

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> </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? (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>														
				INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>														
RESULT*	_____	_____	_____	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**	<table border="1" style="width: 40px; height: 20px;"><tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td></tr></table>					
0	1																	
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**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;"><tr><td> </td><td> </td></tr></table> NUMBER			_____ NAME		<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NUMBER					_____ NAME				<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></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	IF AGE 15 OR OLDER	ELIGIBILITY		
				8	9		10	11		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	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 WOMEN AGE 15-49	<b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b>  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"/>	<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                          | 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	17	18	19	20
	Is (NAME)'s natural mother alive?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	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?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	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 or any early childhood education program?	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 or any early childhood education program at any time during the [2019-2020] school year?  (4)	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 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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

<b>LEVEL</b>	<b>GRADE</b>
0 = EARLY CHILDHOOD EDUCATION PROGRAM	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY.)
1 = PRIMARY	THIS CODE IS NOT ALLOWED FOR Q. 19.)
2 = SECONDARY	98 = DON'T KNOW
3 = HIGHER	
8 = DONT 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><b>PIPED WATER</b></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><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></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><b>PIPED WATER</b></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><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></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.	<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  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 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 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			
113	CHECK 109:  CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓	OTHER <input type="checkbox"/>	→ 117		
114	Has your (septic tank/pit latrine/composting toilet) ever been emptied?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 117		
115	The last time the (septic tank/pit latrine/composting toilet) was emptied, was it emptied by a service provider?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT ..... 1 BURIED IN A COVERED PIT ..... 2 UNCOVERED PIT/BUSH/FIELD/ OPEN GROUND ..... 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 4  OTHER _____ 6 (SPECIFY)  DON'T KNOW ..... 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE ..... 01 SOLAR COOKER ..... 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03 PIPED NATURAL GAS STOVE ..... 04 BIOGAS STOVE ..... 05 LIQUID FUEL STOVE ..... 06 MANUFACTURED SOLID FUEL STOVE ..... 07 TRADITIONAL SOLID FUEL STOVE ..... 08 THREE STONE STOVE/OPEN FIRE ..... 09  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
119	Does the stove have a fan?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	What does this household use to heat the home when needed?	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 ..... 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)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY ..... 01 SOLAR LANTERN ..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN ..... 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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
129 (7)	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) Chickens or other poultry?	<table border="0"> <tr> <td>a) COWS/BULLS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>b) OTHER CATTLE .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>c) HORSES/DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>d) GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>e) SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) CHICKENS/POULTRY .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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"/>							
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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, CIRCLE '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 7.]	<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				
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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="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) WATCH .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) MOBILE PHONE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BICYCLE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) CAR/TRUCK .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR .....</td> <td align="center">1</td> <td align="center">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	
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134	Does any member of this household have an account in a bank or other financial institution?	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?	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?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS OFTEN THAN ONCE A MONTH ..... 4 NEVER ..... 5																									
137 (9)	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 149																								
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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
140 (9)	WAS THIS NET 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	
142 (9)	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> 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)	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>	<p>→ 148</p>
147 (9) (11)	<p>What was the main reason this net was not used last night?</p>	<p>TOO HOT ..... 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE ..... 02</p> <p>DON'T LIKE SMELL ..... 03</p> <p>UNABLE TO HANG NET ..... 04</p> <p>SLEPT OUTDOORS ..... 05</p> <p>USUAL USER DIDN'T SLEEP HERE LAST NIGHT ..... 06</p> <p>NO MOSQUITOES/NO MALARIA ..... 07</p> <p>EXTRA NET/SAVING FOR LATER ..... 08</p> <p>OTHER _____ 96 (SPECIFY)</p>	
148 (9)	<p>GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.</p>		

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 FOR 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.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> 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.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> 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)	<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>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 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>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER _____ 96 (SPECIFY)</p>					
155 (12)	<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><b>SALT TESTED</b></p> <p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p><b>SALT NOT TESTED</b></p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD..... 3</p> <p>HOUSEHOLD DOES NOT USE SALT ..... 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>					
156	RECORD THE TIME.	<p>HOURS ..... <table border="1" data-bbox="1224 1016 1354 1058" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1224 1058 1354 1100" style="display: inline-table; vertical-align: middle;"><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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#### 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.