



CONFIDENTIAL



REPUBLIC OF KENYA

IDENTIFICATION																			
COUNTY _____ DISTRICT _____ LOCATION/TOWN _____ SUBLOCATION _____ NASSEP CLUSTER NUMBER KDHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
INTERVIEWER VISITS																			
	1	2	3	FINAL VISIT															
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
INTERVIEWER'S NAME	_____	_____	_____																
RESULT*	_____	_____	_____																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>															
	_____	_____																	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME / 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)				LINE NO. OF RESPONDENT TO HOUSHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
LANGUAGE OF QUESTIONNAIRE**	17	LANGUAGE OF INTERVIEW:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT:	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
LANGUAGE OF QUESTIONNAIRE: English				TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>															
**LANGUAGE CODES: 01 BORANA 05 KIKUYU 09 LUO 13 POKOT 17 ENGLISH 02 EMBU 06 KISII 10 MAASAI 14 SOMALI 18 OTHER 03 KALENJIN 07 LUHYA 11 MERU 15 SWAHILI 04 KAMBA 08 MARAGOLI 12 MIJIKENDA 16 TURKANA																			
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Kenya National Bureau of Statistics. We are conducting a survey about health all over Kenya. 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 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END
 ↓

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			IF AGE 0-17 YEARS	
				5	6		MARITAL STATUS	9	10	11	12	13
1	2	3	4	5	6	7	8	9	10	11	12	13
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20A 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/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.
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	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02		02	1 2 8 ↓ GO TO 14	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03		03	1 2 8 ↓ GO TO 14	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04		04	1 2 8 ↓ GO TO 14	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05		05	1 2 8 ↓ GO TO 14	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06		06	1 2 8 ↓ GO TO 14	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07		07	1 2 8 ↓ GO TO 14	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08		08	1 2 8 ↓ GO TO 14	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09		09	1 2 8 ↓ GO TO 14	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10		10	1 2 8 ↓ GO TO 14	<input type="text"/>

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	15	16	17	18	19	19A	19B	20	20A
	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During the 2014 school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During the 2013 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? IF YES: With a birth certificate? 1 = YES, REGISTERED WITH BIRTH CERTIFICATE 2 = YES, REGISTERED WITHOUT BIRTH CERTIFICATE 8 = DON'T KNOW 3 = NOT REGISTERED	Why was (NAME) never registered? 1=TOO FAR 2=NO MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE, DIFFICULT TERRAIN, INSECURITY 8=OTHER
01	Y N DK 1 2 8 GO TO 16	<input type="text"/>	Y N 1 2 GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 GO TO 19A	LEVEL GRADE <input type="text"/>	Y N 1 2 GO TO 20	LEVEL GRADE <input type="text"/>	Y1 Y2 DK NO 1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
02	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
03	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
04	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
05	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
06	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
07	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
08	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
09	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>
10	1 2 8 GO TO 16	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 GO TO 19A	<input type="text"/>	1 2 GO TO 20	<input type="text"/>	1 2 8 3 TO TO TO NEXT LINE 20A	<input type="text"/>

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

LEVEL

0 = PRE-PRIMARY
 1 = PRIMARY
 2 = POST-PRIMARY, VOCATIONAL
 3 = SECONDARY/'A' LEVEL
 4 = COLLEGE (MIDDLE LEVEL)
 5 = UNIVERSITY
 8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 17 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR Q. 19 OR 19B)
 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			IF AGE 0-17 YEARS	
				5	6		MARITAL STATUS	9	10	11	12	13
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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11		11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12		12	1 2 8 ↓ GO TO 14	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13		13	1 2 8 ↓ GO TO 14	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14		14	1 2 8 ↓ GO TO 14	<input type="text"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15		15	1 2 8 ↓ GO TO 14	<input type="text"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16		16	1 2 8 ↓ GO TO 14	<input type="text"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17		17	1 2 8 ↓ GO TO 14	<input type="text"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18		18	1 2 8 ↓ GO TO 14	<input type="text"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19		19	1 2 8 ↓ GO TO 14	<input type="text"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20		20	1 2 8 ↓ GO TO 14	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

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12	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
13	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
14	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
15	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
16	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
17	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
18	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
19	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>
20	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 19A	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 20A	<input type="text"/>

