

2015 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE AND MINISTRY OF HEALTH

IDENTIFICATION					
PLACE NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
HOUSEHOLD NUMBER				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)					
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> INT. NO. <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
RESULT*	_____	_____	_____	RESULT* <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">0</div> </div> </div> <div> LANGUAGE OF INTERVIEW** <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 00 ENGLISH 02 RUSSIAN 01 ARMENIAN 03 OTHER </div> </div>					
SUPERVISOR <div style="display: flex; justify-content: space-between;"> <div>NAME _____</div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between;"> <div>NAME _____</div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div>		OFFICE EDITOR <div style="display: flex; justify-content: space-between;"> <div>NAME _____</div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div> </div>	KEYED BY <div style="display: flex; justify-content: space-between;"> <div>NAME _____</div> <div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div> </div>

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Statistical Service. We are conducting a survey about health and other topics all over Armenia. 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

100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.

1

USUAL RESIDENTS AND VISITORS

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.

RELATIONSHIP TO HEAD OF HOUSEHOLD

What is the relationship of (NAME) to the head of the household?

SEX

Is (NAME) male or female?

RESIDENCE

Does (NAME) usually live here?

AGE

Did (NAME) stay here last night?

IF AGE 15 OR OLDER

How old is (NAME)?

MARITAL STATUS

What is (NAME)'s current marital status?

ELIGIBILITY

CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49

IF HOUSEHOLD SELECTED FOR MAN'S SURVEY

CIRCLE LINE NUMBER OF ALL MEN AGE 15-49

LINE NO.

01

IF AGE 0-17 YEARS

Is (NAME)'s natural mother usually live in this household or was she a guest last night?

Does (NAME)'s natural father usually live in this household or was he a guest last night?

Is (NAME)'s natural father usually live in this household or was he a guest last night?

Does (NAME)'s natural father usually live in this household or was he a guest last night?

Has (NAME) ever attended school?

What is the total number of complete years of schooling (NAME) has had?

What is the highest level of school (NAME) has attended?

What is the highest grade (NAME) completed at that level?

EVER ATTENDED SCHOOL

16A
17

ATTES-TAT FOR SCHOOL

17C

IF AGE 5-24 YEARS

18
19

IF AGE 0-4 YEARS

20

12
13
14
15
16
16A
17
17C
18
19
20

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 ☐ ADD TO 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 ☐ ADD TO 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 ☐ ADD TO TABLE

NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

CODES FOR Qs. 16A, 17 AND 19: EDUCATION

LEVEL
0 = PRESCHOOL
1 = PRIMARY-BASIC-SECONDARY 00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY-SPECIAL (USE '00' FOR Q. 17 ONLY.)
3 = HIGHER
8 = DONT KNOW
GRADE
THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.

11

USUAL RESIDENTS AND VISITORS

RELATIONSHIP TO HEAD OF HOUSEHOLD

SEX

M F

RESIDENCE

Y N

AGE

Y N

IF AGE 15 OR OLDER

IN YEARS

MARITAL STATUS

ELIGIBILITY

11 11 11

LINE NO.

01

IF AGE 0-17 YEARS

Is (NAME)'s natural mother usually live in this household or was she a guest last night?

Does (NAME)'s natural father usually live in this household or was he a guest last night?

Is (NAME)'s natural father usually live in this household or was he a guest last night?

Does (NAME)'s natural father usually live in this household or was he a guest last night?

Has (NAME) ever attended school?

What is the total number of complete years of schooling (NAME) has had?

What is the highest level of school (NAME) has attended?

What is the highest grade (NAME) completed at that level?

EVER ATTENDED SCHOOL

16A
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ATTES-TAT FOR SCHOOL

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IF AGE 5-24 YEARS

18
19

IF AGE 0-4 YEARS

20

12
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TICK HERE IF CONTINUATION SHEET USED ☐

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HH-4

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																																																																						
31	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.	TOTAL NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																																						
32	<p>CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN 31:</p> <p style="text-align: center;">ZERO <input type="checkbox"/> →</p> <p style="text-align: center;">TWO OR MORE <input type="checkbox"/> ↓ ONE <input type="checkbox"/> →</p>	<p>SKIP TO 51 DOMESTIC VIOLENCE SELECTION MODULE</p> <p>SKIP TO 39 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>																																																																																																						
32A	LIST EACH OF THE CHILDREN AGE 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE LIST OF HOUSEHOLD MEMBERS. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS. RECORD THE LINE NUMBER, NAME, SEX, AND AGE FOR EACH CHILD.																																																																																																							
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SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

