

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></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;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**								
			<table border="1" style="width: 40px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table>								
LANGUAGE OF QUESTIONNAIRE**	ENGLISH											
	**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)									
<table border="1" style="width: 40px; height: 20px;"></table> NUMBER	_____ NAME	<table border="1" style="width: 40px; height: 20px;"></table> NUMBER	_____ NAME	<table border="1" style="width: 40px; height: 20px;"></table> NUMBER								

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis.

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INTRODUCTION AND CONSENT

(3)

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about health and other topics 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



100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; border-collapse: collapse;"><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; border-collapse: collapse;"><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	MORE PEOPLE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6				7	7-1	8
1	2	3	4	5	6	7	7-1	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. RECORD THE FIRST NAME OF THE HEAD OF THE HOUSEHOLD AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (FULL NAME) to the head of the household? SEE CODES BELOW.	Is (FULL NAME) male or female?	Does (FULL NAME) usually live here?	Did (FULL NAME) stay here last night?	How old is (FULL NAME)? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is (FIRST 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 WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-[49]	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	05	05	05

7A) 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"/>
7B) 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"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 4 YEARS OR OLDER			IF AGE 4-24 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	17A	17B	18	19	20
	Is (FIRST NAME)'s biological mother alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME)'s biological father alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended?	What is the highest grade (FIRST NAME) completed at that level?	Did (FIRST NAME) attend school or any early childhood education program at any time during the [2019-2020] school year?	During [this/that] school year, what level and grade [is/was] (FIRST NAME) attending?	Does (FIRST NAME) have a birth certificate? IF NO, PROBE: Has (FIRST 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 <input type="text"/>	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"/> <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"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = EARLY CHILDHOOD EDUCATION PROGRAM	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
1 = PRIMARY	98 = DON'T KNOW
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101 (5)	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 106</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	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 (6)	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 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 117
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 1 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
113	CHECK 109: CODES 12, 13, 21, <input type="text"/> 22, 23, OR 31 CIRCLED ↓	OTHER <input type="text"/> →	→ 117
114	CHECK 109: CODE <input type="text"/> 12 ↓ CODE <input type="text"/> 13, 21, ↓ 22, OR 23 CODE <input type="text"/> 31 ↓ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	<p>CHECK 109:</p> <p>CODE <input type="checkbox"/> 12 ↓ CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ CODE <input type="checkbox"/> 31 ↓</p> <p>a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
116	Where were the contents emptied to?	<p>A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 4</p> <p>OTHER _____ (SPECIFY) 6</p> <p>DON'T KNOW 8</p>	
117	In your household, what type of cookstove is mainly used for cooking?	<p>ELECTRIC STOVE 01</p> <p>SOLAR COOKER 02</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/COOKING GAS STOVE 03 → 121</p> <p>PIPED NATURAL GAS STOVE 04</p> <p>BIOGAS STOVE 05</p> <p>LIQUID FUEL STOVE 06 → 120</p> <p>MANUFACTURED SOLID FUEL STOVE 07</p> <p>TRADITIONAL SOLID FUEL STOVE 08</p> <p>THREE STONE STOVE/OPEN FIRE 09 → 120</p> <p>NO FOOD COOKED IN HOUSEHOLD 95 → 123</p> <p>OTHER _____ (SPECIFY) 96 → 120</p>	
118	Does the stove have a chimney?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
121	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)	} → 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE/OPEN FIRE 06 NO SPACE HEATING IN HOUSEHOLD/NO NEED 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 126 → 125
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 SOLAR AIR HEATER 03 LIQUEFIED PETROLEUM GAS (LPG)/COOKING GAS 04 BIOGAS 05 ALCOHOL/ETHANOL 06 GASOLINE/DIESEL 07 KEROSENE/PARAFFIN 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER _____ 96 (SPECIFY)	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANT 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)																						
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130																					
129 (7)	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	 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/POULTRY <input type="text"/> <input type="text"/>																						
130	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 132																					
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998																						
132 (8)	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? [ADD ADDITIONAL ITEMS. SEE FOOTNOTE 8.]	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) ELECTRICITY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) TELEVISION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) COMPUTER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) REFRIGERATOR</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	
	YES	NO																						
a) ELECTRICITY	1	2																						
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e) COMPUTER	1	2																						
f) REFRIGERATOR	1	2																						

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
133	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WATCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/TRUCK	1	2	g) BOAT WITH MOTOR	1	2	
	YES	NO																									
a) WATCH	1	2																									
b) MOBILE PHONE	1	2																									
c) BICYCLE	1	2																									
d) MOTORCYCLE/SCOOTER	1	2																									
e) ANIMAL-DRAWN CART	1	2																									
f) CAR/TRUCK	1	2																									
g) BOAT WITH MOTOR	1	2																									
134	Does any member of this household have an account in a bank or other financial institution?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td> <td align="right">4</td> </tr> <tr> <td>NEVER</td> <td align="right">5</td> </tr> </table>	DAILY	1	WEEKLY	2	MONTHLY	3	LESS OFTEN THAN ONCE A MONTH	4	NEVER	5															
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WEEKLY	2																										
MONTHLY	3																										
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NEVER	5																										
137 (9)	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ 149																				
YES	1																										
NO	2																										
138 (9)	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>																									

