





**CONFIDENTIAL**2015-16 TANZANIA DEMOGRAPHIC AND HEALTH AND MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIREUNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS

QST No.

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## IDENTIFICATION

REGION .....		
DISTRICT .....		
WARD .....		
LARGE CITY, MUNICIPALITY, SMALL TOWN, COUNTRISIDE .....		
LARGE CITY=1, MUNICIPALITY=2, SMALL TOWN=3, RURAL=4		
NAME OF HOUSEHOLD HEAD .....		
CLUSTER NUMBER .....		
HOUSEHOLD NUMBER .....		
HOUSEHOLD SELECTED FOR MAN'S SURVEY, <b>SALT AND URINE TESTING?</b> (1=YES, 2=NO) .....		

**CITY:** DSM, TANGA, MWANZA    **MUNICIPALITY** = DODOMA, KILIMANJARO, MOROGORO, PWANI, LINDI, MTWARA  
 SONGEA, IRINGA, SINGIDA, TABORA, RUKWA, SHINYANGA, KAGERA, MARA, MJINI MAGHARIBI, WETE, CHAKE CHAKE, MKOANI.  
**SMALL TOWN:** ALL OTHER CITIES. **RURAL:** ALL OTHER AREAS

## INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <b>2 0 1</b>
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT DATE				TOTAL NUMBER OF VISITS
*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  TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE** <b>0 1</b>	LANGUAGE OF INTERVIEW**	TRANSLATOR USED (YES = 1, NO = 2)
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LANGUAGE OF QUESTIONNAIRE\*\* **ENGLISH**
 \*\*LANGUAGE CODES:  
 01 ENGLISH  
 02 KISWAHILI

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME	NUMBER	NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the National Bureau of Statistics (NBS). We are conducting a survey about health and other topics all over the United Republic of Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 25 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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. In case you need more information about the survey, you may contact the person listed on this card.

## GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
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



100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div> HOURS .....  MINUTES .....  MORNING ..... 1  AFTERNOON ..... 2  EVENING ..... 3 </div> <div> <table border="1" style="border-collapse: collapse; width: 60px;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> </div> </div>				

**HOUSEHOLD SCHEDULE**

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY CHECK COLUMN 4 AND 7		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p><b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b></p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
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 <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = CO-WIFE
03 = SON OR DAUGHTER	10 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	12 = NOT RELATED
06 = PARENT	98 = DON'T KNOW
07 = PARENT-IN-LAW	

HOUSEHOLD SCHEDULE

	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				BIRTH REGISTRATION	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
	12	13	14	15	16	17	18	19	20
	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'.	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'.	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	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?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>

LD

CODES FOR Qs. 17 AND 19: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20.)
2 = POST PRIMARY TRAINING	
3 = SECONDARY 'O' LEVEL	
4 = POST SECONDARY 'O' LEVEL	
5 = SECONDARY 'A' LEVEL	98 = DON'T KNOW
6 = POST SECONDARY 'A' LEVEL	
7 = UNIVERSITY	
8 = DON'T KNOW	

### HOUSEHOLD SCHEDULE

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	20A	20B	21	22	23	24	25
	Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance  SEE CODES BELOW.	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.  CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
01	Y N DK 1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	Y N DK 1 2 ↓ 8 GO TO 23	01	Y N DK 1 2 ↓ 8 NEXT LINE	Y N DK 1 2 ↓ 8 NEXT LINE	01
02	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	02	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	02
03	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	03	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	03
04	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	04	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	04
05	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	05	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	05
06	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	06	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	06
07	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	07	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	07
08	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	08	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	08
09	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	09	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	09
10	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	10	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	10

**CODES FOR Qs. 20B**

D

0=NHIF  
1=NSSF  
2= CHF  
3= OTHER EMPLOYER BASED  
4= OTHER COMMUNITY BASED/MUTUAL  
5= PRIVATELY PURCHASED  
6= OTHER \_\_\_\_\_  
SPECIFY  
8= DON'T KNOW



**HOUSEHOLD SCHEDULE**

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY CHECK COLUMN 4 AND 7		
1	2	3	4	5	6	7	8	9	10	11
	<p>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.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p><b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b></p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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

CLICK HERE IF CONTINUATION SHEET USED ☐

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

HOUSEHOLD SCHEDULE

	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				BIRTH REGISTRATION	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
	12	13	14	15	16	17	18	19	20
	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'.	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'.	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	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?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>

