

2016 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

UGANDA
 UGANDA BUREAU OF STATISTICS

IDENTIFICATION								
EA NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKER TESTING? (1=YES, 2=N)								
HOUSEHOLD SELECTED FOR DV? (1=WOMAN, 2=MAN)								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table>				
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 20px; height: 20px;"></table>				
				INT. NO. <table border="1" style="width: 20px; height: 20px;"></table>				
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 20px; height: 20px;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>				
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 <table border="1" style="width: 20px; height: 20px;"></table>				
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table>				
				TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>				
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>				
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table>	
0	1							
				TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>			
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 06 NGAKARIMOJONG 02 LUGANDA 07 RUNYANKOLE/RUKIGA 03 LUO 08 RUNYORO/RUTORO 04 LUGBARA 09 LUSOGA 05 ATESO 96 OTHER _____ (SPECIFY)					
SUPERVISOR		CAPI MANAGER						
NAME	<table border="1" style="width: 40px; height: 20px;"></table>	NAME	<table border="1" style="width: 40px; height: 20px;"></table>					
	NUMBER		NUMBER					

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health and other topics all over Uganda. 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 30 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" style="display: inline-table; vertical-align: middle;"><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>				
		MINUTES <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><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	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY		
				MARITAL STATUS	ELIGIBILITY					
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 5-34 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>IN YEARS</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>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</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	<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 → 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 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	IF AGE 1-14 YEARS	IF FEMALE AGE 10-14 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	DEWORMING	HPV VACCINATION
	12	13	14	15	16	17	18	19	20	21	22
	Is (NAME)'s natural mother alive? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	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? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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 level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the 2016 school year?	During this school year, what level and grade is (NAME) attending?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = SHORT CERT SEEN 2 = LONG CERT SEEN 3 = BIRTH CERT NOT SEEN 4 = REGISTERED, NO CERT 5 = NOT REGISTERED 8 = DON'T KNOW	Did [NAME] take any medication for intestinal worms in the past 6 months?	Has [NAME] ever had the HPV vaccine to prevent cancer?
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"/>	Y N 1 2 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.)
2 = "O" LEVEL	THIS CODE IS NOT ALLOWED
3 = "A" LEVEL	FOR Q. 19.)
4 = TERTIARY	98 = DON'T KNOW
5 = UNIVERSITY	
6 = FAL	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY		
				MARITAL STATUS	ELIGIBILITY					
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 5-34 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>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</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

TICK HERE IF CONTINUATION SHEET USED

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

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	IF AGE 1-14 YEARS	IF FEMALE AGE 10-14 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	DEWORMING	HPV VACCINATION
	12	13	14	15	16	17	18	19	20	21	22
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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"/>	Y N 1 2 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8
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"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

0 = PRESCHOOL
1 = PRIMARY
2 = "O" LEVEL
3 = "A" LEVEL
4 = TERTIARY

6 = FAL
5 = UNIVERSITY
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER						
LINE NO.	DISABILITY					
	23	24	25	26	27	28
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid? Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N ↓ GO TO 25	(GO TO 26)		Y N ↓ GO TO 28	(GO TO 29)	
2	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
3	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
4	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
5	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
6	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
7	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
8	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
9	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
10	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 5 OR OLDER				IF AGE 2 OR OLDER	
	DISABILITY					
	29	30	31	32	33	34
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all? 1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all? 1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all? 1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB 8 = DON'T KNOW	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all? 1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW	Does [NAME] have any other difficulties that have lasted or are expected to last 6 months or more?	What types of difficulties does [NAME] face? LIST UP TO TWO DIFFICULTIES
1					Y N DK ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
2					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
3					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
4					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
5					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
6					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
7					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
8					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
9					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
10					↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>

CODES FOR Q. 34: DISABILITY

- | | | |
|--|-------------------------------|-----------------------------|
| A = Limited use of legs, feet | H = Deafness | O = Frequent nightmares |
| B = No leg(s), feet | I = Serious speech impediment | P = Mood changes |
| C = Limited use of arm(s), hand(s) | J = Unable to speak | Q = Feeling of helplessness |
| D = No arm(s), hand(s) | K = Poor vision | R = Epilepsy, fits |
| E = Facial mutilation (nose, lips, ears) | L = Blindness | S = Chronic joint disease |
| F = Serious problem with back spine | M = Mental retardation | T = Leprosy |
| G = Hearing difficulty | N = Mental illness | U = Loss of feeling |

