

2019-20 GAMBIA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

THE GAMBIA
 GAMBIA BUREAU OF STATISTICS

IDENTIFICATION				
NAME OF SETTLEMENT _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER				<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
				MONTH <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
				YEAR <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">2</div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">0</div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
RESULT*	_____	_____	_____	RESULT* <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
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 _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
				TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
				TOTAL ELIGIBLE MEN <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">0</div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">1</div> </div> </div> <div> LANGUAGE OF INTERVIEW** <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 06 SARAHULE 10 BAMBARA 02 MANDINKA 07 SERERE 11 OTHER LANGUAGE (SPECIFY) 03 WOLLOF 08 MAJAGO 04 FULA 09 CREOLE/AKU 05 JOLA MARABOUT </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ NAME </div> <div style="width: 20%; text-align: center;"> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div> CODE </div> </div>				

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INTRODUCTION AND CONSENT

1

Hello. My name is _____. I am working with Gambia Bureau of Statistics. We are conducting a survey about health and other topics all over The Gambia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END



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

HOUSEHOLD SCHEDULE

							IF AGE 12 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	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 5-20 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
							1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER			
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			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 | 12 = CO-WIFE |
| | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What 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 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? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2019-2020 school year?	During this school year, what level and grade is (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
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 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

0 = EARLY CHILDHOOD EDUCATION
1 = PRIMARY (Grade 1-6)
2 = LOWER SECONDARY (Grade 7-9)
3 = UPPER SECONDARY (Grade 10-12)
4 = VOCATIONAL (Technical)
5 = DIPLOMA
6 = HIGHER (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 12 OR OLDER			
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						IF 95 OR MORE, RECORD '95'.	1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER			
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20			1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

CHECK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
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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 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)¹

21	<p style="text-align: center;">CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY/BIOMARKERS?</p> <p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> → 101 </p>							
<p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.</p> <p>EXAMPLE: THE HOUSEHOLD NUMBER IS '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 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</p>								
LAST DIGIT OF THE HOUSE- HOLD 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
22	<p>NAME OF SELECTED WOMAN _____ HH LINE NUMBER OF SELECTED WOMAN </p>							

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 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 106 → 103 → 103
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 RAINWATER 51 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 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' YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO 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 NO FACILITY/BUSH/FIELD/ OPEN DEFECACTION 61 OTHER 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG (GAS TANK) 02 BIOGAS 03 KEROSENE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 SAWDUST 08 ANIMAL DUNG 09 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) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chicken, ducks, or guinea fowl? g) Pigs?	 a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/DUCKS/FOWL <input type="text"/> <input type="text"/> g) PIGS <input type="text"/> <input type="text"/>	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	 → 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE HECTARES, CIRCLE '950'. IF 95 OR MORE ACRES, RECORD IN HECTARES	HECTARES 1 <input type="text"/> <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
121	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A sofa?	b) SOFA 1	2	
	c) A wardrobe?	c) WARDROBE 1	2	
	d) A bed?	d) BED 1	2	
	e) A table?	e) TABLE 1	2	
	f) A chair?	f) CHAIR 1	2	
	g) A radio?	g) RADIO 1	2	
	h) A television?	h) TELEVISION 1	2	
	i) A non-mobile telephone?	i) NON-MOBILE TELEPHONE .. 1	2	
	j) A refrigerator?	j) REFRIGERATOR 1	2	
	k) A fan?	k) FAN 1	2	
	l) A generator or solar panel?	l) GENERATOR/SOLAR 1	2	
	m) A computer or tablet?	m) COMPUTER/TABLE 1	2	
	n) A microwave?	n) MICROWAVE 1	2	
	o) A DVD/VCD player?	o) DVD/VCD PLAYER 1	2	
	p) A satellite dish?	p) SATELLITE DISH 1	2	
	q) A washing machine?	q) WASHING MACHINE 1	2	
	r) A clock?	r) CLOCK 1	2	
122	Does any member of this household own:	YES	NO	
	a) A watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER .. 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
	h) A boat without a motor?	h) BOAT WITHOUT MOTOR 1	2	
123	Does any member of this household have a bank account?	YES 1	NO 2	
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1	2	
		WEEKLY 2	3	
		MONTHLY 3	4	
		LESS OFTEN THAN ONCE A MONTH 4	5	
		NEVER 5		
127	Does your household have any mosquito nets?	YES 1	NO 2	→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS, USE ADDITIONAL	OBSERVED 1 NOT OBSERVED 2 1	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) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an infant welfare visit?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
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 BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.

MOSQUITO NETS

		NET #4	NET #5	NET #6
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS, USE ADDITIONAL	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) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 NET PROTECT 13 MAGNET 14 DURANET 15 OTHER/DON'T KNOW BRAND 16 _____ (SPECIFY) OTHER TYPE 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an infant welfare visit?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, INFANT WELFARE VISIT .. 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 VHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 NGO CLINIC/FACILITY 08 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #4	NET #5	NET #6
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

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> → 142 </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE 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 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL/LINOLEUM/"TAPEH" 32 TILES 33 CEMENT/CONCRETE 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING PALM/BAMBOO 21 WOOD PLANKS 22 FINISHED ROOFING METAL/CORRUGATE 31 WOOD 32 CERAMIC TILES 33 CEMENT/ CONCRETE 34 DECRA 35 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>MUD/ MUD BRICKS 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD/PALLETS 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>MUD BLOCKS PLASTERED W CEMENT .. 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>BAMBOO WITH CEMENT 37</p> <p>CERAMIC TILES WITH CEMENT..... 38</p> <p>OTHER _____ 96</p> <p align="center">(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</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6</p> <p align="center">(SPECIFY REASON)</p>									
146	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></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
