

**CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2003
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE* _____	□			
DISTRICT _____	□ □			
LOCATION/TOWN _____				
SUBLOCATION/WARD _____				
NASSEP CLUSTER NUMBER	□ □ □ □			
KDHS CLUSTER NUMBER	□ □ □ □			
HOUSEHOLD NUMBER	□ □ □ □			
NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4				
NAME OF HOUSEHOLD HEAD _____				
IS HOUSEHOLD SELECTED FOR MAN'S SURVEY (YES=1; NO=2).....	□			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR □ □ □ □ 2 0 0 3
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE □ □ □ □
RESULT**				RESULT □ □ □ □
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS □
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 □ □ TOTAL ELIGIBLE WOMEN □ □ TOTAL ELIGIBLE MEN □ □
ENGLISH				LINE NO. OF RESP. TO HOUSEHOLD QUESTION. □ □
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____	_____	NAME _____	_____	_____
DATE _____	□ □	DATE _____	□ □	□ □
				KEYED BY

				□ □

* Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49. STAR * LINE NO. OF THE WOMAN SELECTED FOR Qs. ON VIOLENCE	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54. IF HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY, LEAVE BLANK.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	
			M F	YES NO	YES NO	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE/HUSBAND/PARTNER
 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 = CO-WIFE
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEPCHILD
 12 = NOT RELATED
 98 = DOES NOT KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION									
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS							
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)			
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE			
01	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
02	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
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05	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
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08	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO → ↓ 18	1 2 GO TO → ↓ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT → ↓ LINE	<input type="text"/>	<input type="text"/>

** Q.10 THROUGH Q.13
 THESE QUESTIONS REFER TO THE BIOLOGICAL
 PARENTS OF THE CHILD.
 IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT
 LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
 EDUCATION LEVEL:
 0 = NURSERY, KINDERGARTEN
 1 = PRIMARY
 2 = POST-PRIMARY, VOCATIONAL
 3 = SECONDARY, A LEVEL
 4 = COLLEGE (MIDDLE LEVEL)
 5 = UNIVERSITY
 8 = DOES NOT KNOW

EDUCATION GRADE:
 00 = LESS THAN 1 YEAR COMPLETED
 98 = DOES NOT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49. STAR * LINE NO. OF THE WOMAN SELECTED FOR Qs. ON VIOLENCE	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F	YES NO	YES NO	IN YEARS			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20

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THESE QUESTIONS REFER TO
THE BIOLOGICAL PARENTS OF
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IN Q.11 AND Q.13, RECORD '00'
IF PARENT NOT LISTED IN
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*** CODES FOR Qs. 15, 18 AND 20
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	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)		(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL	GRADE	YES NO	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE
11	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ ↓ 12 TO	<input type="text"/>	1 2 8 ↓ ↓ 14 TO	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 ↳ GO TO 18	1 2 GO TO ↕ 19	<input type="text"/>	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 2) In addition, 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 ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who

3) slept here last night, who have not been listed?