IF AGE 5 OR OLDER						
LINE NO.	DISABILITY					
	23	24	25	26	27	28
	Does (NAME) wear glasses or contact lenses to help them see?	I would like to know if (NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty seeing. Would you say that (NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does (NAME) wear a hearing aid?	I would like to know if (NAME) has difficulty hearing even when using a hearing aid? Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty hearing. Would you say that (NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
11	Y N ↓ GO TO 25	(GO TO 26)		Y N ↓ GO TO 28	(GO TO 29)	
12	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
13	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
14	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
15	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
16	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
17	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
18	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
19	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	
20	↓ GO TO 25	(GO TO 26)		↓ GO TO 28	(GO TO 29)	

LINE NO.	IF AGE 5 OR OLDER				IF AGE 2 OR OLDER	
	DISABILITY				DISABILITY	
	29	30	31	32	33	34
	I would like to know if (NAME) has difficulty communicating when using his/her usual language. Would you say that (NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all? 1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty remembering or concentrating. Would you say that (NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all? 1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	I would like to know if (NAME) has difficulty walking or climbing steps. Would you say that (NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all? 1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB 8 = DON'T KNOW	I would like to know if (NAME) has difficulty washing all over or dressing. Would you say that (NAME) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all? 1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW	Does [NAME] have any other difficulties that have lasted or are expected to last 6 months or more?	What types of difficulties does [NAME] face? LIST UP TO TWO DIFFICULTIES
11					Y N DK ↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
12					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
13					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
14					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
15					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
16					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
17					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
18					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
19					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>
20					↓ ↓ ↓ GO TO NEXT ROW	<input type="checkbox"/> <input type="checkbox"/>

CODES FOR Q. 34: DISABILITY

- | | | |
|--|-------------------------------|-----------------------------|
| A = Limited use of legs, feet | H = Deafness | O = Frequent nightmares |
| B = No leg(s), feet | I = Serious speech impediment | P = Mood changes |
| C = Limited use of arm(s), hand(s) | J = Unable to speak | Q = Feeling of helplessness |
| D = No arm(s), hand(s) | K = Poor vision | R = Epilepsy, fits |
| E = Facial mutilation (nose, lips, ears) | L = Blindness | S = Chronic joint disease |
| F = Serious problem with back spine | M = Mental retardation | T = Leprosy |
| G = Hearing difficulty | N = Mental illness | U = Loss of feeling |

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SL1	CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 1-14 YEARS.	TOTAL NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
SL2	<p>CHECK THE NUMBER OF CHILDREN AGE 1-14 YEARS IN SL1:</p> <p style="text-align: center;">ZERO <input style="width:20px; height:20px;" type="checkbox"/> → SKIP TO SL10</p> <p style="text-align: center;">TWO OR MORE <input style="width:20px; height:20px;" type="checkbox"/> ↓</p> <p style="text-align: center;">ONE <input style="width:20px; height:20px;" type="checkbox"/> → SKIP TO SL9 AND RECORD THE RANK NUMBER AS '1', ENTER THE LINE NUMBER, CHILD'S NAME AND AGE</p>	

SL2A 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.

SL3. RANK NUMBER	SL4. HH LINE NUMBER	SL5.	SL6.		SL7.
		NAME FROM COL. 2	SEX FROM COL. 4		AGE FROM COL. 7
RANK	LINE	NAME	M	F	AGE
01	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
02	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
03	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
04	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
05	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
06	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
07	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
08	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
09	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
10	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
11	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
12	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
13	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
14	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
15	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	_____	1	2	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

NO.

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE

HOW TO USE THE TABLE FOR SELECTION OF A CHILD

SL8

LAST DIGIT OF QUESTIONNAIRE SERIAL NUMBER
(GO TO THIS ROW NUMBER)TOTAL NUMBER OF ELIGIBLE CHILDREN (SL1)
(GO TO THIS COLUMN NUMBER)
IF ZERO → GO TO SL10

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 [SL1] 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 [SL3]. WRITE THE NAME, LINE NUMBER, AND RANK NUMBER OF THE SELECTED CHILD IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD NUMBER IS '716' AND [SL1] 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 [SL3] 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 QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 IN HOUSEHOLD FROM [SL1]							
	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

SL9

NAME OF SELECTED CHILD: _____

HH LINE NUMBER OF SELECTED CHILD: RANK NUMBER OF SELECTED CHILD:

NO.

