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I

Core Welfare Indicators Questionnaire

Please print digits as shown in the opposite box

0	1	2	3	4
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Shade Circles Like This--> ●

Not Like This--> ⊗ ⊕

NATIONAL BUREAU OF STATISTICS
ABUJA, NIGERIA

A - INTERVIEW INFORMATION

Q.1 INTERVIEWER'S NAME

Q.2 NAME OF HEAD OF HOUSEHOLD

Q.3 STATE NAME

Q.4 EA NAME

A.0 State **A.1 QIC** **A.2 HOUSEHOLD** **A.3 INTERVIEWER** **A.4 DATE** **A.5 TIME** **A.6 RESPONDENT** **A.7 SEQ.**

			Day	Month	Year	Hour	Min.	<input type="radio"/> AM	Member No.	Quest. No.
								<input type="radio"/> PM		

IMPORTANT

Create a reference number by combining the household number and questionnaire number.
Write this number NOW on the top of all pages.

Comments

A.8 RESULT

-
1. Completed
 2. Partly completed
 3. Not at home
 4. Refused
 5. Household not located
 6. Moved away
 7. Other (specify)

A.9 INTERVIEW END

Hour Min.	<input type="radio"/> AM				
<table border="1" style="display: inline-table;"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					<input type="radio"/> PM

B - LIST OF HOUSEHOLD MEMBERS

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10			
<p>WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.</p>													
Head													
B.1	Is [NAME] male or female?												
Male	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M			
Female	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F			
B.2	How long has [NAME] been away in the last 12 months?												
Never	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1			
Less than 6 months	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2			
6 months or more	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3			
B.3	What is [NAME]'s relationship to the head of household?												
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	01 Head	02 Spouse	03 Own Child	04 Step Child	05 Grand Child	06 Brother/Sister	07 Niece/Nephew	08 Brother/Sister-in-law	09 Parent	10 Parent-in-law	11 Other relative	12 Maid/Nanny/House Servant	13 Non-Relative
B.4	How old was [NAME] at last birthday? (RECORD AGE IN COMPLETED YEARS.)												
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
IF PERSON IS UNDER AGE 12 GO TO B6													
B.5	What is [NAME]'s marital status?												
Married(monogamous)	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1			
Married(polygamous)	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2			
Informal/loose union	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3			
Divorced	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4			
Separated	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5			
Widowed	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6			
Never married	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7			
IF PERSON IS OVER AGE 17 GO TO NEXT PERSON													
B.6	Is [NAME]'s father alive?												
Yes	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y			
No	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N			
Don't know	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D			
IF RESPONSE IS NO OR DON'T KNOW GO TO B8													
B.7	Is [NAME]'s father living in the household?												
Yes	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y			
No	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N			
B.8	Is [NAME]'s mother alive?												
Yes	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y			
No	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N			
Don't know	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D			
IF RESPONSE IS NO OR DON'T KNOW GO TO NEXT PERSON													
B.9	Is [NAME]'s mother living in the household?												
Yes	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y			
No	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N			

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
IF PERSON IS UNDER AGE 15 GO TO C3										
C.1	Can [NAME] read and write in English?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2	Can [NAME] read and write in any other language?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.3	Has [NAME] ever attended school?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS YES GO TO C5										
IF PERSON IS OVER AGE 17 GO TO NEXT PERSON										
C.4	Why has [NAME] not started school? (YOU MAY MARK MORE THAN ONE)									
Too young	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is working (home or job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Useless/uninteresting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GO TO NEXT PERSON										
C5 - Highest grade completed	C.5 What is the highest grade [NAME] completed?									
00 None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
01 N1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 N2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 P1	21 JS1	31 Teacher training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 P2	22 JS2	32 Vocational	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 P3	23 JS3	33 Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 P4	24 SS1	41 Nat. Dip/Prof	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 P5	25 SS2	42 First degree/HND	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 P6	26 SS3	43 Higher degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.6	Did [NAME] attend school last year?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.7	Is [NAME] currently in school?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO C11										
C.8	What is the current grade [NAME] is attending?									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.9	Who runs the school [NAME] is attending?									
Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.10	Did [NAME] have any problems with the school? (YOU MAY MARK MORE THAN ONE ANSWER)									
No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of books/supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities in bad condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GO TO NEXT PERSON										
C.11	Why is [NAME] not currently in school? (YOU MAY MARK MORE THAN ONE ANSWER)									
Completed school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is working (home or job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Useless/uninteresting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awaiting admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dismissed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D - HEALTH

