

# 2016-17 MALDIVES DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
ISLAND NAME AND NUMBER _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
ATOLL NAME AND NUMBER _____				
HOUSEHOLD NUMBER .....	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> MONTH <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> INT. NO. <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	RESULT* <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		
TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
LANGUAGE OF QUESTIONNAIRE**	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>	LANGUAGE OF INTERVIEW**	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>			
**LANGUAGE CODES: 01 ENGLISH 02 DHIVEHI				
SUPERVISOR NAME _____			SUPERVISOR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER	

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about health and other topics all over Maldives. 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.	HOUR . . . . .	<input type="text"/>	<input type="text"/>
		MINUTES . . . . .	<input type="text"/>	<input type="text"/>

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		MALDIVIAN		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	6A	6B	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) a Maldivian?	Is (NAME) married to a Maldivian or is (NAME) the son or daughter of a Maldivian?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	Is (NAME) currently married or living together, divorced/separated, widowed, or never married and never lived together?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	Y N 1 2 ↓ GO TO 7	Y N	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	10	10	10

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

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

01 = HEAD	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

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS			
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	DISABILITY		
	12	13	14	15	16	17	18	19	20	26	27	28
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  What is the highest (grade/year) (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015-2016 school year?	During [this/that] school year, what level and (grade/year) [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Does (NAME) suffer from a disability?	What type of disability does (NAME) have?  SEE CODES BELOW.	Does (NAME) receive an allowance from the government?
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 26	LEVEL GRADE/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 26	LEVEL GRADE/YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	Y N DK 1 2 8
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 26	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	<input type="text"/>	1 2 8

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

**LEVEL**

0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

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

**CODES FOR Q. 26: DISABILITY**

01 = BLIND/PARTIALLY BLIND 07 = MEDICAL DISABILITY  
02 = DEAF/PARTIALLY DEAF 08 = LEARNING DISABILITY  
03 = PARALYZED 98 = DON'T KNOW  
04 = MISSING LIMB  
05 = MENTALLY DISABLED  
06 = SPEECH IMPAIRED

									IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		MALDIVIAN		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	6A	6B	7	8	9	10	11
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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	Y N 1 2 ↓ GO TO 7	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	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	1 2 ↓ GO TO 7	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

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

U1 = HEAD  
 02 = WIFE OR HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
 05 = GRANDCHILD  
 06 = PARENT  
 U/ = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = OTHER RELATIVE  
 10 = ADOPTED/FOSTER/STEPCHILD  
 11 = NOT RELATED  
 98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	DISABILITY		
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	12	13	14	15	16	17	18	19	20	26	27	28
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	Y N 1 2 ↓ GO TO 26	LEVEL GRADE/YEAR <input type="text"/> ↓ GO TO 26	Y N 1 2 ↓ GO TO 26	LEVEL GRADE/YEAR <input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE
12	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
13	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
14	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
15	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
16	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
17	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
18	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
19	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
20	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	<input type="text"/> ↓ GO TO 26	1 2 8 ↓ NEXT LINE	<input type="text"/> ↓ NEXT LINE	1 2 8 ↓ NEXT LINE

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

**LEVEL**  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

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

#### CODES FOR Q. 26: DISABILITY

01 = BLIND/PARTIALLY BLIND 07 = MEDICAL DISABILITY  
02 = DEAF/PARTIALLY DEAF 08 = LEARNING DISABILITY  
03 = PARALYZED 98 = DON'T KNOW  
04 = MISSING LIMB  
05 = MENTALLY DISABLED  
06 = SPEECH IMPAIRED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32  <b>RAINWATER</b> TANK IN COMPOUND ..... 51 PUBLIC OR COMMUNITY TAN ..... 52  BOTTLED WATER ..... 91 OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 106  <input type="checkbox"/> → 103  <input type="checkbox"/> → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32  <b>RAINWATER</b> TANK IN COMPOUND ..... 51 PUBLIC OR COMMUNITY TAN ..... 52  OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<input type="checkbox"/> → 105
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?  YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> → 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 108A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
108A	Does your household have a water storage facility?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109
108B	What is the capacity of the water storage facility?	LITERS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23  NO FACILITY/BEACH ..... 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 ..... <input type="text"/> <input type="text"/> IF LESS THAN 10  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL ..... 06 CHARCOAL ..... 07 WOOD ..... 08  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	→ 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	}→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 ..... <div><div></div><div></div></div>	
121	Does your household have:  a) Electricity? b) A radio? c) A television? d) A satellite/cable TV connection e) A computer? f) Internet connection? g) A mobile telephone? h) A non-mobile telephone? i) A refrigerator? j) An air conditioner? k) A washing machine?	<div>YESNO</div> a) ELECTRICITY ..... 12 b) RADIO ..... 12 c) TELEVISION ..... 12 d) SATELLITE/CABLE TV CON. .... 12 e) COMPUTER ..... 12 f) INTERNET CONNECTIC..... 12 g) MOBILE TELEPHON..... 12 h) NON-MOBILE TELEPHONE..... 12 i) REFRIGERATOF..... 12 j) AIR CONDITIONER ..... 12 k) WASHING MACHINI..... 12	
122	Does any member of this household own:  a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) A car or truck? e) A pickup/lorry? f) A fishing boat? g) Any other boat?	<div>YESNO</div> a) WATCH ..... 12 b) BICYCLE ..... 12 c) MOTORCYCLE/SCOOTER ..... 12 d) CAR/TRUCK ..... 12 e) PICKUP/LORRY ..... 12 f) FISHING BOAT ..... 12 g) ANY OTHER BOAT ..... 12	
123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS OFTEN THAN ONCE A MONTH ..... 4 NEVER ..... 5	

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 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON ..... 5	<div> <div>142</div> </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> SAND ..... 11 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM ..... 22 <b>FINISHED FLOOR</b> PARQUET/WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT/SLAKE LIME ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>FINISHED ROOFING</b> GALVANIZED SHEETS ..... 31 WOOD ..... 32 ROOFING TILES ..... 34 ROOFING SHINGLES ..... 36  OTHER ..... 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 <b>RUDIMENTARY WALLS</b> THIN PLYWOOD/WOOD STICKS ..... 24 THATCH AND STICKS ..... 25 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33  OTHER ..... 96 (SPECIFY)	
146	RECORD THE TIME.	HOURS ..... <div><div></div><div></div></div> MINUTES ..... <div><div></div><div></div></div>	