SELECTION OF INDIVIDUAL FOR DOMESTIC VIOLENCE QUESTIONS

SL10

ONLY ONE INDIVIDUAL (ONE WOMAN OR ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE:

HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKER TESTING?

NO YES

GO TO SL13

TABLE FOR SELECTION OF WOMEN FOR DOMESTIC VIOLENCE QUESTIONS

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

SL11

LAST DIGIT OF QUESTIONNAIRE SERIAL NUMBER
(GO TO THIS ROW NUMBER)TOTAL NUMBER OF ELIGIBLE WOMEN (COL 9)
(GO TO THIS COLUMN NUMBER)
IF ZERO → GO TO CD2

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 THE SPACE BELOW THE TABLE.

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

SL12

NAME OF SELECTED WOMAN: _____

HH LINE NUMBER OF SELECTED WOMAN:

GO TO CD2

NO.

SELECTION OF INDIVIDUAL FOR DOMESTIC VIOLENCE QUESTIONS
 TABLE FOR SELECTION OF MEN FOR DOMESTIC VIOLENCE QUESTIONS

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

SL13

LAST DIGIT OF QUESTIONNAIRE SERIAL NUMBER (GO TO THIS ROW NUMBER)

TOTAL NUMBER OF ELIGIBLE MEN (COL 10) (GO TO THIS COLUMN NUMBER)
 IF ZERO → GO TO CD2

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 MEN (COLUMN 10) 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 MAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE MEN IN COLUMN 10 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED MAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 10 SHOWS THAT THERE ARE THREE ELIGIBLE MEN AGE 15-54 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 MEN 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 MAN WHO IS ELIGIBLE FOR THE MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE MEN AGE 15-54 IN HOUSEHOLD SCHEDULE COLUMN 10							
	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

SL14

NAME OF SELECTED MAN: _____

HH LINE NUMBER OF SELECTED MAN:

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
CD2	WRITE THE LINE NUMBER AND NAME OF THE CHILD FROM SL9.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ NO CHILD <input type="checkbox"/>	101																																				
CD3	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.	<table border="0"> <thead> <tr> <th></th> <th align="right">YES</th> <th align="right">NO</th> </tr> </thead> <tbody> <tr> <td>a) Took away privileges, forbade something (NAME) liked or did not allow (him/her) to leave the house.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) Explained why (NAME)'s behaviour was wrong.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) Shook (him/her).</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) Shouted, yelled at or screamed at (him/her).</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) Gave (him/her) something else to do.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) Spanked, hit or slapped (him/her) on the bottom with bare hand.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) Called (him/her) dumb, lazy, or another name like that.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) Hit or slapped (him/her) on the face, head, or ears.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) Hit or slapped (him/her) on the hand, arm, or leg.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>k) Beat him/her up, that is hit (him/her) over and over as hard as one could.</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table>		YES	NO	a) Took away privileges, forbade something (NAME) liked or did not allow (him/her) to leave the house.	1	2	b) Explained why (NAME)'s behaviour was wrong.	1	2	c) Shook (him/her).	1	2	d) Shouted, yelled at or screamed at (him/her).	1	2	e) Gave (him/her) something else to do.	1	2	f) Spanked, hit or slapped (him/her) on the bottom with bare hand.	1	2	g) Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object.	1	2	h) Called (him/her) dumb, lazy, or another name like that.	1	2	i) Hit or slapped (him/her) on the face, head, or ears.	1	2	j) Hit or slapped (him/her) on the hand, arm, or leg.	1	2	k) Beat him/her up, that is hit (him/her) over and over as hard as one could.	1	2	
	YES	NO																																					
a) Took away privileges, forbade something (NAME) liked or did not allow (him/her) to leave the house.	1	2																																					
b) Explained why (NAME)'s behaviour was wrong.	1	2																																					
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d) Shouted, yelled at or screamed at (him/her).	1	2																																					
e) Gave (him/her) something else to do.	1	2																																					
f) Spanked, hit or slapped (him/her) on the bottom with bare hand.	1	2																																					
g) Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object.	1	2																																					
h) Called (him/her) dumb, lazy, or another name like that.	1	2																																					
i) Hit or slapped (him/her) on the face, head, or ears.	1	2																																					
j) Hit or slapped (him/her) on the hand, arm, or leg.	1	2																																					
k) Beat him/her up, that is hit (him/her) over and over as hard as one could.	1	2																																					
CD4	Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DON'T KNOW / NO OPINION 8																																					
CD4A	To the best of your knowledge, is there a government law that prohibits one from abusing a child?	YES 1 NO 2 DON'T KNOW 8																																					