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
IF PERSON IS MALE OR UNDER AGE 12 OR OVER AGE 49 GO TO D3										
D.1	Did [NAME] have a live birth in the last 12 months?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO D3										
D.2	Did [NAME] receive pre-natal care during the pregnancy?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.3	Does [NAME] have a physical or mental challenge which affects his/her functions in the household? (FOR THOSE WHOSE HANDICAP PREVENTS THEM FROM MAINTAINING A SIGNIFICANT ACTIVITY OR SCHOOLING)									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO D5										
D.4	What type of challenge affects [NAME]? (YOU MAY MARK MORE THAN ONE ANSWER)									
Cripple/Lame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dumb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.5	Was [NAME] sick or injured in the last 4 weeks?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO D8										
D.6	What sort of sickness/injury did [NAME] suffer? (YOU MAY MARK MORE THAN ONE ANSWER)									
Fever/malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea/abdominal pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in back, limbs or joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing/breathing difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ear, nose, throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.7	How many days of work/school did [NAME] miss due to illness/injury?									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.8	Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO D13 PAGE 5										
D.9	How did [NAME] pay for most of the consultation?									
Free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-paid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.10	Which main health provider did [NAME] see in the last 4 weeks?									
Private dispensary/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public dispensary/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private doctor/dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious hospital/dispensary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy/chemist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.11	How many times did [NAME] use the service in the last 4 weeks?									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GO TO D12 PAGE 5

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
D.12 Did [NAME] have any problems at the time of the visit? (YOU MAY MARK MORE THAN ONE ANSWER)										
No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities were not clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long waiting time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No trained professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No drugs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GO TO NEXT PERSON										
D.13 Why did [NAME] not use medical care in the last 4 weeks? (YOU MAY MARK MORE THAN ONE ANSWER)										
No need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too far	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
IF PERSON IS UNDER AGE 5 GO TO NEXT PERSON										
E.1	Did [NAME] do any type of work in the last 7 days?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS YES GO TO E5										
E.2	Was [NAME] absent from work in the last 7 days?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS YES GO TO E6										
E.3	Has [NAME] been looking for work and ready for work in the last 7 days?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.4	What was the main reason [NAME] was not working in the last 7 days?									
No work available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household/family duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too young	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infirmity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GO TO E14 PAGE 7										
E.5	How many hours of work did [NAME] do in the last 7 days?									
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
E.6	How many jobs did [NAME] have in the last 7 days?									
One	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.7	How was [NAME] paid in the main job?									
Wages/salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment in kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casual (hourly/daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid contributing worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earnings from self employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.8	For whom did [NAME] work in the main job?									
Federal government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parastatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large private enterprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small private enterprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private person or household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.9	What is the main activity at the place of [NAME's] main job?									
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	01 Agriculture, Hunting & Forestry 02 Fishing 03 Mining 04 Manufacturing 05 Electricity, Gas & Water Supply 06 Construction			07 Wholesale & Retail trade 08 Hotels & Restaurants 09 Transport, Storage & Communication 10 Financial Intermediation 11 Real Estate, Renting & Business activities 12 Public Administration & Defence			13 Education 14 Health & Social Work 15 Social & Personal Services 16 Private Households with employed person 17 Other			
E.10	Did [NAME] seek to increase his or her earnings in the last 7 days?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO E14 PAGE 7										
E.11	How did [NAME] seek to increase earnings in the last 7 days?									
More hours current activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More hours additional activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E - EMPLOYMENT

