

AIDS INDICATOR SURVEY
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)							
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER							
HOUSEHOLD NUMBER							

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY <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></table> MONTH <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><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
RESULT*	_____	_____	_____	RESULT <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></table>									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></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 _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <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></table> TOTAL ELIGIBLE WOMEN <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></table> TOTAL ELIGIBLE MEN <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></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <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></table>									

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <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><td style="width: 20px; height: 20px;"></td></tr></table>				<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></table>			<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></table>		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over (NAME OF COUNTRY). 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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY
				5	6		MARITAL STATUS	
1	2	3	4	5	6	7	8	9
	<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 5-18 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AND WOMEN AGE 15-49</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 98 = DONT KNOW |
| 06 = PARENT | |
| 07 = PARENT-IN-LAW | |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	10	11	12	13	14	15	16	17	18
	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? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2009-2010) (2) school year?	During this/that school year, what level and grade [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
01	Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 15 AND 17: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 15 ONLY.)
3 = HIGHER	THIS CODE IS NOT ALLOWED FOR Q. 17)
6 = PRE-PRIMARY	98 = DON'T KNOW
8 = DON'T KNOW	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY
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1	2	3	4	5	6	7	8	9
	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 5-18 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?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL MEN AND WOMEN AGE 15-49
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
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons 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

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
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12	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

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8 = DON'T KNOW	98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 104 → 104			
102	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 104			
103	How long does it take to go there, get water, and come back?	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> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW 998				
104	What kind of toilet facility do members of your household usually use? (3)	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 107			
105	Do you share this toilet facility with other households?	YES 1 NO 2	→ 107			
106	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						

107	<p>Does your household have: (4)</p> <p>Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? [ADD ADDITIONAL ITEMS. SEE FOOTNOTE 4.]</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE ...	1	2	REFRIGERATOR	1	2																
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108	<p>What type of fuel does your household mainly use for cooking?</p>	<table> <tbody> <tr><td>ELECTRICITY</td><td>01</td></tr> <tr><td>LPG</td><td>02</td></tr> <tr><td>NATURAL GAS</td><td>03</td></tr> <tr><td>BIOGAS</td><td>04</td></tr> <tr><td>KEROSENE</td><td>05</td></tr> <tr><td>COAL, LIGNITE</td><td>06</td></tr> <tr><td>CHARCOAL</td><td>07</td></tr> <tr><td>WOOD</td><td>08</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td>09</td></tr> <tr><td>AGRICULTURAL CROP</td><td>10</td></tr> <tr><td>ANIMAL DUNG</td><td>11</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td>95</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	ELECTRICITY	01	LPG	02	NATURAL GAS	03	BIOGAS	04	KEROSENE	05	COAL, LIGNITE	06	CHARCOAL	07	WOOD	08	STRAW/SHRUBS/GRASS	09	AGRICULTURAL CROP	10	ANIMAL DUNG	11	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____	96	(SPECIFY)										
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112	How many rooms in this household are used for sleeping?	<p>ROOMS <input type="text"/> <input type="text"/></p>																						
113	<p>Does any member of this household own:</p> <p>A watch?</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>An animal-drawn cart?</p> <p>A car or truck?</p> <p>A boat with a motor?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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114	Does any member of this household own any agricultural land?	<p>YES 1</p> <p>NO 2</p>	→ 116																					
115	<p>How many hectares of agricultural land do members of this household own?</p> <p>IF 95 OR MORE, CIRCLE '950'.</p>	<p>HECTARES <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>95 OR MORE HECTARES 950</p> <p>DONT KNOW 998</p>																						
116	Does this household own any livestock, herds, other farm animals, or poultry?	<p>YES 1</p> <p>NO 2</p>	→ 118																					
117	<p>How many of the following animals does this household own? (5)</p> <p>IF NONE, ENTER '00'.</p> <p>IF 95 OR MORE, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p>	<table border="0"> <tbody> <tr> <td>CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS/BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE	<input type="text"/>	<input type="text"/>	COWS/BULLS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>				
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118	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>																						

FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) In Q. 16, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (4) Each country should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.
- (5) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.