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>BICYCLE WITH JERRYCANS 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>BICYCLE WITH JERRYCANS 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 105</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?		<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/> → 107</p>

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 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/ECOSAN 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 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 <input type="text" value="0"/> <input type="text"/> 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	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/CYLINDER GAS 02 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 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 (SPECIFY)	→ 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) Local cattle? b) Exotic/cross-breed cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs?	a) LOCAL CATTLE <input type="text"/> <input type="text"/> b) EXOTIC 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"/>	
118A	Are there any animals that sleep in the house where people sleep?	YES 1 NO 2	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 120A
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998	
120A	Does any member of this household own any non-agricultural land?	YES 1 NO 2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A cassette/CD/DVD player? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) ELECTRICITY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) TELEVISION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) COMPUTER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) REFRIGERATOR</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) PLAYER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) TABLE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>i) CHAIR</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>j) SOFA SET</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>k) BED</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>l) CUPBOARD</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>m) CLOCK</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) PLAYER	1	2	h) TABLE	1	2	i) CHAIR	1	2	j) SOFA SET	1	2	k) BED	1	2	l) CUPBOARD	1	2	m) CLOCK	1	2	
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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? h) A boat without a motor?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) WATCH</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BICYCLE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) BOAT WITHOUT MOTOR</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		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	h) BOAT WITHOUT MOTOR	1	2																
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123	Does any member of this household have a bank account, mobile money account, or account with an agent?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2																																							
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?	<table border="0"> <tr> <td>DAILY</td> <td align="center">1</td> </tr> <tr> <td>WEEKLY</td> <td align="center">2</td> </tr> <tr> <td>MONTHLY</td> <td align="center">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td> <td align="center">4</td> </tr> <tr> <td>NEVER</td> <td align="center">5</td> </tr> </table>	DAILY	1	WEEKLY	2	MONTHLY	3	LESS OFTEN THAN ONCE A MONTH	4	NEVER	5																																	
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125	At any time in the past 6 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 127																																				
YES	1																																												
NO	2																																												
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126	Who sprayed the dwelling? PROBE FOR ANY OTHERS. RECORD ALL MENTIONED.	<table border="0"> <tr> <td>GOVERNMENT WORKER/PROGRAM</td> <td align="center">A</td> </tr> <tr> <td>PRIVATE COMPANY</td> <td align="center">B</td> </tr> <tr> <td>NONGOVERNMENTAL ORGANIZATION (NGO) ..</td> <td align="center">C</td> </tr> <tr> <td>OTHER _____</td> <td align="center">X</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">Z</td> </tr> </table>	GOVERNMENT WORKER/PROGRAM	A	PRIVATE COMPANY	B	NONGOVERNMENTAL ORGANIZATION (NGO) ..	C	OTHER _____	X	(SPECIFY)		DON'T KNOW	Z																															
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126A	Did you pay for your dwelling to be sprayed?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																																					
YES	1																																												
NO	2																																												
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127	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2	→ 139																																						
YES	1																																												
NO	2																																												
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	<table border="0"> <tr> <td>NUMBER OF NETS</td> <td align="center"><input style="width: 40px; height: 20px;" type="text"/></td> </tr> </table>	NUMBER OF NETS	<input style="width: 40px; height: 20px;" type="text"/>																																									
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MOSQUITO NETS

		NET #1	NET #2	NET #3
129	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
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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKKOL 18 DK BRAND 19 GOVT BRAND 20 OTHER 21 (SPECIFY) (SKIP TO 134) ← OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKKOL 18 DK BRAND 19 GOVT BRAND 20 OTHER 21 (SPECIFY) (SKIP TO 134) ← OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKKOL 18 DK BRAND 19 GOVT BRAND 20 OTHER 21 (SPECIFY) (SKIP TO 134) ← OTHER BRAND 96 DK BRAND 98
132	Since you got the net, was it ever soaked or dipped in a liquid 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 you get the net through a mass distribution, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4