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10																		
E.12	Did [NAME] seek to change jobs in the last 7 days?																											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
IF RESPONSE IS NO GO TO E14																												
E.13	Why did [NAME] seek to change jobs in the last 7 days?																											
Skill not utilized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Not satisfied with job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Increase earnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.14	Has [NAME] worked during the last 12 months?																											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
IF RESPONSE IS NO GO TO E22																												
E.15	For how many weeks was [NAME] without work in the last 12 months?																											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
E.16	How many jobs did [NAME] have in the last 12 months?																											
One	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
More than two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.17	How was [NAME] paid in the main job in the last 12 months?																											
Wages/salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Payment in kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Casual (hourly/daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Unpaid contributing worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Earnings from self employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.18	For whom did [NAME] work in the main job in the last 12 months?																											
Federal government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
State government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Parastatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Large private enterprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Small private enterprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Private person or household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
International organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.19	What is the main activity at the place of [NAME's] main job in the last 12 months?																											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
<table border="0"> <tr> <td>01 Agriculture, Hunting & Forestry</td> <td>07 Wholesale & Retail trade</td> <td>13 Education</td> </tr> <tr> <td>02 Fishing</td> <td>08 Hotels & Restaurants</td> <td>14 Health & Social Work</td> </tr> <tr> <td>03 Mining</td> <td>09 Transport, Storage & Communication</td> <td>15 Social & Personal Services</td> </tr> <tr> <td>04 Manufacturing</td> <td>10 Financial Intermediation</td> <td>16 Private Households with employed person</td> </tr> <tr> <td>05 Electricity, Gas & Water Supply</td> <td>11 Real Estate, Renting & Business activities</td> <td>17 Other</td> </tr> <tr> <td>06 Construction</td> <td>12 Public Administration & Defence</td> <td></td> </tr> </table>											01 Agriculture, Hunting & Forestry	07 Wholesale & Retail trade	13 Education	02 Fishing	08 Hotels & Restaurants	14 Health & Social Work	03 Mining	09 Transport, Storage & Communication	15 Social & Personal Services	04 Manufacturing	10 Financial Intermediation	16 Private Households with employed person	05 Electricity, Gas & Water Supply	11 Real Estate, Renting & Business activities	17 Other	06 Construction	12 Public Administration & Defence	
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E.20	Has the income from [NAME's] main job changed compared to 12 months ago?																											
Increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Same	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Decreased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.21	Is the main job of [NAME] different compared to 12 months ago?																											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
E.22	Does [NAME] contribute to household income?																											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		

F - HOUSEHOLD ASSETS

Reference Number

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F.1 What is the occupancy status of the dwelling used?

- Owns the dwelling 1
- Rents the dwelling 2
- Pays nominal/subsidized rent 3
- Uses without paying rent 4
- Nomadic or temporary dwelling 5

F.2 What type of documents do you have to back your occupancy status?

- Certificate of occupancy 1
- Leasehold 2
- Freehold 3
- Tenancy agreement 4
- Receipt for payment 5
- None 6

F.3 How many hectares of land are owned by the household? (with one decimal, e.g. 24.7)

--	--	--	--	--	--	--

F.4 How does the amount of land owned compare with one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.5 Does the household use land it does not own?

- No 1 -----> GO TO F7
- Rented 2
- Sharecropped 3
- Private land provided free 4
- Open access land 5

F.6 How many hectares of land does the household use that it does not own? (with one decimal, e.g. 24.7)

--	--	--	--	--	--	--

F.7 How does the amount of other land used compare with one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.8 Does the household use any of these agric inputs?

- None Y -----> GO TO F10
- Fertilizer Y
- Improved seedlings Y
- Fingerlings Y
- Hooks and nets Y
- Insecticides Y
- Others Y

F.9 What is the main source of agric inputs?

- Open market 1
- Government 2
- Donor agency 3
- Cooperatives 4
- Other 5

F.10 How many head of cattle and other large livestock are currently owned by the household?

--	--	--	--

F.11 How does this number of livestock compare to the number one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.12 How many sheep, goats and other medium size animals are currently owned by the household?

--	--	--	--

F.13 How does this number of animals compare to the number one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.14 Does the household own any of the following?

- A) Electric Iron Y N
- B) Charcoal Iron Y N
- C) Refrigerator Y N
- D) Television Y N
- E) Personal Computer Y N
- F) Fixed Line Phone Y N
- G) Mobile Phone Y N
- H) Mattress or bed Y N
- I) Radio Y N
- J) Watch or Clock Y N
- K) Sewing Machine Y N
- L) Modern Stove Y N
- M) Gas Cooker Y N
- N) Generator Y N
- O) Bicycle Y N
- P) Motorcycle Y N
- Q) Vehicle Y N
- R) Fan Y N
- S) Canoe Y N
- T) Mat Y N
- U) VCR Y N
- V) Donkey Y N
- W) Camel Y N
- X) Furniture Y N

Include items only if they are in working condition

F.15 How often in the last year did you have problems satisfying the following needs of the household?