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139 (9)	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/> <input type="text"/>	
140 (9)	I would like to take a look at the nets. Can you show me the first net? RECORD IF THE NET WAS OBSERVED OR NOT OBSERVED.	OBSERVED 1 NOT OBSERVED 2	
141 (9)	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	
142 (9)	OBSERVE OR ASK THE 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) BRAND A 11 BRAND B 12 OTHER/DON'T KNOW BRAND (LLIN) 16 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
143 (9) (10)	Did you get the net through a [LOCAL NAME OF MASS DISTRIBUTION CAMPAIGN], during an antenatal care visit, or during an immunization visit?	YES, [NAME OF MASS DISTRIBUTION CAMPAIGN] 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 NO 4	} → 145
144 (9)	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	
145 (9)	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	} → 147 } → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																						
146 (9)	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	<table border="0"> <tr> <td>NAME _____</td> <td></td> </tr> <tr> <td>LINE NUMBER</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr><td colspan="2">-----</td></tr> <tr> <td>NAME _____</td> <td></td> </tr> <tr> <td>LINE NUMBER</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr><td colspan="2">-----</td></tr> <tr> <td>NAME _____</td> <td></td> </tr> <tr> <td>LINE NUMBER</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr><td colspan="2">-----</td></tr> <tr> <td>NAME _____</td> <td></td> </tr> <tr> <td>LINE NUMBER</td> <td><input type="text"/> <input type="text"/></td> </tr> </table>	NAME _____		LINE NUMBER	<input type="text"/> <input type="text"/>	-----		NAME _____		LINE NUMBER	<input type="text"/> <input type="text"/>	-----		NAME _____		LINE NUMBER	<input type="text"/> <input type="text"/>	-----		NAME _____		LINE NUMBER	<input type="text"/> <input type="text"/>	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; height: 200px; width: 100%;"></div> <p style="text-align: right; margin-top: 100px;">→ 148</p>
NAME _____																									
LINE NUMBER	<input type="text"/> <input type="text"/>																								

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LINE NUMBER	<input type="text"/> <input type="text"/>																								
147 (9) (11)	What was the main reason this net was not used last night?	<table border="0"> <tr><td>TOO HOT</td><td>01</td></tr> <tr><td>DON'T LIKE NET SHAPE/COLOR/SIZE</td><td>02</td></tr> <tr><td>DON'T LIKE SMELL</td><td>03</td></tr> <tr><td>UNABLE TO HANG NET</td><td>04</td></tr> <tr><td>SLEPT OUTDOORS</td><td>05</td></tr> <tr><td>USUAL USER DIDN'T SLEEP HERE LAST NIGHT</td><td>06</td></tr> <tr><td>NO MOSQUITOES/NO MALARIA</td><td>07</td></tr> <tr><td>EXTRA NET/SAVING FOR LATER</td><td>08</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	TOO HOT	01	DON'T LIKE NET SHAPE/COLOR/SIZE	02	DON'T LIKE SMELL	03	UNABLE TO HANG NET	04	SLEPT OUTDOORS	05	USUAL USER DIDN'T SLEEP HERE LAST NIGHT	06	NO MOSQUITOES/NO MALARIA	07	EXTRA NET/SAVING FOR LATER	08	OTHER _____	96	(SPECIFY)				
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(SPECIFY)																									
148 (9)	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.																								

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	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	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE OF HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152 (6)	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153 (6)	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
154 (6)	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
155 (12)	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? TEST SALT FOR IODINE.	SALT TESTED IODINE PRESENT 1 NO IODINE 2 SALT NOT TESTED HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3 HOUSEHOLD DOES NOT USE SALT 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)									
156	RECORD THE TIME.	HOURS <table border="1" data-bbox="1222 951 1346 993" 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" data-bbox="1222 993 1346 1047" 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>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

HOUSEHOLD: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) Increase the time reported to the respondent if modules are added to the questionnaire.
- (4) In Q. 18, 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.
- (5) Countries that use sachet water (small plastic bags of water) as a source of drinking water should add SACHET WATER as a separate coding category after BOTTLED WATER, and follow the same question flow as households that use BOTTLED WATER (ask Q. 102, source of water for other purposes). Similarly, countries that have water kiosks should add WATER KIOSK as a separate coding category, and follow the same question flow as households that use BOTTLED WATER.
- (6) Coding categories to be developed locally; however, the broad categories must be maintained.
- (7) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
- (8) Each country should add to the list at least five items of furniture (such as a table, chair, sofa, bed, armoire, 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, DVD player, CD player, camera, air conditioner or cooler, or sewing machine.
- (9) The question should be deleted in countries that are not affected by malaria.
- (10) Adapt question locally to use the name of the mass distribution campaign.
- (11) Adapt list of response codes to country context as needed.
- (12) There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be used.