MOSQUITO NETS

		NET #1	NET #2	NET #3
135	Where did you get the net?	PUBLIC SECTOR GOVT. HOSPITA 11 GOVT. HEALTH FACILITY 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION 44 OTHER 96 DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITA 11 GOVT. HEALTH FACILITY 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION 44 OTHER 96 DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITA 11 GOVT. HEALTH FACILITY 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION 44 OTHER 96 DON'T KNOW 98
136	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	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"/> ----- 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"/>
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	} → 142
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 Y	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CONCRETE 32 CERAMIC TILES 33 CEMENT SCREED 34 CARPET 35 STONES 36 BRICKS 37 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 MUD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 TINS 22 WOOD PLANKS 23 CARDBOARD 24 TARPULIN 25 FINISHED ROOFING IRON SHEETS 31 WOOD 32 ASBESTOS 33 TILES 34 CONCRETE 35 ROOFING SHINGLES 36 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 NO WALLS 11 THATCHED/STRAW 12 DIRT 13</p> <p>RUDIMENTARY WALLS POLES WITH MUD 21 STONE WITH MUD 22 UNBURNT BRICKS WITH MUD 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 UNBURNT BRICKS WITH PLASTER 27 BURNT BRICKS WITH MUD 28</p> <p>FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS WITH CEMENT 33 CEMENT BLOCKS 34 UNBURNT BRICKS WITH CEMENT 35 WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>	
144A	<p>Where do you and your family mainly go for health care?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 MOBILE CLINIC 23 PHARMACY/DRUG SHOP 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
144B	<p>Do you pay any money for the services offered?</p>	<p>YES, OFFICIAL FEES 1 YES, TOKEN OF THANKS 2 NO 3 DON'T KNOW 8</p>	<p>→ 145</p>
144C	<p>How do you make the payment?</p> <p>PROBE FOR ANY OTHERS. RECORD ALL MENTIONED.</p>	<p>DIRECTLY OUT OF POCKET A COMMUNITY-BASED INITIATIVE/SAVINGS B HEALTH INSURANCE THROUGH EMPLOYER C SOCIAL SECURITY D OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE E</p> <p>OTHER _____ X (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>IODINE PRESENT 1 NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>	