	Never	Seldom	Sometimes	Often	Always
Food	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
School fees	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
House rent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Utility bills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Health care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

F.16 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.17 How do you compare the overall economic situation of the COMMUNITY with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.18 How does your household compare the level of crime and safety in your NEIGHBOURHOOD with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.19 Who contributes most to household income? (record member number from section B or 00)

--	--

F.20 Who contributes most to education expenses? (record member number from section B or 00)

--	--

F.21 Who contributes most to food expenses? (record member number from section B or 00)

--	--

F.22 Does anyone receive pension in this household?

- Yes Y
- No N -----> NEXT SECTION

F.23 Do they get paid regularly?

- Yes Y
- No N

G - HOUSEHOLD AMENITIES

Reference Number

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<p>G.1 What is the material of the roof of the house?</p> <p style="margin-left: 40px;">Mud <input type="radio"/> 1</p> <p style="margin-left: 40px;">Thatch <input type="radio"/> 2</p> <p style="margin-left: 40px;">Wood <input type="radio"/> 3</p> <p style="margin-left: 40px;">Iron sheets <input type="radio"/> 4</p> <p style="margin-left: 40px;">Cement/concrete <input type="radio"/> 5</p> <p style="margin-left: 40px;">Roofing tiles <input type="radio"/> 6</p> <p style="margin-left: 40px;">Asbestos <input type="radio"/> 7</p> <p>Other _____ <input type="radio"/> 8</p> <p>G.2 What is the material of the walls of the house?</p> <p style="margin-left: 40px;">Mud/mud bricks <input type="radio"/> 1</p> <p style="margin-left: 40px;">Stone <input type="radio"/> 2</p> <p style="margin-left: 40px;">Burnt bricks <input type="radio"/> 3</p> <p style="margin-left: 40px;">Cement/sandcrete <input type="radio"/> 4</p> <p style="margin-left: 40px;">Wood/bamboo <input type="radio"/> 5</p> <p style="margin-left: 40px;">Iron sheets <input type="radio"/> 6</p> <p style="margin-left: 40px;">Cardboard <input type="radio"/> 7</p> <p>Other _____ <input type="radio"/> 8</p> <p>G.3 What is the material of the floors of the house?</p> <p style="margin-left: 40px;">Wood/tile <input type="radio"/> 1</p> <p style="margin-left: 40px;">Plank <input type="radio"/> 2</p> <p style="margin-left: 40px;">Concrete <input type="radio"/> 3</p> <p style="margin-left: 40px;">Dirt/straw <input type="radio"/> 4</p> <p style="margin-left: 40px;">Mud/earth <input type="radio"/> 5</p> <p>G.4 What is the type of the housing unit?</p> <p style="margin-left: 40px;">Single room <input type="radio"/> 1</p> <p style="margin-left: 40px;">Flat <input type="radio"/> 2</p> <p style="margin-left: 40px;">Duplex <input type="radio"/> 3</p> <p style="margin-left: 40px;">Whole building <input type="radio"/> 4</p> <p>Other _____ <input type="radio"/> 5</p> <p>G.5 How many rooms does this household occupy? [EXCLUDE BATHROOMS, TOILETS, KITCHEN, PANTRY, STORE]</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 40px; display: inline-block;"></div>	<p>G.7 Who is mainly responsible for the provision of the main source of drinking</p> <p style="margin-left: 40px;">Government <input type="radio"/> 1</p> <p style="margin-left: 40px;">Community <input type="radio"/> 2</p> <p style="margin-left: 40px;">Donor agencies <input type="radio"/> 3</p> <p style="margin-left: 40px;">Private <input type="radio"/> 4</p> <p style="margin-left: 40px;">Religious body <input type="radio"/> 5</p> <p>Other _____ <input type="radio"/> 6</p> <p>G.8 Are there times in the year when household cannot get drinking water from this main source?</p> <p style="margin-left: 40px;">Yes, frequently <input type="radio"/> 1</p> <p style="margin-left: 40px;">Yes, during dry season <input type="radio"/> 2</p> <p style="margin-left: 40px;">No <input type="radio"/> 3</p> <p>G.9 Do you treat your water before drinking?</p> <p style="margin-left: 40px;">Yes <input type="radio"/> Y</p> <p style="margin-left: 40px;">No <input type="radio"/> N ----> GO TO G11</p> <p>G.10 How do you treat your drinking water?</p> <p style="margin-left: 40px;">Boiling <input type="radio"/> 1</p> <p style="margin-left: 40px;">Adding chemical <input type="radio"/> 2</p> <p style="margin-left: 40px;">Filtering <input type="radio"/> 3</p> <p style="margin-left: 40px;">Sedimentation <input type="radio"/> 4</p> <p style="margin-left: 40px;">Other <input type="radio"/> 5</p> <p>G.11 What kind of toilet facility does your household use?