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

- | | |
|------------------------------|---------------------------------|
| LEVEL | GRADE |
| 0 = PRE-PRIMARY | 00 = LESS THAN 1 YEAR COMPLETED |
| 1 = PRIMARY | (USE '00' FOR Q. 17 ONLY. |
| 2 = POST-PRIMARY, VOCATIONAL | THIS CODE IS NOT ALLOWED |
| 3 = SECONDARY/'A' LEVEL | FOR Q. 19 OR 19B) |
| 4 = COLLEGE (MIDDLE LEVEL) | 98 = DON'T KNOW |
| 5 = UNIVERSITY | |
| 8 = DON'T KNOW | |

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 105 <input type="checkbox"/> → 105
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 105
104	How long does it take to go there, get water, and come back? IF 995 OR MORE, ENTER '995'.	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 107
106	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 COVER THE WATER CONTAINER G OTHER X (SPECIFY) DON'T KNOW Z	
107	What kind of toilet facility do members of your household usually use?	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)	<input type="checkbox"/> → 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																																			
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DONT KNOW 98	0																																																			
0																																																						
110	Does your household have: a) Electricity? b) A radio? c) A television? d) A mobile telephone? e) A non-mobile telephone? f) A refrigerator? g) A solar panel? h) A table? i) A chair? j) A sofa? k) A bed? l) A cupboard? m) A clock? n) A microwave oven? o) A DVD player? p) A cassette or CD player?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) NON-MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) SOLAR PANEL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) TABLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) CHAIR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) SOFA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) BED</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) CUPBOARD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) CLOCK</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) MICROWAVE OVEN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) DVD PLAYER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) CASSETTE/CD PLAYER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) MOBILE TELEPHONE	1	2	e) NON-MOBILE TELEPHONE	1	2	f) REFRIGERATOR	1	2	g) SOLAR PANEL	1	2	h) TABLE	1	2	i) CHAIR	1	2	j) SOFA	1	2	k) BED	1	2	l) CUPBOARD	1	2	m) CLOCK	1	2	n) MICROWAVE OVEN	1	2	o) DVD PLAYER	1	2	p) CASSETTE/CD PLAYER	1	2	
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111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 04 PARAFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114																																																			
112	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)	→ 114																																																			
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																																				
114	MAIN MATERIAL OF THE FLOOR. 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)																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/GRASS/MAKUTI 12 DUNG/MUD/SOD 13 RUDIMENTARY ROOFING IRON SHEETS 21 TIN CANS 22 FINISHED ROOFING ASBETOS SHEET 31 CONCRETE 32 TILES 33 OTHER _____ 96 (SPECIFY)																						
116	MAIN MATERIAL OF THE EXTERNAL WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DUNG/MUD/SOD 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 IRON SHEETS 27 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) MOTORCYCLE/SCOOTER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) ANIMAL-DRAWN CART ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) BICYCLE	1	2	c) MOTORCYCLE/SCOOTER .	1	2	d) ANIMAL-DRAWN CART ...	1	2	e) CAR/TRUCK	1	2	f) BOAT WITH MOTOR	1	2	
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e) CAR/TRUCK	1	2																						
f) BOAT WITH MOTOR	1	2																						
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	<p>How many acres or hectares of agricultural land do members of this household own?</p> <p>ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.</p> <p>PLOT SIZE (SQ FT): IF 99995 OR MORE, RECORD '99995.0' IN APPROPRIATE BOX.</p>	<p>ACRES 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 9999998</p>	
121	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	→ 123
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'.</p> <p>IF 95 OR MORE, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>a) Local cattle (indigenous)?</p> <p>b) Exotic/grade cattle?</p> <p>c) Horses, donkeys, or camels?</p> <p>d) Goats?</p> <p>e) Sheep?</p> <p>f) Chickens?</p>	<p>a) LOCAL CATTLE <input type="text"/> <input type="text"/></p> <p>b) EXOTIC/GRADE CATTLE <input type="text"/> <input type="text"/></p> <p>c) HORSES/DONKEYS/CAMELS ... <input type="text"/> <input type="text"/></p> <p>d) GOATS <input type="text"/> <input type="text"/></p> <p>e) SHEEP <input type="text"/> <input type="text"/></p> <p>f) CHICKENS <input type="text"/> <input type="text"/></p>	
123	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
124	<p>At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
126	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1</p> <p>NO 2</p>	→ 140
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130	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 NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← 'CONVENTIONAL' NET KINGA NET ... 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← 'CONVENTIONAL' NET KINGA NET ... 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT ... 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← 'CONVENTIONAL' NET KINGA NET ... 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ... 26 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
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		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 140.

140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT..... 1
		NO IODINE 2
		NO SALT IN HOUSEHOLD 3
		SALT NOT TESTED _____ 6 (SPECIFY REASON)

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	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 _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	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 _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ←
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207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			