ROAD TRAFFIC ACCIDENTS

A01	<p>Now I would like to ask you about road traffic accidents that anyone in your household may have been involved in during the last 12 months.</p> <p>Was anyone in your household killed in a road traffic accident in the past 12 months or injured in a road traffic accident with injuries severe enough that for at least one day they could not carry out their normal daily activities?</p>	<p>YES 1 NO 2</p> <p align="right">→A12</p>	
A02	<p>What is the name of the persons injured or killed?</p> <p>ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN A03. IF THERE ARE MORE THAN TWO PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).</p>		
A03	<p>ENTER THE NAME OF EACH PERSON INJURED OR KILLED</p> <p>RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. RECORD '00' IF PERSON NOT LISTED IN HOUSEHOLD.</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NOT IN HOUSEHOLD 00</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NOT IN HOUSEHOLD 00</p>
A04	<p>Was (NAME) in a car, truck, bus, motorcycle, bicycle, another kind of vehicle, or a pedestrian?</p> <p>IF A PERSON HAD MORE THAN ONE ROAD TRAFFIC ACCIDENT, ASK QUESTIONS ABOUT THE MOST RECENT ACCIDENT ONLY.</p>	<p>CAR 01 TRUCK 02 BUS 03 MOTORCYCLE 04 BICYCLE 05 PEDESTRIAN 06</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>CAR 01 TRUCK 02 BUS 03 MOTORCYCLE 04 BICYCLE 05 PEDESTRIAN 06</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>
A04A	CHECK A03 LINE NUMBER:	<p>00 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO A10)</p>	<p>00 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO A10)</p>
A05	Is (NAME) still alive?	<p>YES 1 (SKIP TO A09A) ←</p> <p>NO 2 DON'T KNOW 8 (SKIP TO A09A) ←</p>	<p>YES 1 (SKIP TO A09A) ←</p> <p>NO 2 DON'T KNOW 8 (SKIP TO A09A) ←</p>
A06	Was (NAME)'s death related to the road traffic accident?	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
A06A	Was (NAME)'s death registered with the civil authority?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
A07	Was (NAME) male or female?	<p>MALE 1 FEMALE 2</p>	<p>MALE 1 FEMALE 2</p>
A08	<p>What was (NAME)'s age when (NAME) died?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98 (SKIP TO A11) ←</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98 (SKIP TO A11) ←</p>
A09A	Is (NAME) male or female?	<p>MALE 1 FEMALE 2</p>	<p>MALE 1 FEMALE 2</p>
A09B	<p>How old is (NAME)?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
A10	<p>What kind of injuries did (NAME) have as a result of the accident?</p> <p>RECORD ALL MENTIONED.</p>	<p>PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION E LOSS OF EYE SIGHT F CHRONIC PAIN G BURN H CUTS I BROKEN BONE J EMOTIONAL TRAUMA K BRUISING L</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION E LOSS OF EYE SIGHT F CHRONIC PAIN G BURN H CUTS I BROKEN BONE J EMOTIONAL TRAUMA K BRUISING L</p> <p>OTHER _____ X (SPECIFY)</p>
A11	<p>GO BACK TO A04 IN NEXT COLUMN, OR IF NO MORE PERSONS WITH ACCIDENTS, GO TO A12.</p>		<p>GO BACK TO A04 IN FIRST COLUMN OF A NEW QUESTIONNAIRE, OR IF NO MORE PERSONS WITH ACCIDENTS, GO TO A12.</p>

INJURIES

A12	<p>Now I would like to ask you about other incidents that anyone in your household may have been involved in during the last 12 months.</p> <p>Was anyone in your household killed in the last 12 months or injured in any other incident such as a fire, violent attack, animal bite, fall, drowning or anything else with injuries severe enough that for at least one day they could not carry out their normal daily activities?</p>	<p>YES 1 NO 2</p>	→ A23
A13	<p>What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN A14. IF THERE ARE MORE THAN TWO PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).</p>		
A14	<p>ENTER THE NAME OF EACH PERSON INJURED OR KILLED: RECORD HOUSEHOLD LINE NUMBER FROM COLUMN 1. RECORD '00' IF PERSON NOT LISTED IN HOUSEHOLD.</p>	<p>NAME _____ LINE NUMBER <input type="text"/><input type="text"/> NOT IN HOUSEHOLD 00</p>	<p>NAME _____ LINE NUMBER <input type="text"/><input type="text"/> NOT IN HOUSEHOLD 00</p>
A15	<p>In what type of incident was (NAME) injured or killed?</p>	<p>VIOLENCE/ASSAULT 01 FIRE/BURNING 02 ANIMAL BITE 03 ACCIDENTAL FALL 04 DROWNING 05 POISONING 06 ACCIDENT WHILE WORKING 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98</p>	<p>VIOLENCE/ASSAULT 01 FIRE/BURNING 02 ANIMAL BITE 03 ACCIDENTAL FALL 04 DROWNING 05 POISONING 06 ACCIDENT WHILE WORKING 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98</p>
A15A	<p>CHECK A14 LINE NUMBER:</p>	<p>00 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO A21)</p>	<p>00 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO A21)</p>
A16	<p>Is (NAME) still alive?</p>	<p>YES 1 (SKIP TO A20A) ← NO 2</p>	<p>YES 1 (SKIP TO A20A) ← NO 2</p>
A17	<p>Was (NAME)'s death related to this incident?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
A17A	<p>Was (NAME)'s death registered with the civil authority?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
A18	<p>Was (NAME) male or female?</p>	<p>MALE 1 FEMALE 2</p>	<p>MALE 1 FEMALE 2</p>
A19	<p>What was (NAME)'s age when (NAME) died? IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/><input type="text"/> DON'T KNOW 98 (SKIP TO A22) ←</p>	<p>YEARS <input type="text"/><input type="text"/> DON'T KNOW 98 (SKIP TO A22) ←</p>
A20A	<p>Is (NAME) male or female?</p>	<p>MALE 1 FEMALE 2</p>	<p>MALE 1 FEMALE 2</p>
A20B	<p>How old is (NAME)? IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input type="text"/><input type="text"/> DON'T KNOW 98</p>	<p>YEARS <input type="text"/><input type="text"/> DON'T KNOW 98</p>
A21	<p>What kind of injuries did (NAME) have as a result of the incident? RECORD ALL MENTIONED.</p>	<p>PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION .. E LOSS OF EYE SIGHT F CHRONIC PAIN G BURN H CUTS I BROKEN BONE J EMOTIONAL TRAUMA K OTHER _____ X (SPECIFY)</p>	<p>PARALYZED A BRAIN DAMAGE B DISFIGUREMENT C LOSS OF LIMB D LOSS OF LIMB FUNCTION .. E LOSS OF EYE SIGHT F CHRONIC PAIN G BURN H CUTS I BROKEN BONE J EMOTIONAL TRAUMA K OTHER _____ X (SPECIFY)</p>
A22	<p>GO BACK TO A15 IN NEXT COLUMN, OR IF NO MORE PERSONS WITH INJURIES, GO TO A23.</p>		