</p> <p style="margin-left: 40px;">None <input type="radio"/> 1</p> <p style="margin-left: 40px;">Toilet on water <input type="radio"/> 2</p> <p style="margin-left: 40px;">Flush to sewer <input type="radio"/> 3</p> <p style="margin-left: 40px;">Flush to septic tank <input type="radio"/> 4</p> <p style="margin-left: 40px;">Pail/bucket <input type="radio"/> 5</p> <p style="margin-left: 40px;">Covered pit latrine <input type="radio"/> 6</p> <p style="margin-left: 40px;">Uncovered pit latrine <input type="radio"/> 7</p> <p style="margin-left: 40px;">Ventilation improved pit latrine <input type="radio"/> 8</p> <p>Other _____ <input type="radio"/> 9</p> <p>G.12 What is the main source of electricity supply?</p> <p style="margin-left: 40px;">None <input type="radio"/> 1 ----> GO TO G14</p> <p style="margin-left: 40px;">NEPA <input type="radio"/> 2</p> <p style="margin-left: 40px;">Rural electrification <input type="radio"/> 3</p> <p style="margin-left: 40px;">Private generator <input type="radio"/> 4</p> <p style="margin-left: 40px;">Rural electricity plant/generator <input type="radio"/> 5</p>	<p>G.13 Number of hours with no electricity in the last 24 hours?</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 40px; display: inline-block;"></div> <p>G.14 What is the main fuel used for lighting?</p> <p style="margin-left: 40px;">Kerosene/paraffin <input type="radio"/> 1</p> <p style="margin-left: 40px;">Gas <input type="radio"/> 2</p> <p style="margin-left: 40px;">Mains electricity <input type="radio"/> 3</p> <p style="margin-left: 40px;">Electricity from Generator <input type="radio"/> 4</p> <p style="margin-left: 40px;">Battery <input type="radio"/> 5</p> <p style="margin-left: 40px;">Candles <input type="radio"/> 6</p> <p style="margin-left: 40px;">Firewood <input type="radio"/> 7</p> <p>Other _____ <input type="radio"/> 8</p> <p>G.15 What is the main fuel used for cooking?</p> <p style="margin-left: 40px;">Firewood <input type="radio"/> 1</p> <p style="margin-left: 40px;">Charcoal <input type="radio"/> 2</p> <p style="margin-left: 40px;">Kerosene/oil <input type="radio"/> 3</p> <p style="margin-left: 40px;">Gas <input type="radio"/> 4</p> <p style="margin-left: 40px;">Electricity <input type="radio"/> 5</p> <p style="margin-left: 40px;">Crop residue/sawdust <input type="radio"/> 6</p> <p style="margin-left: 40px;">Animal waste <input type="radio"/> 7</p> <p>Other _____ <input type="radio"/> 8</p> <p>G.16 What kind of refuse collection does your household use?</p> <p style="margin-left: 40px;">Collected government <input type="radio"/> 1</p> <p style="margin-left: 40px;">Collected private <input type="radio"/> 2</p> <p style="margin-left: 40px;">Government bin <input type="radio"/> 3</p> <p style="margin-left: 40px;">Disposal within compound <input type="radio"/> 4</p> <p style="margin-left: 40px;">Unauthorized heap <input type="radio"/> 5</p> <p>Other _____ <input type="radio"/> 6</p> <p>G.17 What effective measures does your household use to prevent malaria?</p> <p style="margin-left: 40px;">None <input type="radio"/> Y ----> GO TO G.18</p> <p style="margin-left: 40px;">Use bed net <input type="radio"/> Y</p> <p style="margin-left: 40px;">Insecticide <input type="radio"/> Y YOU</p> <p style="margin-left: 40px;">Anti-malaria drug <input type="radio"/> Y MAY</p> <p style="margin-left: 40px;">Fumigation <input type="radio"/> Y MARK</p> <p style="margin-left: 40px;">Insecticide treated net <input type="radio"/> Y MORE</p> <p style="margin-left: 40px;">Maintenance of good drainage <input type="radio"/> Y THAN</p> <p style="margin-left: 40px;">Maintenance of good sanitation <input type="radio"/> Y ONE</p> <p style="margin-left: 40px;">Herbs <input type="radio"/> Y ANSWER.</p> <p style="margin-left: 40px;">Burning of leaf (tobacco, etc) <input type="radio"/> Y</p> <p style="margin-left: 40px;">Window/Door net <input type="radio"/> Y</p> <p>Other _____ <input type="radio"/> Y</p>																																																	