38 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 CHILDREN [31] ON THE PREVIOUS PAGE. 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 RANK NUMBER OF THE CHILD SELECTED FOR THE CHILD LABOUR/CHILD DISCIPLINE QUESTIONS FROM THE BOX OF ELIGIBLE CHILDREN IN [33]. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '16' AND [31] SHOWS THAT THERE ARE THREE ELIGIBLE CHILDREN AGE 1-14 IN THE HOUSEHOLD. SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE CHILDREN 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 [33] AND FIND THE SECOND CHILD. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE CHILD IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM [31]							
	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

39 NAME OF SELECTED CHILD _____

HH LINE NUMBER OF SELECTED CHILD

--	--

RANK NUMBER OF SELECTED CHILD

--	--

AGE OF SELECTED CHILD

--	--

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
41	<p>CHECK THE SELECTED CHILD'S AGE FROM 39:</p> <p>1-14 YEARS <input type="checkbox"/> NO CHILDREN OR OTHER AGE <input type="checkbox"/></p> <p style="text-align: right;">→ NEXT SECT.</p>																																						
42	<p>WRITE THE HOUSEHOLD LINE NUMBER AND NAME OF THE CHILD FROM 39.</p>	<p>HH LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME <input type="text"/></p>																																					
43	<p>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or anyone else in the household has used this method with (NAME) in the past month.</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) TOOK AWAY PRIVILEGES</td><td>1</td><td>2</td></tr> <tr> <td>b) EXPLAINED WRONG BEHAVIOUR ..</td><td>1</td><td>2</td></tr> <tr> <td>c) SHOOK HIM/HER</td><td>1</td><td>2</td></tr> <tr> <td>d) SHOUTED, YELLED, SCREAMED ..</td><td>1</td><td>2</td></tr> <tr> <td>e) GAVE SOMETHING ELSE TO DO</td><td>1</td><td>2</td></tr> <tr> <td>f) HIT ON BOTTOM WITH BARE HAND ..</td><td>1</td><td>2</td></tr> <tr> <td>g) HIT WITH HARD OBJECT</td><td>1</td><td>2</td></tr> <tr> <td>h) CALLED NAME</td><td>1</td><td>2</td></tr> <tr> <td>i) HIT ON HEAD/FACE/EARS</td><td>1</td><td>2</td></tr> <tr> <td>j) HIT ON HAND/ARM/LEG</td><td>1</td><td>2</td></tr> <tr> <td>k) BEAT HIM/HER UP</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) TOOK AWAY PRIVILEGES	1	2	b) EXPLAINED WRONG BEHAVIOUR ..	1	2	c) SHOOK HIM/HER	1	2	d) SHOUTED, YELLED, SCREAMED ..	1	2	e) GAVE SOMETHING ELSE TO DO	1	2	f) HIT ON BOTTOM WITH BARE HAND ..	1	2	g) HIT WITH HARD OBJECT	1	2	h) CALLED NAME	1	2	i) HIT ON HEAD/FACE/EARS	1	2	j) HIT ON HAND/ARM/LEG	1	2	k) BEAT HIM/HER UP	1	2	
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k) BEAT HIM/HER UP	1	2																																					
44	<p>Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW / NO OPINION 8</p>																																					

