



AFGHANISTAN DEMOGRAPHIC AND HEALTH SURVEY 2015  
HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICS ORGANIZATION AND MINISTRY OF PUBLIC HEALTH

IDENTIFICATION		
PROVINCE _____		
DISTRICT _____		
VILLAGE/NAHIA _____		
CONTROLLER AREA .....		
CLUSTER NUMBER .....		
TYPE OF LOCATION (URBAN=1; RURAL=2) .....		
STRUCTURE/BUILDING NUMBER/GATE NUMBER .....		
HOUSEHOLD NUMBER .....		
NAME OF HOUSEHOLD HEAD _____		
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1; NO=2)		

INTERVIEWER VISITS						
	1	2	3	FINAL VISIT		
DATE	_____	_____	_____	DAY	<input type="text"/>	<input type="text"/>
				MONTH	<input type="text"/>	<input type="text"/>
				YEAR	<input type="text"/>	<input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	<input type="text"/>	<input type="text"/>
RESULT*	_____	_____	_____	RESULT	<input type="text"/>	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	<input type="text"/>	<input type="text"/>
TIME	_____	_____				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> <input type="text"/>  TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/>  TOTAL ELIGIBLE MEN <input type="text"/> <input type="text"/>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/> <input type="text"/>		
LANGUAGE OF INTERVIEW	DARI 1	PASHTO 2	OTHER 6 _____	TRANSLATOR USED? YES NO 1 2		
NATIVE LANGUAGE OF RESPONDENT	1	2	6			

SUPERVISOR  NAME _____ <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div>	FIELD EDITOR  NAME _____ <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div>	OFFICE EDITOR  <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> _____ NAME	KEYED BY  <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> _____ NAME
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INTRODUCTION AND CONSENT

As-salamu alaykum. My name is \_\_\_\_\_. I am working with Central Statistics Organization. We are conducting a survey about health all over Afghanistan, which is conducted with the joint effort of the Ministry of Public Health and Central Statistics Organization. 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 15 to 20 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

↓

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1A	RECORD THE TIME.	HOUR ..... MINUTES .....	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

# HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		7	8	9	10
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 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES</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</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED</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

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

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

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS			IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION
	12	13	14	15	16	17	17A	18	19	19A	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'.	Has (NAME) ever attended school?	What is the highest grade (NAME) completed at school?	Why did (NAME) never attend school?	Did (NAME) attend school at any time during the (1394) school year?	During this/that school year, what grade [is/was] (NAME) attending?	Why did (NAME) not attend school in 1394 school year?	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
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	Y N 1 2 ↓ GO TO 19A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

**GRADE**  
00 = LESS THAN GRADE 1 COMPLETED  
01-12 = GRADE 1 - GRADE 12  
13 = BACHELOR'S AND ABOVE  
98 = DON'T KNOW

**CODES FOR Qs. 17A AND 19A: REASONS FOR NO SCHOOLING**

**REASONS**  
1= TOO EXPENSIVE  
2= SCHOOL TOO FAR  
3= INSECURE  
4= NEED TO HELP AT HOME  
5= PARENTS DID NOT SEND  
6= GOT MARRIED

7= SCHOOL LACKED BASIC FACILITIES  
8= NEED TO WORK/EARN  
9= OTHER

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
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.  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.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD	What is (NAME)'s current marital status?  1 = MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED OR DIVORCED/SEPARATED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49, MARRIED, WIDOWED OR DIVORCED/SEPARATED	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

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

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES ☐ → TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ☐ → TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → TABLE NO ☐

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

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER			IF AGE 5-24 YEARS			IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE			BIRTH REGISTRATION
	12	13	14	15	16	17	17A	18	19	19A	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'.	Has (NAME) ever attended school?	What is the highest grade (NAME) completed at school?	Why did (NAME) never attend school?	Did (NAME) attend school at any time during the (1394) school year?	During this/that school year, what grade [is/was] (NAME) attending?	Why did (NAME) not attend school in 1394 school year?	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
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	Y N 1 2 ↓ GO TO 19A	GRADE <input type="text"/>	REASON <input type="text"/> NEXT LINE	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17A	<input type="text"/>	<input type="text"/> NEXT LINE	1 2 ↓ GO TO 19A	<input type="text"/>	<input type="text"/> NEXT LINE	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

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98 = DON'T KNOW

**CODES FOR Qs. 17A AND 19A: REASONS FOR NO SCHOOLING**

**REASONS**  
1= TOO EXPENSIVE  
2= SCHOOL TOO FAR  
3= INSECURE  
4= NEED TO HELP AT HOME  
5= PARENTS DID NOT SEND  
6= GOT MARRIED