<p>G.18 How long in minutes does it take from here to reach the nearest ...?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">0-14</th> <th style="text-align: center;">15-29</th> <th style="text-align: center;">30-44</th> <th style="text-align: center;">45-59</th> <th style="text-align: center;">60+</th> </tr> </thead> <tbody> <tr> <td>A. Supply of drinking water</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>B. Food market</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>C. Public transportation</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>D. Primary school</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>E. Secondary school</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>F. Health clinic or hospital</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> <tr> <td>G. All seasons road</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> </tr> </tbody> </table>				0-14	15-29	30-44	45-59	60+	A. Supply of drinking water	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	B. Food market	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	C. Public transportation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	D. Primary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	E. Secondary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	F. Health clinic or hospital	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	G. All seasons road	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	
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B. Food market	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
C. Public transportation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
D. Primary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
E. Secondary school	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
F. Health clinic or hospital	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
G. All seasons road	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5																																														
<p>G.19 By what means?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Vehicle</th> <th style="text-align: center;">Motorcycle</th> <th style="text-align: center;">Bicycle</th> <th style="text-align: center;">Foot</th> <th style="text-align: center;">Animal</th> <th style="text-align: center;">Boat</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> <tr> <td><input type="radio"/> 6</td> <td style="text-align: center;"><input type="radio"/> 1</td> <td style="text-align: center;"><input type="radio"/> 2</td> <td style="text-align: center;"><input type="radio"/> 3</td> <td style="text-align: center;"><input type="radio"/> 4</td> <td style="text-align: center;"><input type="radio"/> 5</td> <td style="text-align: center;"><input type="radio"/> 6</td> </tr> </tbody> </table>				Vehicle	Motorcycle	Bicycle	Foot	Animal	Boat	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
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H.1 Have the following projects or changes occurred in your community in the last five years? IF NO, GO TO NEXT LINE			H.2 To what extent has these projects improved the way you live? <i>Great Deal Some Little None</i>	H.3 Who financed these projects? <i>Government Community Donor agency Private Religious body Other</i>	H.4 Was anybody in your household involved in deciding what was built/rehabilitated ?		
	Yes	No			Yes	No	
01. Building of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02. Rehabilitation of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03. Building of health facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04. Rehabilitation of health facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. Sanitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06. Building of new roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. Tarring/Grading of roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08. Transport services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09. Sinking of well/borehole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Piping of water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Rehabilitation of pipe water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Agriculture input on credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Agricultural inputs readily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Buyer of agriculture produce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Availability of extension services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Veterinary services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Consumer goods now available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Employment opportunities available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. More people owning houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Police services now available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Credit facility now being provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Electrification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Rehabilitation of electric facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Reforestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H.5 Which of these projects would you rank as most important (LIST FOUR FROM QUESTION H.1)?