LD

CODES FOR Qs. 17 AND 19: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY.)
2 = POST PRIMARY TRAINING	THIS CODE IS NOT ALLOWED FOR Q. 20.)
3 = SECONDARY 'O' LEVEL	
4 = POST SECONDARY 'O' LEVEL	
5 = SECONDARY 'A' LEVEL	98 = DON'T KNOW
6 = POST SECONDARY 'A' LEVEL	
7 = UNIVERSITY	
8 = DON'T KNOW	

### HOUSEHOLD SCHEDULE

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	20A	20B	21	22	23	24	25
	Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance  SEE CODES BELOW.	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.  CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
11	Y N DK 1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	Y N DK 1 2 ↓ 8 GO TO 23	01	Y N DK 1 2 ↓ 8 NEXT LINE	Y N DK 1 2 ↓ 8 NEXT LINE	01
12	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	02	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	02
13	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	03	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	03
14	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	04	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	04
15	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	05	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	05
16	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	06	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	06
17	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	07	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	07
18	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	08	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	08
19	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	09	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	09
20	1 2 ↓ 8 GO TO 21	<input type="checkbox"/>	1 2 ↓ 8 GO TO 23	10	1 2 ↓ 8 NEXT LINE	1 2 ↓ 8 NEXT LINE	10

**CODES FOR Qs. 22**

D      0=NHIF  
1=NSSF  
2= CHF  
3= OTHER EMPLOYER BASED  
4= OTHER COMMUNITY BASED/MUTUAL  
5= PRIVATELY PURCHASED  
6= OTHER      \_\_\_\_\_  
SPECIFY  
7= 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?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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)	→ 103          → 102 → 103
101A	Which agency is providing water at your main source?	AUTHORITY ..... 1 CBO ..... 2 PRIVATE OPERATOR ..... 3 DON'T KNOW ..... 8	→ 106
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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)	→ 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105
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	
104A	Who usually goes to the source to collect water for your household?  PROBE: Is this person under age 15? What sex?	ADULT WOMAN (AGE 15+YEARS) ..... 1 ADULT MAN (AGE 15+YEARS) ..... 2 FEMALE CHILD (UNDER 15) ..... 3 MALE CHILD (UNDER 15) ..... 4  DON'T KNOW ..... 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109
108	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	
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> 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 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB (WASHABLE) ..... 22 PIT LATRINE WITH SLAB (NOT WASHABLE) .. 23 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 24  COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO TOILET/BUSH/FIELD ..... 61  OTHER ..... 96 (SPECIFY)	→ 113
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 BOTTLED GAS ..... 02 PARAFFIN/KEROSENE ..... 03 CHARCOAL ..... 04 FIREWOOD ..... 05 CROP RESIDUALS,STRAW,GRASS ..... 06 ANIMAL DUNC..... 07  NO FOOD COOKED IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)	→ 115A

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
114	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)	→ 115A																											
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2																												
115A	What is the main source of energy for lighting in the household?	ELECTRICITY ..... 01 SOLAR ..... 02 GAS ..... 03 PARAFFIN-HURRICANE LAMP ..... 04 PARAFFIN-PRESSURE LAMP ..... 05 PARAFFIN-WICK LAMP ..... 06 FIREWOOD ..... 07 CANDLES ..... 08 OTHER ..... 96 (SPECIFY)																												
116	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																												
116A	How many sleeping spaces such as mats, rugs, mattresses or beds are used in this household?	SLEEPING SPACES ..... <input type="text"/> <input type="text"/>																												
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 119																											
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) COWS/BULLS ..... <input type="text"/> <input type="text"/> b) OTHER CATTLE ..... <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> d) GOATS ..... <input type="text"/> <input type="text"/> e) SHEEP ..... <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/>																												
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																											
120	How many hectares of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLED '950'.	HECTARES ..... <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998																												
121	Does your household have:	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) Electricity that is connected?</td><td>a) ELECTRICITY ..... 1</td><td>2</td></tr> <tr> <td>b) A radio in working condition?</td><td>b) RADIO ..... 1</td><td>2</td></tr> <tr> <td>c) A television in working condition?</td><td>c) TELEVISION ..... 1</td><td>2</td></tr> <tr> <td>d) A non-mobile telephone in working condition?</td><td>d) NON-MOBILE TELEPHONE .. 1</td><td>2</td></tr> <tr> <td>e) A computer in working conditions?</td><td>e) COMPUTER ..... 1</td><td>2</td></tr> <tr> <td>f) A refrigerator in working condition?</td><td>f) REFRIGERATOR ..... 1</td><td>2</td></tr> <tr> <td>g) A battery or Generator for power?</td><td>g) BATTERY ..... 1</td><td>2</td></tr> <tr> <td>h) An iron (charcoal or electricity)</td><td>h) IRON ..... 1</td><td>2</td></tr> </table>		YES	NO	a) Electricity that is connected?	a) ELECTRICITY ..... 1	2	b) A radio in working condition?	b) RADIO ..... 1	2	c) A television in working condition?	c) TELEVISION ..... 1	2	d) A non-mobile telephone in working condition?	d) NON-MOBILE TELEPHONE .. 1	2	e) A computer in working conditions?	e) COMPUTER ..... 1	2	f) A refrigerator in working condition?	f) REFRIGERATOR ..... 1	2	g) A battery or Generator for power?	g) BATTERY ..... 1	2	h) An iron (charcoal or electricity)	h) IRON ..... 1	2	
	YES	NO																												
a) Electricity that is connected?	a) ELECTRICITY ..... 1	2																												
b) A radio in working condition?	b) RADIO ..... 1	2																												
c) A television in working condition?	c) TELEVISION ..... 1	2																												
d) A non-mobile telephone in working condition?	d) NON-MOBILE TELEPHONE .. 1	2																												
e) A computer in working conditions?	e) COMPUTER ..... 1	2																												
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g) A battery or Generator for power?	g) BATTERY ..... 1	2																												
h) An iron (charcoal or electricity)	h) IRON ..... 1	2																												

