

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 .....				<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 BIOMARKERS? (1=YES, 2=NO) .....								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td> </td><td> </td></tr> </table>	2	0		
2	0							
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
RESULT*	_____	_____	_____	RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </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: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>	NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>				
				TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"> </table>				
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>			**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				
SUPERVISOR								
NAME		<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						
NAME		CODE						

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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" 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 12 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
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>	<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 2 = LIVING TOGETHER 3 = DIVORCED/SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p><b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b></p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</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	IN YEARS <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
  - 12 = CO-WIFE
  - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
	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"/>	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"/>	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"/>	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"/>	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"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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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"/>	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"/>	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"/>	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"/>	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
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HOUSEHOLD SCHEDULE

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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

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

- |                                    |                               |
|------------------------------------|-------------------------------|
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| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD                    | 11 = NOT RELATED              |
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**HOUSEHOLD SCHEDULE**

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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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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

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- 98 = DON'T KNOW

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS (PAPER OPTION)<sup>1</sup>

21	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY/Biomarkers?  YES <input type="checkbox"/> NO <input type="checkbox"/> → 101
----	---

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.

**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

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9								
	1	2	3	4	5	6	7	8+	
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

22	NAME OF SELECTED WOMAN _____	HH LINE NUMBER OF SELECTED WOMAN <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> 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?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> 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.	<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/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: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></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	WEEKLY ..... 2	
		MONTHLY ..... 3	LESS OFTEN THAN ONCE A MONTH ..... 4	
		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.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> 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	} → 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.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 <b>FINISHED FLOOR</b> 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.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> PALM/BAMBOO ..... 21 WOOD PLANKS ..... 22 <b>FINISHED ROOFING</b> 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><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></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><b>FINISHED WALLS</b></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 (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 (SPECIFY REASON)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" data-bbox="1182 1055 1318 1111"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1182 1111 1318 1167"><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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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