First Second Third Fourth

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H.6 Did any member of your household participate in the provision of the following for the rehabilitation?

Materials

Labour

Management

Funds

H.7 Which facility would you like provided or improved in this community?

1. School

2. Health

3. All Seasons Road

4. Well/borehole water

5. Piped borne water

6. Transport

7. Sanitation

8. Agric Services

9. Police Services

10. Electricity

P= provided and R= rehabilitated

H.8 Do you consider your household to be poor ?

Yes

No -----> GO TO H.10

H.9 What do you think has led your household to be in poverty? [ASK FOR MAIN REASONS]

01. Cannot afford

02. Agricultural inputs not available

03. Low agricultural production

04. Because of drought

05. Lack of adequate land

06. Low prices for agric produce

07. Lack of market/buyers

08. Lack/loss of cattle/oxen due to disease

09. Lack of capital to start or expand agric

10. Lack of capital to start or expand own biz

11. Lack of credit facilities to start or ...

12. Lack of credit facility to start/ expand own biz

13. Lack of employment/job opportunities

14. Salary/wage too little

15. Retrenchment/redundancy

16. Prices of commodities too high

17. Hard economic times/economic decline...

18. Business not doing well

19. Low profit

20. Too much competition

21. Cultural/religious reasons

22. Irregular payment of pension

23. Delayed payment of gratuity

24. Other _____

First Second Third Fourth

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H.10 Finally, there are a number of ways people can cope in times of need. Did your household have to rely on any of the following during the last 12 months?

01. Piecework on farms belonging to other HH

02. Other piecework

03. Working on 'food-for-work' program

04. Relief food, free food from gov't/other bodies

05. Eating wild food only

06. Substituting ordinary meals with fruits...

07. Reducing number of meals

08. Reducing other household items e.g. soap,...

09. Informal borrowing e.g. from friends

10. Formal borrowing in cash or kind e.g. bank...

11. Church charity ...

12. Withdrawing children out of school

13. Sale of assets such as cattle, fridge, car, etc

14. Petty Trading

15. Asking from friends, neighbours, relatives,...

16. Begging from the streets

17. Other _____

First Second Third Fourth

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I - CHILDREN UNDER 5

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<p>I.1 For each child under 5 enter the child and mother's number from the list of household members. ENTER 00 IF THE CHILD'S MOTHER IS DECEASED OR IS NOT A MEMBER OF THE HOUSEHOLD.</p>																			
<p style="text-align: center;">Child Mother</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					<p style="text-align: center;">Child Mother</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					<p style="text-align: center;">Child Mother</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					<p style="text-align: center;">Child Mother</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				
<p>I.2 Enter [NAME]'s date of birth.</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Year</td> <td style="width: 25%;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				Day	Month	Year													
Day	Month	Year																	
<p>I.3 Does [NAME] have a birth certificate?</p> <p>Yes <input type="radio"/> Y</p> <p>No <input type="radio"/> N</p>																			
<p>I.4 Where was [NAME] delivered?</p> <p>Hospital/maternity <input type="radio"/> 1</p> <p>At home <input type="radio"/> 2</p> <p>Other <input type="radio"/> 3</p>																			
<p>I.5 What was [NAME]'s weight at Birth?</p> <p style="text-align: center;">Weight</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																			
<p>IF RESPONSE IS DON'T KNOW WRITE 999</p>																			
<p>I.6 Who assisted in the delivery of [NAME]?</p> <p>Doctor <input type="radio"/> 1</p> <p>Nurse <input type="radio"/> 2</p> <p>Midwife <input type="radio"/> 3</p> <p>T.T.B.A <input type="radio"/> 4</p> <p>T.B.A. <input type="radio"/> 5</p> <p>Self <input type="radio"/> 6</p> <p>Other <input type="radio"/> 7</p>																			
<p>I.7 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Weight</td> <td style="width: 25%;">Height</td> <td style="width: 25%;">Weight</td> <td style="width: 25%;">Height</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				Weight	Height	Weight	Height												
Weight	Height	Weight	Height																
<p>I.8 Did [NAME] participate in the following?</p> <p>Nutrition program <input type="radio"/> Y</p> <p>Weigh-ins <input type="radio"/> Y</p>																			
<p>I.9 Has [NAME] ever been vaccinated?</p> <p>Yes <input type="radio"/> 1</p> <p>No <input type="radio"/> 2</p> <p>Don't Know <input type="radio"/> 3</p>																			
<p>IF RESPONSE IS NO OR DON'T KNOW GO TO I.14</p>																			
<p>I.10 Has [NAME] received any of the following?</p> <p>Measles <input type="radio"/> Y</p> <p>BCG <input type="radio"/> Y</p> <p>DPT1 <input type="radio"/> Y</p> <p>DPT2 <input type="radio"/> Y</p> <p>DPT3 <input type="radio"/> Y</p> <p>OPV0 <input type="radio"/> Y</p> <p>OPV1 <input type="radio"/> Y</p> <p>OPV2 <input type="radio"/> Y</p> <p>OPV3 <input type="radio"/> Y</p> <p>Yellow fever <input type="radio"/> Y</p> <p>MMR <input type="radio"/> Y</p> <p>Vitamin A <input type="radio"/> Y</p>																			
<p>I.11 Record for each child the source of information?</p> <p>Health card <input type="radio"/> 1</p> <p>Respondent <input type="radio"/> 2</p> <p>Both <input type="radio"/> 3</p>																			
<p>I.12 Where was [NAME]'s last vaccination given?</p> <p>Health Centre <input type="radio"/> 1</p> <p>Hospital <input type="radio"/> 2</p> <p>Private Clinic <input type="radio"/> 3</p> <p>Mobile Unit <input type="radio"/> 4</p> <p>School <input type="radio"/> 5</p> <p>Home <input type="radio"/> 6</p>																			