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	YES	NO	
		a) WATCH ..... 1	2	
		b) MOBILE PHONE ..... 1	2	
		c) BICYCLE ..... 1	2	
		d) MOTORCYCLE/SCOOTER ..... 1	2	
		e) ANIMAL-DRAWN CART ..... 1	2	
		f) CAR/TRUCK ..... 1	2	
		g) BOAT WITH MOTOR ..... 1	2	
123	Does any member of this household have a bank account?	YES ..... 1	NO ..... 2	
123A	How far is it to the nearest market place? IF LESS THAN ONE KM, ENTER 00. IF MORE THAN 95 KM, ENTER 95.	KILOMETRES ..... <input type="text"/>	<input type="text"/>	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY ..... 1	WEEKLY ..... 2	
		MONTHLY ..... 3	LESS OFTEN THAN ONCE A MONTH ..... 4	
		NEVER ..... 5		
124A	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS ..... <input type="text"/>	<input type="text"/>	
124B	In the past week, on how many days did the household eat meat or fish?	DAYS ..... <input type="text"/>		
124C	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER ..... 1	SELDOM ..... 2	
		SOMETIMES ..... 3	OFTEN ..... 4	
		ALWAYS ..... 5		
124D	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? Would you say it never happened? Rarely happened? Happened sometimes or Often?	NEVER ..... 1	RARELY ..... 2	
		SOMETIMES ..... 3	OFTEN ..... 4	
124E	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? Would you say it never happened? Rarely happened? Happened sometimes or Often?	NEVER ..... 1	RARELY ..... 2	
		SOMETIMES ..... 3	OFTEN ..... 4	
124F	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? Would you say it never happened? Rarely happened? Happened sometimes or Often?	NEVER ..... 1	RARELY ..... 2	
		SOMETIMES ..... 3	OFTEN ..... 4	
124G	How far is it to the nearest health facility? IF LESS THAN ONE KM, ENTER '00'. IF MORE THAN 95 KM, ENTER '95'.	KILOMETRES ..... <input type="text"/>	<input type="text"/>	
124H	If you were to go to the nearest health facility, how would usually you go there?	CAR/MOTORCYCLE ..... 1	PUBLIC TRANSPORT (BUS, TAXI) ..... 2	
		ANIMAL/ANIMAL CART ..... 3	WALKING ..... 4	
		BICYCLE ..... 5	OTHER ..... 6	
		(SPECIFY)		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
124I	Did your household ever receive any (NAME OF ASSISTANCE) from government or non Government organisations?	124J What is the name of the organisation or program that provided this assistance?		
		GOVERNMENT	NON GOVT PROGRAM	
a) CASH ASSISTANCE	YES 1 → NO 2 DK 8	1	2 _____ SPECIFY	
b) FOOD ASSISTANCE	YES 1 → NO 2 DK 8	1	2 _____ SPECIFY	
c) OTHER ASSISTANCE _____ SPECIFY	YES 1 → NO 2 DK 8	1	2 _____ SPECIFY	
124J1	CHECK 124I, AT LEAST ONE YES CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>			125
124K	When was the last time you received an assistance?  IF LESS THAN 2 YEARS, RECORD NUMBER OF MONTH. IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO 1 <input type="text"/> <input type="text"/>  YEARS AGO 2 <input type="text"/> <input type="text"/>		
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
127	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2		139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>		



MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)
130	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  <b>CONVENTIONAL</b> POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  <b>CONVENTIONAL</b> POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  <b>CONVENTIONAL</b> POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8

MOSQUITO NETS

		NET #1	NET #2	NET #3
137	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>
137A	<p>Why not?</p> <p>RECORD ALL MENTIONED</p>	<p>NO MOSQUITOES ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TORN ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASH ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATER ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>NO MOSQUITOE ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TORN ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASH ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATEF ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>NO MOSQUITOE ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TORN ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASH ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATEF ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

**MOSQUITO NETS**

		NET #4	NET #5	NET #6
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE ..... 3 OTHER ..... 6 (SPECIFY)
130	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8

MOSQUITO NETS

		NET #4	NET #5	NET #6
137	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>	<p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>	<p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. <input type="text"/> <input type="text"/></p> <p>GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139</p>
137A	<p>Why not?</p> <p>RECORD ALL MENTIONED</p>	<p>NO MOSQUITOES ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TOR ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASHEC ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATER ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>NO MOSQUITOES ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TOR ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASHEC ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATER ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p>NO MOSQUITOES ..... A</p> <p>NO MALARIA NOW ..... B</p> <p>TOO HOT ..... C</p> <p>DON'T LIKE SMELL ..... D</p> <p>FEEL CLOSED IN/</p> <p>AFRAID ..... E</p> <p>NET TOO OLD/TOR ..... F</p> <p>NET TOO DIRTY ..... G</p> <p>NET NOT AVAILABLE</p> <p>LAST NIGHT/NET</p> <p>BEING WASHEC ..... H</p> <p>USUAL USER(S) DID</p> <p>NOT SLEEP HERE</p> <p>LAST NIGHT ..... I</p> <p>NET TOO SMALL ..... J</p> <p>SAVING NET FOR</p> <p>LATER ..... K</p> <p>NO LONGER KILLS/</p> <p>REPELS MOSQ. .... L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON ..... 5	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 142 </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES, TERRAZZO ..... 33 CEMENT/CONCRETE ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 GRASS/THATCH/PALM LEAF/MUD ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> IRON SHEET ..... 31 CONCRETE ..... 32 TILES ..... 33  OTHER ..... 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALL ..... 11 GRASS ..... 12 CANE/PALM/TRUNKS/BAMBOO ..... 13 <b>RUDIMENTARY WALLS</b> POLES WITH MUD ..... 21 STONE WITH MUD ..... 22 WOOD, TIMBER ..... 23 <b>FINISHED WALLS</b> CEMENT/CONCRETE ..... 31 STONE WITH LIME/CEMENT ..... 32 SUN-DRIED BRICKS/MUD BRICK ..... 33 BAKED BRICKS ..... 34 CEMENT BLOCKS ..... 35  OTHER ..... 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>	
146	<p>CHECK COVER OF HOUSEHOLD QUESTIONNAIRE. IF HOUSEHOLD SELECTED FOR ADDITIONAL SALT TESTING ASK FOR ADDITIONAL FULL TABLESPOON OF SALT. PLACE SALT IN CONTAINER</p> <p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 1px dashed black; width: 300px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S CONTAINER OF SALT AND THE 3RD ON THE TRANSIMITAL FORM</p>		