DEATHS

A23	<p>CHECK A05 AND A16:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DEATHS DUE TO RTA OR OTHER INCIDENTS <input type="checkbox"/></p> <p>a) Apart from anyone in your household that you already mentioned that was killed in a road traffic accident or other incident, has any other member of your household died in the last 12 months?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NO DEATHS <input type="checkbox"/></p> <p>b) Has any member of your household died in the last 12 months?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">→ A32</p>
A24	<p>What is the name of the other person(s) who died?</p> <p>ENTER THE NAME OF EACH PERSON WHO DIED IN A25. IF THERE ARE MORE THAN TWO PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).</p>	
A25	<p>ENTER THE NAME OF EACH PERSON WHO DIED:</p>	<p>NAME _____</p> <p>NAME _____</p>
A26	<p>Was (NAME) male or female?</p>	<p>MALE 1</p> <p>FEMALE 2</p>
A27	<p>What was (NAME)'s age when (NAME) died?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>DON'T KNOW 98</p>
A28	<p>What was the cause of (NAME)'s death?</p>	<p>ILLNESS 01</p> <p>AGE 02</p> <p>NON-TRAFFIC ACCIDENT 03</p> <p>ASSAULT/VIOLENCE 04</p> <p>WITCHCRAFT 05</p> <p>RELATED TO BIRTH 06</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>
A29	<p>Where did (NAME)'s death take place?</p>	<p>HEALTH FACILITY 01</p> <p>ON WAY TO HEALTH FACILITY 02</p> <p>HOME/OTHER HOUSE 03</p> <p>OUTSIDE 04</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>
A30	<p>Was (NAME)'s death registered with the civil authority?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
A31	<p>GO BACK TO A26 IN NEXT COLUMN, OR IF NO MORE PERSONS WHO DIED, GO TO A32.</p>	

ELIGIBILITY AND CONSENT FOR DISABILITY SURVEY

A32	<p>CHECK COLUMNS 24-25 AND Q 27-32 FOR ANY HOUSEHOLD MEMBER WITH A RESPONSE OF '2 - SOME DIFFICULTY', '3 - A LOT OF DIFFICULTY', OR '4 - CANNOT AT ALL' IN ANY OF THE COLUMNS.</p> <p>ANY RESPONSE OF <input type="checkbox"/> 2, 3, OR 4</p> <p align="center">ALL RESPONSES 1 OR 8 <input type="checkbox"/> → SKIP TO 146</p>									
A33	<p>At a later point in time, my colleagues who are working with the Uganda Bureau Of Statistics would like to revisit your household to conduct a study on disabilities. The study team will conduct a brief interview to assess the impact of disabilities on individuals and households. You don't have to permit the visit, but we hope you will agree since your household participation is very important. Your responses will remain confidential.</p> <p>Do you have any questions? Do you agree for your household to be revisited?</p> <p>SIGNATURE OF INTERVIEWER _____ DATE _____</p> <p>RESPONDENT AGREES TO BE REVISTED .. 1 RESPONDENT DOES NOT AGREE TO BE REVISTED .. 2</p>									
146	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p> <p>MINUTES..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; text-align: center;"> <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
