....95 NOT SURE.....98	MONTHS AGO..... <input type="text"/> <input type="text"/> MORE THAN 2 YEARS AGO.....95 NOT SURE.....98	MONTHS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 2 YEARS AGO .....95 NOT SURE.....98
59	Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 NOT SURE .....8 Q61 ←	YES.....1 NO .....2 NOT SURE.....8 Q61 ←	YES .....1 NO .....2 NOT SURE.....8 Q61 ←	YES.....1 NO .....2 NOT SURE .....8 Q61 ←
60	Who slept under this mosquito net last night?  RECORD NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME_____ 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_____ 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_____ 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_____ 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_____ 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_____ 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_____ LINE NUMBER <input type="text"/> <input type="text"/> NAME_____ LINE NUMBER <input type="text"/> <input type="text"/>
61	GO BACK TO Q.53 FOR NEXT NET. IF NO MORE NET, GO TO THE INDIVIDUAL QUESTIONNAIRE.				