7= SCHOOL LACKED BASIC FACILITIES  
8= NEED TO WORK/EARN  
9= OTHER



## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS THAN MONTHLY ..... 4 NEVER ..... 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32  PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK/DRUM ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 105</div> <div style="text-align: right;">→ 105</div>
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="text-align: right;">→ 105</div>
104	How long does it take to go there, get water, and come back?	MINUTES ..... <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> DON'T KNOW ..... 998	
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="text-align: right;">→ 107</div>
106	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41  TRADITIONAL DRY VAULT TOILET SINGLE VAULT ..... 51 DOUBLE VAULT ..... 52 ECO SANITATION ..... 61  NO FACILITY/BUSH/FIELD ..... 71  OTHER ..... 96 (SPECIFY)	→ 110																																																
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																																																
109	How many households in total use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0																																																
0																																																			
110	Does your household have:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>Electricity?</td><td>ELECTRICITY ..... 1</td><td>2</td></tr><tr><td>A radio?</td><td>RADIO ..... 1</td><td>2</td></tr><tr><td>A television?</td><td>TELEVISION ..... 1</td><td>2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE ..... 1</td><td>2</td></tr><tr><td>A landline telephone?</td><td>LANDLINE PHONE ..... 1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR ..... 1</td><td>2</td></tr><tr><td>A table?</td><td>TABLE ..... 1</td><td>2</td></tr><tr><td>A chair?</td><td>CHAIR ..... 1</td><td>2</td></tr><tr><td>A sofa?</td><td>SOFA ..... 1</td><td>2</td></tr><tr><td>A bed?</td><td>BED ..... 1</td><td>2</td></tr><tr><td>A cupboard?</td><td>CUPBOARD ..... 1</td><td>2</td></tr><tr><td>A stand fan?</td><td>STAND FAN ..... 1</td><td>2</td></tr><tr><td>A generator?</td><td>GENERATOR ..... 1</td><td>2</td></tr><tr><td>A sewing machine?</td><td>SEWING MACHINE ..... 1</td><td>2</td></tr><tr><td>A computer?</td><td>COMPUTER ..... 1</td><td>2</td></tr></table>		YES	NO	Electricity?	ELECTRICITY ..... 1	2	A radio?	RADIO ..... 1	2	A television?	TELEVISION ..... 1	2	A mobile telephone?	MOBILE TELEPHONE ..... 1	2	A landline telephone?	LANDLINE PHONE ..... 1	2	A refrigerator?	REFRIGERATOR ..... 1	2	A table?	TABLE ..... 1	2	A chair?	CHAIR ..... 1	2	A sofa?	SOFA ..... 1	2	A bed?	BED ..... 1	2	A cupboard?	CUPBOARD ..... 1	2	A stand fan?	STAND FAN ..... 1	2	A generator?	GENERATOR ..... 1	2	A sewing machine?	SEWING MACHINE ..... 1	2	A computer?	COMPUTER ..... 1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Milk cows or bulls?</p> <p>Cattle?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Camels?</p> <p>Chickens?</p> <p>Ducks?</p>	<p>COWS/BULLS .....</p> <p>CATTLE .....</p> <p>HORSES/DONKEYS/MULES .....</p> <p>GOATS .....</p> <p>SHEEP .....</p> <p>CAMEL .....</p> <p>CHICKENS .....</p> <p>DUCKS .....</p> <table border="1" style="display: inline-table; vertical-align: top;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
123	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p>																	
123A	Has any member of this household been diagnosed with cancer?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 126																
123B	What type of cancer has been diagnosed?	<p>BREAST CANCER ..... A</p> <p>LUNG CANCER ..... B</p> <p>LIVER CANCER ..... C</p> <p>DUODENAL CANCER ..... D</p> <p>CERVICAL CANCER ..... E</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																	
123C	Has any member of this household died due to cancer in the last 3 years?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 126																
123D	What type of cancer caused the death of your household member (s) in the last 3 years?	<p>BREAST CANCER ..... A</p> <p>LUNG CANCER ..... B</p> <p>LIVER CANCER ..... C</p> <p>DUODENAL CANCER ..... D</p> <p>CERVICAL CANCER ..... E</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																	
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 137																
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS ..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p>																	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	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
130	TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  PRETREATED NET 21 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  PRETREATED NET 21 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET NET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  PRETREATED NET 21 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	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
132	Since you got the net, was it ever soaked or dipped in a liquid (insecticide) to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
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136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... C		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2  NO SALT IN HOUSEHOLD ..... 3  SALT NOT TESTED ..... 6 (SPECIFY REASON) _____		

**141. TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD 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 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 THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD 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 .....


141A

RECORD THE TIME.

HOUR .....

MINUTES .....