INPATIENT HEALTH EXPENDITURES MODULE

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>           ONE OR MORE INPATIENTS <input type="checkbox"/> </div> <div>           NO INPATIENTS <input type="checkbox"/> → 301         </div> </div>			
202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. THEN ASK: Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).			
203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER ..... <input type="text"/> <input type="text"/>	INPATIENT LINE NUMBER ..... <input type="text"/> <input type="text"/>	INPATIENT LINE NUMBER ..... <input type="text"/> <input type="text"/>
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME .....	NAME .....	NAME .....
205	Where did (NAME) most recently stay overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/..... SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITAL/..... 24 HEALTH CENTR..... 25 DISPENSARY . . . . . 26 CLINIC..... 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC..... 36  <b>PRIVATE</b> ....., SPECIALISED HOSPIT . . 41 HOSPITA..... 42 HEALTH CENTR..... 43 DISPENSAR'..... 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER ..... 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/..... SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITAL/..... 24 HEALTH CENTR..... 25 DISPENSARY . . . . . 26 CLINIC..... 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC..... 36  <b>PRIVATE</b> ....., SPECIALISED HOSPIT . . 41 HOSPITA..... 42 HEALTH CENTR..... 43 DISPENSAR'..... 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER ..... 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/..... SPEC.HOSPIT. . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . 23 DISTRICT HOSPITAL/..... 24 HEALTH CENTR..... 25 DISPENSARY . . . . . 26 CLINIC..... 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC..... 36  <b>PRIVATE</b> ....., SPECIALISED HOSPIT . . 41 HOSPITA..... 42 HEALTH CENTR..... 43 DISPENSAR'..... 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER ..... 96 SPECIFY
206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER ..... 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER ..... 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER ..... 06 (SPECIFY)
207	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 00000000 IN KIND ONL..... 99999995 DON'T KNOW..... 99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 00000000 IN KIND ONL..... 99999995 DON'T KNOW..... 99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... 00000000 IN KIND ONL..... 99999995 DON'T KNOW..... 99999998
208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
209	Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____
210	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . 03 OTHER _____ 06 (SPECIFY) _____	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . 03 OTHER _____ 06 (SPECIFY) _____	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . 03 OTHER _____ 06 (SPECIFY) _____
211	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998
212	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←
213	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HOS 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD) 32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY _____



INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER ..... 06 (SPECIFY)	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER ..... 06 (SPECIFY)	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER ..... 06 (SPECIFY)
215	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... .00000000 IN KIND ONL ..... .99999995 DON'T KNOW ..... .99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... .00000000 IN KIND ONL ..... .99999995 DON'T KNOW ..... .99999998	COST (TSH) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> NO COST/ FREE ..... .00000000 IN KIND ONL ..... .99999995 DON'T KNOW ..... .99999998
216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←
217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>	NUMBER OF INPATIENT VISITS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>	NUMBER OF INPATIENT VISITS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>
220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES MODULE

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE  
OUTPATIENTS ☐

NO ELIGIBLE  
OUTPATIENTS ☐

→ 311

**TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE

LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

302

NAME  
OF SELECTED OUTPATIENT \_\_\_\_\_

HH LINE NUMBER  
OF SELECTED OUTPATIENT

OUTPATIENT HEALTH EXPENDITURES MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/SPEC.HOSPIT. 21 REGIONAL HOSPITAL . . . . . 22 REGIONAL HOSPITAL . . . . . 23 DISTRICT HOSPITA . . . . . 24 HEALTH CENTR . . . . . 25 DISPENSAR\ . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSF . . . . . 31 DISTRICT HOSPITAL . . . . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . . 34 CLINIC . . . . . 35  <b>PRIVATE</b> SPECIALISED HOSPIT. . . . . 41 HOSPITA . . . . . 42 HEALTH CENTR . . . . . 43 DISPENSAR\ . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ALTERNATIVE MEI . . . . 46 PHARMACY . . . . . 47 ADDO . . . . . 48  OTHER _____ 96 SPECIFY _____							
304	How much money in total did you or any other member of your household spend on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST (TSH) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>  DON'T KNOW . . . . . 999998							
305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING . . . . . 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE . . . . . 02 MALARIA . . . . . 03 FEVER . . . . . 04 DIARRHEA . . . . . 05 HIV/AIDS/STD . . . . . 06 OTHER ILLNESS . . . . . 07 CHECK-UP/ PREVENTIVE CARE . . . . . 08 ACCIDENT/INJURY . . . . . 09 OTHER _____ 96 (SPECIFY) MISSING/DON'T KNOW . . . . . 98							
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES 1 NO 2	→ 311						
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST (TSH) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>  NONE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW . . . . . 999998							

SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

312A

CHECK COLUMN 9

ONE OR MORE WOMEN AGE 15-49 YEARS OLD ☐

NO WOMEN AGE 15-

49 YEARS OLD ☐

313

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME  
OF SELECTED WOMAN \_\_\_\_\_

HH LINE NUMBER  
OF SELECTED WOMAN

313

RECORD THE TIME.

HOURS .....

MINUTES .....

MORNING ..... 1

AFTERNOON ..... 2

EVENING ..... 3

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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