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																												
51	CHECK COL. 4, 7 AND 9 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF WOMEN AGE 15-49 YEARS.	TOTAL NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																																																																																													
52	<p>CHECK THE NUMBER OF WOMEN AGE 15-49 YEARS IN 51:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>ZERO <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> →</p> <p>TWO OR MORE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> ↓</p> </div> <div style="width: 50%;"> <p>SKIP TO 101</p> <p>SKIP TO 53 AND RECORD THE HOUSEHOLD LINE NUMBER AND WOMAN'S NAME</p> </div> </div> <p>ONE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> →</p>																																																																																																														
<p>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.</p> <p>EXAMPLE: THE HOUSEHOLD NUMBER IS '16' 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.</p>																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width:10%;">LAST DIGIT OF THE HOUSEHOLD NUMBER</th><th colspan="9">TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9</th></tr> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th></tr> </thead> <tbody> <tr><td>0</td><td>1</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>1</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>1</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </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
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	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 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 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)	<div style="position: relative; height: 300px;"> → 106 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 250px;"> → 106 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 50px;"> → 105 </div>
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? <div style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
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.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 BUCKET TOILET 41 NO FACILITY/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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 <div align="center">(SPECIFY)</div>	→ 116
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 <div align="center">(SPECIFY)</div>	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <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? g) Pigs? h) Rabbits? i) Other animals for fur? j) Beehives?	 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"/> g) PIGS <input type="text"/> <input type="text"/> h) RABBITS <input type="text"/> <input type="text"/> i) FUR ANIMALS <input type="text"/> <input type="text"/> j) BEEHIVES <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 square meters of agricultural land do members of this household own, including ponds for farming fish or seafood? IF 950.000 M ² OR MORE, CIRCLE '999950'.	SQUARE METERS <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> (M ²) 950.000 M ² OR MORE 999950 DON'T KNOW 999998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio-receiver?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer?	e) COMPUTER 1	2	
	f) A refrigerator?	f) REFRIGERATOR 1	2	
	g) A washing machine?	g) WASHING MACHINE 1	2	
	h) A vacuum cleaner?	h) VACCUUM CLEANER 1	2	
	i) A video-camera or camcorder?	i) VIDEO CAMERA 1	2	
	j) A table?	j) TABLE 1	2	
	k) A chair?	k) CHAIR 1	2	
	l) A sofa or divan?	l) SOFA OR DIVAN 1	2	
	m) A bed?	m) BED 1	2	
	n) A buffet/ curio cabinet/ wall unit?	n) BUFFET 1	2	
	o) An air conditioner?	o) AIR CONDITIONER 1	2	
	p) A DVD player?	p) DVD PLAYER 1	2	
	q) A satellite antenna or a dish?	q) DISH ANTENNA 1	2	
	r) A freezer?	r) FREEZER 1	2	
	s) A sewing machine?	s) SEWING MACHINE 1	2	
	t) A carpet?	t) CARPET 1	2	
	u) A connection to the Internet through any device?	u) INTERNET 1	2	
122	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
123	Does any member of this household have a bank account?	YES 1	NO 2	
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	In the past 3 years, has any member of the household worked abroad for three or more months at a time, including those currently working abroad?	YES 1 NO 2		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	<p>Did any member of this household receive the following in the past 6 months:</p> <p>a) A poverty family benefit, that is a monthly cash benefit?</p> <p>b) An emergency benefit, that is a cash benefit up to 4 times per year?</p> <p>c) A government order to any health services which are otherwise not free?</p>	<p align="right">YES NO</p> <p>a) POVERY FAMILY BENEFIT 1 2</p> <p>b) EMERGENCY BENEFIT 1 2</p> <p>c) GOVERNMENT ORDER 1 2</p>	
126	<p>CHECK 125: ANY BENEFITS RECEIVED?</p> <p>YES, ANY <input type="checkbox"/> CODE '1' CIRCLED</p> <p>OTHER <input type="checkbox"/></p>	<p align="right">→ 128</p>	
127	<p>Did your household register or update their registration in the family benefit program database in the past 6 months?</p>	<p>YES 1</p> <p>NO 2</p>	
128	<p>How far from your house in minutes is the nearest clinic or health facility that members of your household usually use?</p> <p>PROBE FOR METHOD USED TO GET TO THE FACILITY</p> <p>IF 1,000 MINUTES OR MORE, CIRCLE CODE FOR THE UNIT OF MEASURE AND ENTER '995'.</p>	<p>MINUTES BY WALKING . . 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MINUTES BY CAR OR TAXI 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MINUTES BY PUBLIC TRANSPOR 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p>	

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.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD OR LAMINATE 31 VINYL OR LINOLEUM 32 CERAMIC OR MARBLE TILES 33 CEMENT 34 CARPETED 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES/SHIFER 36 TAULE 37 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>TREE TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT/MONOLIT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS OR PANELS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>									
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>0 PPM (NO IODINE) 1</p> <p>BELOW 15 PPM 2</p> <p>15 PPM AND ABOVE 3</p> <p>NO SALT IN HH 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