YES → ENTER EACH IN TABLE

NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21	What is the main source of drinking water for members of your household? IF VARIES BY SEASON, ASK ABOUT THE CURRENT TIME.	PIPED WATER PIPED INTO DWELLING11 PIPED INTO COMPOUND/PLOT12 PUBLIC TAP.....13 WATER FROM OPEN WELL OPEN WELL IN COMPOUND/PLOT ..21 OPEN PUBLIC WELL.....22 COVERED WELL/BOREHOLE COVERED WELL IN COMP./PLOT31 COVERED PUBLIC WELL.....32 SURFACE WATER SPRING.....41 RIVER/STREAM.....42 POND/LAKE43 DAM44 RAINWATER51 BOTTLED WATER71 OTHER _____ 96 (SPECIFY)	→ 22A → 22A → 22A → 22A → 22A → 23																					
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																						
22A	How frequently is water available from this source?	USUALLY ALWAYS AVAILABLE1 SEVERAL HOURS PER DAY2 ONCE OR TWICE A WEEK3 INFREQUENTLY4																						
23	What kind of toilet facility does your household have?	FLUSH TOILET11 TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE22 NO FACILITY/BUSH/FIELD31 OTHER _____ 96 (SPECIFY)	→ 25																					
24	Do you share this toilet with other households?	YES1 NO2	→ 25																					
24A	How many other households use this toilet?	LESS THAN 5.....1 5-92 10 OR MORE3																						
25	Does your household have: Electricity? Solar power? A radio? A television? A telephone or mobile phone? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOLAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE/MOBILE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	SOLAR	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE/MOBILE	1	2	REFRIGERATOR	1	2	
	YES	NO																						
ELECTRICITY	1	2																						
SOLAR	1	2																						
RADIO	1	2																						
TELEVISION	1	2																						
TELEPHONE/MOBILE	1	2																						
REFRIGERATOR	1	2																						
25A	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS.....03 PARAFFIN/KEROSENE04 COAL, LIGNITE05 CHARCOAL FROM WOOD.....06 FIREWOOD/STRAW07 DUNG08 OTHER _____ 96 (SPECIFY)																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH/MUD/DUNG/SAND.....11 WOOD PLANKS.....21 PALM, BAMBOO.....22 PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)													
27A	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH/MAKUTI.....11 TIN CANS.....12 CORRUGATED IRON (MABATI).....21 ASBESTOS SHEETS.....22 CONCRETE.....31 TILES.....32 OTHER _____ 96 (SPECIFY)													
27B	STATE OF REPAIR OF THE DWELLING. RECORD OBSERVATION.	COMPLETELY DILAPIDATED, SHACK...1 NEEDS MAJOR REPAIRS.....2 NEEDS NO OR MINOR REPAIRS.....3 BEING REPAIRED NOW.....4 UNDER CONSTRUCTION.....5													
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	
	YES	NO													
BICYCLE.....	1	2													
MOTORCYCLE/SCOOTER.....	1	2													
CAR/TRUCK.....	1	2													
28A	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without paying?	OWNS.....1 PAYS RENT/LEASE.....2 NO RENT, W. CONSENT OF OWNER.....3 NO RENT, SQUATTING.....4													
28B	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS.....1 PAYS RENT/LEASE.....2 NO RENT, W. CONSENT OF OWNER.....3 NO RENT, SQUATTING.....4													
28C	How does this household dispose of kitchen waste and trash?	REGULAR COLLECTION BY GOV'T.....01 INFREQUENT COLLECTION BY GOV'T02 PAYS FOR PRIVATE COLLECTION.....03 COMPOSTED.....04 DUMP, BURY, BURN IN COMPOUND...05 DUMP IN STREET/ EMPTY PLOT.....06 OTHER _____ 96 (SPECIFY)													
29	Does your household have any mosquito nets that can be used while sleeping?	YES.....1 NO.....2	→p. 9												
30	How many mosquito nets does your household own?	NUMBER OF NETS <input style="width:40px; height:20px; border:1px solid black;" type="text"/>													

		NET #1	NET #2	NET #3
31	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	SEEN..... 1 NOT SEEN 2	SEEN1 NOT SEEN.....2	SEEN 1 NOT SEEN 2
32	How long ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO 96 DK..... 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO.....96 DK98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO 96 DK..... 98
32A	How did your household obtain the net, was it bought or was it given free of charge? IF FREE, ASK: Was it from a non-governmental organisation or from the government?	BOUGHT 1 FREE FR.NGO. 2 FREE FR.GOV..3 NOT SURE..... 8	BOUGHT.....1 FREE FR.NGO .2 FREE FR.GOV..3 NOT SURE8	BOUGHT 1 FREE FR.NGO .2 FREE FR.GOV..3 NOT SURE 8
33	OBSERVE OR ASK THE SHAPE OF THE NET.	CONICAL 1 RECT- ANGULAR..... 2 OTHER..... 3 NOT SURE 8	CONICAL1 RECT- ANGULAR2 OTHER3 NOT SURE8	CONICAL..... 1 RECT- ANGULAR..... 2 OTHER 3 NOT SURE 8
33A	OBSERVE OR ASK THE COLOR OF THE NET.	WHITE..... 1 BLUE 2 GREEN..... 3 OTHER..... 6 NOT SURE..... 8	WHITE1 BLUE2 GREEN3 OTHER6 NOT SURE8	WHITE 1 BLUE 2 GREEN 3 OTHER 6 NOT SURE 8
34	Since you got the mosquito net, was it ever soaked or dipped in <i>dawa</i> or a chemical to repel mosquitoes or insects?	YES 1 NO 2 (GO TO 34B) ← NOT SURE..... 8	YES1 NO2 (GO TO 34B) ← NOT SURE8	YES..... 1 NO 2 (GO TO 34B) ← NOT SURE 8
34A	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH AGO, WRITE '00'.	MONTS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO 96	MONTS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO.....96	MONTS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YRS AGO 96
34B	Who slept under this mosquito net last night? Anyone else? WRITE THE LINE NUMBERS FROM THE HOUSEHOLD SCHEDULE. IF NO ONE SLEPT UNDER THE NET, WRITE '00'.	LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO.	LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO.	LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO. LINE <input type="text"/> <input type="text"/> NO.

