

APPENDIX E: 2009 Kiribati DHS QUESTIONNAIRES

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

KIRIBATI ISLANDS
NATIONAL STATISTICS OFFICE

IDENTIFICATION															
NAME OF ISLAND _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
VILLAGE _____															
ENUMERATION AREA (EA)															
NAME OF HOUSEHOLD HEAD _____															
HOUSEHOLD NUMBER															
URBAN/RURAL															
(URBAN=1, RURAL=2)															
HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1. Yes 2. No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>														

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>
LANGUAGE OF QUESTIONNAIRE _____ LANGUAGE OF INTERVIEW _____ LANGUAGE OF RESPONDENT _____ TRANSLATOR USED? 1 YES 2 NO				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>

TEAM SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

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	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
	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			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	IN YEARS				
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

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 |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS					IF AGE 0-4 YEARS
	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		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	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 <input type="checkbox"/> ADD TO TABLE NO <input type="checkbox"/> | 01 = HEAD | 08 = BROTHER OR SISTER |
| 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 <input type="checkbox"/> ADD TO TABLE NO <input type="checkbox"/> | 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES <input type="checkbox"/> ADD TO TABLE NO <input type="checkbox"/> | 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 |
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LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH LEGAL REGISTRATION
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	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
11	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"/>
12	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"/>
13	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"/>
14	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"/>
15	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"/>
16	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"/>
17	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"/>
18	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"/>
19	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"/>
20	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 |
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| 3 = VOCATIONAL | FOR Qs. 19 AND 21) |
| 4 = COLLEGE | 98 = DON'T KNOW |
| 5 = POST-BACCALAUREATE | |
| 8 = DON'T KNOW | |

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 style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></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

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 <input type="text"/> <input type="text"/>	

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	
		NO		2	125
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			
		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 <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)
205	OBSERVE WHETHER THERE IS WASTING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. ASK PARENT TO REMOVE CHILD'S CLOTHING FOR THE PURPOSE OF THIS OBSERVATION/QUESTIONING. A. HEAD B. FACE C. NECK D. SHOULDER E. UPPER ARMS F. CHEST (RIBS VISIBLE) G. BUTTOCKS H. THIGH	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. A. HANDS B. ABDOMEN C. LOWER LEGS	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD: HAIR A. SPARSE B. THIN C. YELLOW/ORANGE SKIN D. FACE PUFFY E. FLAKY/DRY F. SORE/WOUNDS/PEELING	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2
208	TEST FOR SWELLING ON TOP OF FEET. PRESS FIRMLY ON THE TOP OF A FOOT WITH THUMB FOR 30-40 SECONDS. OBSERVE AND RECORD IF A DENT REMAINS IN THE AREA OF THE SKIN .	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
209	RESULT OF FOOT PRESSING	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
210	OBSERVE OVERALL NUTRITIONAL STATUS OF CHILD. IN YOUR OPINION, DO YOU FEEL THIS CHILD IS MALNOURISHED?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
211		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO FRONT COVER FOR FINAL CHECKING.		

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME	LINE NUMBER <input type="text"/> NAME	LINE NUMBER <input type="text"/> NAME
203	What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, END INTERVIEW)
205	OBSERVE WHETHER THERE IS WASTING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. ASK PARENT TO REMOVE CHILD'S CLOTHING FOR THE PURPOSE OF THIS OBSERVATION/QUESTIONING. A. HEAD B. FACE C. NECK D. SHOULDER E. UPPER ARMS F. CHEST (RIBS VISIBLE) G. BUTTOCKS H. THIGH	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	T W N H A O I S T N T E D A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. A. HANDS B. ABDOMEN C. LOWER LEGS	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	Y N D E O K S A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD: HAIR A. SPARSE B. THIN C. YELLOW/ORANGE SKIN D. FACE PUFFY E. FLAKY/DRY F. SORE/WOUNDS/PEELING	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	Y N E O S HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2
208	TEST FOR SWELLING ON TOP OF FEET. PRESS FIRMLY ON THE TOP OF A FOOT WITH THUMB FOR 30-40 SECONDS. IF A DENT REMAINS IN THE AREA OF THE SKIN	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
209	RESULT OF FOOT PRESSING	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
210	OBSERVE OVERALL NUTRITIONAL STATUS OF CHILD. IN YOUR OPINION, DO YOU FEEL THIS CHILD IS MALNOURISHED?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
211	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO FRONT COVER FOR FINAL CHECKING.			

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.