I - CHILDREN UNDER 5 continued

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I.13 Did you pay any fee for [NAME]'s vaccination? Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
GO TO I.15				
I.14 Why was [NAME] never vaccinated? Too young <input type="radio"/> 1 Didn't know child had to <input type="radio"/> 2 Health Centre too far <input type="radio"/> 3 Shortage of supply <input type="radio"/> 4 Too expensive <input type="radio"/> 5 Sick <input type="radio"/> 6 Other <input type="radio"/> 7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
I.15 Has [NAME] ever been breastfed? Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
IF RESPONSE IS NO GO TO I.19				
I.16 Is [NAME] still being breastfed? Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
IF RESPONSE IS YES GO TO I.18				
I.17 How many months was [NAME] breastfed? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
I.18 How many months was [NAME] exclusively breastfed (i.e. fed with breast milk and breast milk only)? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>
I.19 How do you dispose [NAME]'s faeces? Child always used toilet/latrine <input type="radio"/> 1 Thrown into toilet/latrine <input type="radio"/> 2 Thrown outside dwelling <input type="radio"/> 3 Thrown outside yard <input type="radio"/> 4 Rinsed away <input type="radio"/> 5 Disposable diapers <input type="radio"/> 6 Washable diapers <input type="radio"/> 7 Buried, other <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8
I.20 Has [NAME] had diarrhea in the last 2 weeks? Yes <input type="radio"/> 1 No <input type="radio"/> 2 Don't Know <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
IF NO OR DON'T KNOW GO TO NEXT CHILD				
I.21 How much fluid was [NAME] offered to drink during diarrhea compared with normal? Much less <input type="radio"/> 1 Somewhat less <input type="radio"/> 2 About the same <input type="radio"/> 3 More <input type="radio"/> 4 Nothing to drink <input type="radio"/> 5 Don't Know <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
I.22 How much food was [NAME] offered to eat during diarrhea compared with normal? Much less <input type="radio"/> 1 Somewhat less <input type="radio"/> 2 About the same <input type="radio"/> 3 More <input type="radio"/> 4 Nothing to drink <input type="radio"/> 5 Don't Know <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
I.23 Was [NAME] given any of the following to drink during the diarrhea? ORS <input type="radio"/> 1 ORT <input type="radio"/> 2 Home salt & sugar <input type="radio"/> 3 None <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
IF PERSON IS UNDER AGE 5 GO TO J9										
J.1	Does [NAME] engage in any of the following income generating activities? (YOU MAY MARK MORE THAN ONE ANSWER)									
Fish smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soap making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crop farming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.2	Does [NAME] do any of the following household activities? (YOU MAY MARK MORE THAN ONE ANSWER)									
Fetch water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fetch fire wood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of the sick/elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF PERSON IS UNDER AGE 15 GO TO J8										
J.3	Does [NAME] participate in policy and decision making at the following level? (YOU MAY MARK MORE THAN ONE ANSWER)									
Household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.4	Does [NAME] have access to a credit facility?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF RESPONSE IS NO GO TO J6										
J.5	What type of credit facility does [NAME] have access to? (YOU MAY MARK MORE THAN ONE ANSWER)									
Bank loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microcredit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esusu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.6	Does [NAME] have access to any of the following? (YOU MAY MARK MORE THAN ONE ANSWER)									
Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agriculture input	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agriculture extension services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storage facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fixed line phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GSM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.7	Does [NAME] personally own any of the following? (YOU MAY MARK MORE THAN ONE ANSWER)									
Land	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.8	What activity does [NAME] spend most of the time doing?									
Economic activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid household work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J.9	Is [NAME] circumcised?									
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reference Number

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