

APPENDIX E: 2009 Kiribati DHS QUESTIONNAIRES

IDENTIFICATION													
NAME OF ISLAND _____						<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div>							
VILLAGE _____													
ENUMERATION AREA (EA)													
NAME OF HOUSEHOLD HEAD _____													
HOUSEHOLD NUMBER													
URBAN/RURAL (URBAN=1, RURAL=2)						<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>							
HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1. Yes 2. No													
INTERVIEWER VISITS													
		1	2	3	FINAL VISIT								
DATE					DAY								
					MONTH								
					YEAR								
INTERVIEWER'S NAME					INT. NUMBER								
					RESULT*								
NEXT VISIT: DATE					TOTAL NUMBER OF VISITS								
TIME													
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>										TOTAL PERSONS IN HOUSEHOLD			
										TOTAL ELIGIBLE WOMEN			
										TOTAL ELIGIBLE MEN			
										LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE			
LANGUAGE OF QUESTIONNAIRE _____ LANGUAGE OF INTERVIEW _____ LANGUAGE OF RESPONDENT _____ TRANSLATOR USED? 1 YES 2 NO													
TEAM SUPERVISOR			FIELD EDITOR			OFFICE EDITOR		KEYED BY					
NAME _____			NAME _____										
DATE _____			DATE _____										

Introduction and Consent

Hello. My name is _____ and I am working with the National Statistics Office
We are conducting a national survey about various health issues. We would very much appreciate
your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be
confidential. We hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15+	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE/NEPHEW BY BLOOD
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW BY MARRIAGE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH LEGAL REGISTRATION	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2006 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during 2005 school year?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES: May I see it please? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DON'T KNOW	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 101	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>	

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL	GRADE
0 = KINDERGARTEN	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = VOCATIONAL	FOR Qs. 19 AND 21)
4 = COLLEGE	98 = DON'T KNOW
5 = POST-BACCALAUREATE	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15+	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 1 2		11	11	11
12			1 2	1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2	1 2		18	18	18
19			1 2	1 2	1 2	1 2		19	19	19
20			1 2	1 2	1 2	1 2		20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

YES ☐ ADD TO TABLE NO ☐

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

YES ☐ ADD TO TABLE NO ☐

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

YES ☐ ADD TO TABLE NO ☐

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH LEGAL REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2006 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during 2005 school year?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES: May I see it please? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	Y N 1 2 ↓ GO TO 101	LEVEL GRADE <input type="text"/> ↓ GO TO 101	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> ↓ GO TO 20	Y N 1 2 ↓ GO TO 101	LEVEL GRADE <input type="text"/> ↓ GO TO 101	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> ↓ GO TO 16	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	1 2 ↓ GO TO 20	<input type="text"/> ↓ GO TO 20	1 2 ↓ GO TO 101	<input type="text"/> ↓ GO TO 101	<input type="text"/>

CODES FOR Qs. 17, 19, AND 21: EDUCATION

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8 = DON'T KNOW	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 106 PUBLIC TAP/STANDPIPE 13 FROM NEIGHBOR 14 TUBE WELL OR BOREHOLE 21 103 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 RAINWATER 41 106 RAIN WATER & PIPED WATER PIPED INTO DWELLING 51 PIPED TO YARD/PLOT 52 106 PUBLIC TAP/STANDPIPE 53 FROM NEIGHBOR 54 103 TANKER TRUCK 61 103 VENDOR PROVIDED/BOTTLED WATER 71 OTHER _____ 96 103 <div style="text-align: center;">(SPECIFY)</div>	
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 106 PUBLIC TAP/STANDPIPE 13 FROM NEIGHBOR 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 RAINWATER 41 106 RAINWATER & PIPED WATER PIPED INTO DWELLING 51 PIPED TO YARD/PLOT 52 106 PUBLIC TAP/STANDPIPE 53 FROM NEIGHBOR 54 TANKER TRUCK 61 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 106 ELSEWHERE 3	
104	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 80px; height: 30px; border: 1px solid black;"></div> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 <div style="text-align: center;">(SPECIFY)</div>	

106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	108		
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 PIT LATRINE 13 SOMEWHERE ELSE 14 PIT LATRINE CLOSED PIT 21 PUBLIC SHARED TOILET 31 BUCKET LATRINE 41 NO FACILITY/BEACH/BUSH 51 OTHER 96 (SPECIFY)	110 111		
109	Do you share this toilet facility with other households?	YES 1 NO 2	111		
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					