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN 8 IN THE HOUSEHOLD SCHEDULE AND PUT A STAR * NEXT TO THE LINE NUMBER OF THE ELIGIBLE WOMAN.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE ELIGIBLE WOMAN FOR DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	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

WEIGHT AND HEIGHT MEASUREMENT—WOMEN AND CHILDREN

CHECK COLUMNS (8) AND (9): RECORD LINE NUMBER, NAME AND AGE OF WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETRES)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
□□		□□		□□□□.□	□□□□.□		□
□□		□□		□□□□.□	□□□□.□		□
□□		□□		□□□□.□	□□□□.□		□
□□		□□		□□□□.□	□□□□.□		□
□□		□□		□□□□.□	□□□□.□		□

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT OF CHILDREN BORN IN 1998 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETRES)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
			DAY MONTH YEAR			LYING STAND.	
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□
□□		□□	□□ □□ □□□□	0 □□□□.□	□□□□.□	1 2	□

TICK HERE IF CONTINUATION SHEET USED <input style="float: right; margin-left: 20px;" type="checkbox"/>
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HIV TESTING—WOMEN AND MEN

Total Number of Samples _____

CHECK COLUMNS (8) AND (9A): WRITE LINE NUMBER, NAME, SEX, AND AGE OF WOMEN 15-49 AND MEN 15-54. THIS PAGE TO BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL.(8) OR (9A)	NAME FROM COL.(2)	SEX FROM COL.(4)	AGE FROM COL.(7)	CHECK AGE IN COL. (47):	LINE NO. OF PARENT/RESPON-SIBLE ADULT	READ THE CONSENT STATEMENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT STATEMENT TO THE WOMAN OR MAN OR YOUTH CIRCLE CODE (AND SIGN)	SAMPLE RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE				
(44)	(45)	(46)	(47)	(48)	(49)	(50)			(51)			(52)	(53)
		M F	YEARS	15-17 18+		AGREES	REFUSES	NOT READ	AGREES	REFUSES	NOT READ		
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____	2	3	1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>		1 2	<input type="text"/>	1 2 ↓ TO 51	<input type="text"/>	1 ↓ SIGN _____			1 ↓ SIGN _____	2	3	<input type="text"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER AND THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

CONSENT STATEMENT

Hello, my name is _____. I'm from the Ministry of Health and collaborating with Central Bureau of Statistics. As part of this survey, we are studying HIV among women and men. As you know, HIV is the virus that causes AIDS. The government is trying to find out how common HIV and other sexually transmitted diseases are, so that they can develop programs to prevent HIV and care for those who have it.

We request that you participate in this test by giving a few drops of blood from a finger. For this test, I will use clean, sterile instruments that are completely safe. Blood will be tested later in the laboratory.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your test and no one will be able to trace the test back to you. If you want to know whether you have HIV, I can tell you where you can go to get tested.

Do you have any questions?

I hope you will agree to participate in the HIV/STD testing. But if you decide not to have the test done, it is your right and I will respect your decision.

Will you accept to participate in the HIV/STD test? GO BACK TO COLUMN (51). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV/STD test? GO TO COLUMN (50). CIRCLE THE APPROPRIATE CODE AND SIGN. IF PARENT AGREES, READ THE PRECEDING PARAGRAPHS TO YOUTH FOR HIS/HER CONSENT AND RECORD IN COL. (51).

NOTE FOR THE INTERVIEWER:

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.