

2017 GHANA MATERNAL HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH

GHANA STATISTICAL SERVICES

IDENTIFICATION					
LOCALITY NAME _____					
NAME OF HOUSEHOLD HEAD _____					
REGION					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
DISTRICT					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">0</div>
HOUSEHOLD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>
NEXT VISIT: DATE	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		INT. NO.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">0</div>
TIME	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES:				TOTAL PERSONS IN HOUSEHOLD	
1 COMPLETED				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
4 POSTPONED				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
5 REFUSED				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
6 DWELLING VACANT OR ADDRESS NOT A DWELLING				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
7 DWELLING DESTROYED				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
8 DWELLING NOT FOUND				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
9 OTHER _____ (SPECIFY)				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE	
				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**	
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">0</div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
LANGUAGE OF QUESTIONNAIRE**		TRANSLATOR USED (YES = 1, NO = 2)		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	
ENGLISH		**LANGUAGE CODES:			
		00 ENGLISH 05 MOLE-DAGBANI			
		01 AKAN 06 GRUSI			
		02 GA 07 GURMA			
		03 EWE 08 MANDE			
		04 GUAN 96 OTHER _____ (SPECIFY)			
SUPERVISOR					
NAME _____					
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>					
NUMBER					

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a national survey that asks about maternal health issues. The information we collect will help the government to plan health services for women. 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 INTERVIEW STARTS.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div>MINUTES</div></div> <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 3 YEARS OR OLDER		ELIGIBILITY
				5	6		8	9	
1	2	3	4	5	6	7	8	9	10
	<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 5-9 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>RECORD IN COMPLETED YEARS</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>Has (NAME) ever attended school?</p>	<p>What is the highest level of school (NAME) has attended?</p> <p>SEE CODES BELOW</p> <p>What is the highest grade (NAME) completed at that level?</p> <p>SEE CODES BELOW</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 2 ↓ GO TO 10	LEVEL GRADE <input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	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

CODES FOR Q. 9: EDUCATION

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = MIDDLE
3 = JSS/JHS
4 = SECONDARY / TECH / VOC / COMM
5 = SSS/SHS / TECH / VOC / COMM
6 = HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 3 YEARS OR OLDER		ELIGIBILITY
				5	6		8	9	
1	2	3	4	5	6	7	8	9	10
	<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 5-9 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>RECORD IN COMPLETED YEARS</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>Has (NAME) ever attended school?</p>	<p>What is the highest level of school (NAME) has attended?</p> <p>SEE CODES BELOW</p> <p>What is the highest grade (NAME) completed at that level?</p> <p>SEE CODES BELOW</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 2 ↓ GO TO 10	LEVEL GRADE <input type="text"/>	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 ↓ GO TO 10	<input type="text"/>	20
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>									

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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 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

CODES FOR Q. 9: EDUCATION

LEVEL
 0 = PRE-PRIMARY
 1 = PRIMARY
 2 = MIDDLE
 3 = JSS/JHS
 4 = SECONDARY / TECH / VOC / COMM
 5 = SSS/SHS / TECH / VOC / COMM
 6 = HIGHER
 8 = DON'T KNOW

GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 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 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 SACHET WATER 92 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> } { </div> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">→</div> <div style="position: absolute; right: -20px; top: 20%; font-size: 2em;">→</div> <div style="position: absolute; right: -20px; top: 40%; font-size: 2em;">→</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 PIPED TO NEIGHBOR 13 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 RAINWATER 51 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: 100px;"> } </div> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">→</div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> } </div> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">→</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	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	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 MANHOLE/SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 108
106	Do you share this toilet facility with other households?	YES 1 NO 2	→ 108
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
108	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 RESIDUE 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/>	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 112
111	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? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Grasscutter?	a) MILK COWS <input type="text"/> b) OTHER CATTLE <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> d) GOATS <input type="text"/> e) SHEEP <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> g) PIGS <input type="text"/> h) RABBITS <input type="text"/> i) GRASSCUTTER <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
112	Does any member of your household own any agricultural land?	YES 1 NO 2		→ 114
113	How many hectares or acres or plots of agricultural land do members of this household own? IF 95 OR MORE HECTARES, CIRCLE '950' IF 95 OR MORE ACRES, RECORD IN HECTARES IF 95 OR MORE PLOTS, RECORD IN ACRES IF 95 OR MORE POLES, RECORD IN PLOTS	HECTARES 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> . <input type="text"/> PLOTS 3 <input type="text"/> <input type="text"/> . <input type="text"/> POLES 4 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998		
114	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone (landline)? e) A computer/Tablet computer? f) A refrigerator? g) A freezer h) An electric generator/Invertor? i) A washing machine? j) A photo camera? (NOT ON PHONE) k) A video deck/DVD/VCD? l) A sewing machine? m) A bed? n) A table? o) A chair? p) A cabinet/cupboard?	YES a) ELECTRICITY 1 b) RADIO 1 c) TELEVISION 1 d) NON-MOBILE TELEPHONE 1 e) COMPUTER 1 f) REFRIGERATOR 1 g) FREEZER 1 h) GENERATOR 1 i) WASHING MACHINE 1 j) CAMERA 1 k) VIDEO/DVD/VCD 1 l) SEWING MACHINE 1 m) BED 1 n) TABLE 1 o) CHAIR 1 p) CABINET 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
115	Does any member of this household own: a) A wrist watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car, bus or truck? g) A boat with a motor? h) A boat without a motor?	YES a) WRIST WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/SCOOTER 1 e) ANIMAL-DRAWN CART 1 f) CAR/TRUCK 1 g) BOAT WITH MOTOR 1 h) BOAT WITHOUT MOTOR 1	NO 2 2 2 2 2 2 2 2	
116	Does any member of this household have a bank account?	YES 1 NO 2		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
117	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC/MARBLE/PORCELAIN</p> <p>TILES/TERRAZO 33</p> <p>CEMENT 34</p> <p>WOOLEN CARPET/SYNTHETIC CARPET .. 35</p> <p>LINOLEUM/RUBBER CARPET 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
118	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>THATCH/PALM LEAF 11</p> <p>MUD/SOD 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>ZINC/ALUMINIUM 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>CERAMIC/BRICK TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</p> <p>ASBESTOS/SLATE ROOFING SHEETS .. 37</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
119	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>CANE/PALM/TRUNKS 11</p> <p>MUD/LANDCRETE 12</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</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 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
120	<p>RECORD THE TIME INTERVIEW ENDED.</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