111	Does your household have:		
		YES	NO
Electricity?	ELECTRICITY	1	2
A communication antenna?	COMMUNICATION ANTENNA ..	1	2
A table?	TABLE	1	2
A chair?	CHAIR	1	2
A sofa?	SOFA	1	2
A bed?	BED	1	2
A cupboard or cabinet?	CUPBOARD OR CABINET ..	1	2
A radio?	RADIO	1	2
A CB or VHF radio?	CB OR VHF RADIO	1	2
A CD/cassette player?	CD/CASSETTE PLAYER	1	2
A Video or DVD player?	VIDEO OR DVD PLAYER	1	2
A television?	TELEVISION	1	2
A mobile telephone?	MOBILE TELEPHONE	1	2
Landline telephone?	LANDLINE TELEPHONE	1	2
A walkie talkie?	WALKIE TALKIE	1	2
A refrigerator?	REFRIGERATOR	1	2
A deep freezer?	DEEP FREEZER	1	2
A gas or electric stove?	GAS OR ELECTRIC STOVE	1	2
A desk/laptop computer?	DESK/LAPTOP COMPUTER	1	2
An internet connection?	INTERNET CONNECTION	1	2
A washing machine?	WASHING MACHINE	1	2
A sewing machine?	SEWING MACHINE	1	2
A microwave oven?	MICROWAVE OVEN	1	2
Solar panel/equipment?	SOLAR PANEL/EQUIPMENT	1	2
An electric generator?	ELECTRIC GENERATOR	1	2
A kerosene stove?	KEROSENE STOVE.....	1	2
A electric fan?	ELECTRIC FAN.....	1	2

112	What type of fuel does your household mainly use for cooking?	ELECTRICITY	01	
		PROPANE GAS	02	115
		SOLAR ENERGY	03	
		KEROSENE	04	
		CHARCOAL	05	
		WOOD	06	
		COCONUT HUSKS/SHELLS	07	
		NO FOOD COOKED IN HOUSEHOLD	95	117
		OTHER _____	96	
		(SPECIFY)		
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE	1	
		OPEN STOVE	2	
		CLOSED STOVE WITH CHIMNEY ...	3	115
		OTHER _____	6	
		(SPECIFY)		
	PROBE FOR TYPE.			
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY	1	
		HOOD	2	
		NEITHER	3	

115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	117		
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2			
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 WOOD PLANKS WITH VINYL CARPET.. 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES 32 CEMENT 33 CARPET 34 OTHER 96 (SPECIFY)			
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM/PANDANUS LEAF ... 12 RUDIMENTARY ROOFING CANVASS/TARPOULINE 21 WOOD PLANKS 22 CARDBOARD 23 FINISHED ROOFING METAL 31 WOOD 32 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)			
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PANDANUS LEAF/PALM/TRUNKS ... 12 DIRT 13 RUDIMENTARY WALLS PLYWOOD 21 CARDBOARD 22 REUSED WOOD 23 CANVAS/TARPOULINE 24 MASENITE 25 DRY WALL 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 OTHER 96 (SPECIFY)			
120	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

121	Does any member of this household own:	YES	NO							
	A watch?	WATCH	1 2							
	A bicycle?	BICYCLE	1 2							
	A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER ..	1 2							
	A fishing gear?	FISHING GEAR	1 2							
	A car, truck, or van?	CAR/TRUCK	1 2							
	A skiff (wa-uawa)?	SKIFF	1 2							
	A boat with motor?	BOAT WITH MOTOR	1 2							
	A sailing canoe?	SAILING CANOE	1 2							
	A paddling canoe?	PADDLING CANOE	1 2							
	A rear-cart?	REAR-CART	1 2							
	Agricultural/farm equipment?	AGRI./FARM EQUIPMENT ..	1 2							
122	Does any member of this household own:	YES	NO							
	a: residential land?	RESIDENTIAL LAND	1 2							
	b: agricultural land?	AGRICULTURAL LAND	1 2							
	c: commercial land?	COMMERCIAL LAND	1 2							
123	Does this household own any livestock, herds, other farm animals, or poultry?	YES	1	125						
		NO	2							
124	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Pigs Ducks Chickens?	PIG	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
		DUCKS								
		CHICKEN ...								
125	Does any member of this household have a bank account?	YES	1							
		NO	2							

MALNUTRITION EXAMINATION FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).																																																																											
		CHILD 1	CHILD 2	CHILD 3																																																																								
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME																																																																								
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