

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF MARSHALL ISLANDS
ECONOMIC POLICY, PLANNING AND STATISTICS OFFICE

IDENTIFICATION

NAME OF ATOLL									
ZONE/VILLAGE									
GPS UNIT NUMBER									
GPS WAYPOINT NUMBER									
LATITUDE (N)									
LONGITUDE (E)									
NAME OF HOUSEHOLD HEAD									
HOUSEHOLD NUMBER									
URBAN/RURAL (URBAN=1, RURAL=2)									
HOUSEHOLD SUB-SELECTED FOR MALE SURVEY?	1. Yes	2. No							

INTERVIEW VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				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 (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN
LANGUAGE OF QUESTIONNAIRE				LINE NO. OF RESPONDENT TO HOUSEHOLD 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 Economic Policy, Planning and 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?

I akwe. Eta in _____ im ijjer ba lib en Economic Policy, Planning and Statistics Office eo.

Kemij kōmmame juon national survey ak ekatak im ekk tō uuj eloñ kajitōk im melele ko ikijen ejmour. Emenin uteij b ro elap elañe kwōñaj jib añ im b ōk konam ilo ekatak in. Ekatak in ekkā an b ōk

I lo ekatak in, kem naaj mokta kajitōk jet kajitōk kin imōñ jokwe in. Aolep uwaak ko am naj b ed ilo tinwadrik im b an ajeeded ñan jab rewot. Jej tomak im kōjatdikdik b we kwōñaj mōñōñ in b ōk konam ilo ekatak in einwot ke aolep melele ko am elap aer aorōk.

Ewōr ke am kajitōk kin ekatak in ilo tōre in? I maroñ ke jino kajitokin eok kiiō?

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 MARTIAL 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.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) on his/her last birthday?	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 or over	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND OR PARTNER	09 = OTHER RELATIVE
03 = SON OR DAUGHT	10 = STEPSON OR STEPDAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED OR FOSTER CHILD
05 = GRANDCHILD	12 = ROOMER OR BOARDER
06 = PARENT	13 = HOUSEMATE OR ROOMMATE
07 = PARENT-IN-LAW	14 = OTHER NON-RELATIVE
	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARRITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?				How old is (NAME) on his/her last birthday?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
	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?					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					
11			1 2	1 2	1 2			11	11	11	
12			1 2	1 2	1 2			12	12	12	
13			1 2	1 2	1 2			13	13	13	
14			1 2	1 2	1 2			14	14	14	
15			1 2	1 2	1 2			15	15	15	
16			1 2	1 2	1 2			16	16	16	
17			1 2	1 2	1 2			17	17	17	
18			1 2	1 2	1 2			18	18	18	
19			1 2	1 2	1 2			19	19	19	
20			1 2	1 2	1 2			20	20	20	

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as children or infants that we have not listed? ☐ YES ☐ NO

(2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually stay here? ☐ YES ☐ 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 ☐ NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF
 01 = HEAD
 02 = WIFE/HUSBAND/ PARTNER
 03 = SON OR DAUGHTER
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LN 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 REGISTRATION	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s father alive?	Does (NAME)'s father usually live in this household or was he a guest last night?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	Did (NAME) attend school at any time during the (2006 - 2007) school year?	During this school year, what level and grade/year [s/w as] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006)?	During that school year, what level and grade/year did (NAME) attend?	Does (NAME) have a birth certificate?	
		IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO RECORD '00'.		IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO RECORD '00'.	IF AGE 0-4 YEARS SKIP TO (22)	SEE CODES BELOW. What is the highest grade/year (NAME) completed at that level? SEE CODES BELOW.		SEE CODES BELOW.		SEE CODES BELOW.	IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE		
01	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
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09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 20		1 2 ↓ GO TO 101			

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

LEVEL 0 = PRESCHOOL/KINDERGARTEN 1 = ELEMENTARY 2 = HIGH SCHOOL 3 = VOCATIONAL 4 = COLLEGE 5 = MASTERAL 6 = PROFESSIONAL/DOCTORATE 8 = DON'T KNOW	GRADE 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY) THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21 98 = DON'T KNOW
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LN 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 REGISTRATION	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	Did (NAME) attend school at any time during the (2006 - 2007) school year?	During this school year, what level and grade/year (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006)?	During that school year, what level and grade/year did (NAME) attend?	Does (NAME) have a birth certificate?	
		IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO RECORD '00'.		IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO RECORD '00'.		SEE CODES BELOW. What is the highest grade/year (NAME) completed at that level? SEE CODES BELOW.				SEE CODES BELOW.	IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?	
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE		
11	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10			
12	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10			
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14	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10			
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HOUSEHOLD CHARACTERISTICS							
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	What is the main source of drinking water for members of your household? <i>Ia eo ekkā an ri-mwin eb b ōk aer dren in daak jene?</i>	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDARD PIPE 13 FROM NEIGHBOR 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 RAIN WATER 41 RAIN WATER & PIPED WATER PIPED INTO DWELLING 51 PIPED TO YARD/PLOT 52 PUBLIC TAP/STANDARD PIPE 53 FROM NEIGHBOR 54 TANKER TRUCK 61 VENDOR PROVIDED/BOTTLED WATER 71 OTHER 96 (SPECIFY)	106 103 106 106 103 103 103				
102	What is the main source of water used by your household for other purposes such as cooking and handwashing? <i>Ia eo ekkā an ri-mwin eb b ōk aer dren in kōmmane jerb al ko imweo einwōt kōmaat ak kwalkwōl?</i>	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDARD PIPE 13 FROM NEIGHBOR 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 RAIN WATER 41 RAIN WATER & PIPED WATER PIPED INTO DWELLING 51 PIPED TO YARD/PLOT 52 PUBLIC TAP/STANDARD PIPE 53 FROM NEIGHBOR 54 TANKER TRUCK 61 OTHER 96 (SPECIFY)	106 106 106				
103	Where is that water source located? <i>Ia eo jikin eb b ōk dren in ej b ed ie?</i>	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	106				
104	How long does it take to go there, get water, and come back? <i>Ewi aitoken etal nan jikin eb b ōk dren eo, b ōk dren eo im roltok?</i>	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 998					
105	Who usually goes to this source to fetch the water for your household? <i>Wōn eo ekkā an etal im b ōk tok dren ñan ri-mwin?</i>	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	Do you do anything to the water to make it safer to drink? <i>Elon ke wāwein eo kwōj kōmmāne nan dren eo bwe en erreō ñan idaak?</i>	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108		
107	What do you usually do to make the water safer to drink? <i>Ta eo ekkā am kōmmāne ñan kōkmanmanlok dren eo bwe en erreō nan idaak?</i> Anything else? <i>Ebar ke wōr?</i> 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? <i>Kain imōn bwidrej rōt ri-mwin rej kōjērbale?</i>	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)	<input type="checkbox"/> → 110 <input type="checkbox"/> → 111		
109	Do you share this toilet facility with other households? <i>Komij ke share e imōn bwidrej in ibben imoko jet?</i>	YES 1 NO 2	<input type="checkbox"/> → 111		
110	How many households use this toilet facility? <i>Jete em ko rej kōjērbal imōn bwidrej in?</i>	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																																																	
111	<p>Does your household have:</p> <p><i>Ewör ke men kein imwin im ej/rej emmön wöt aer jerbal:</i></p> <p>Electricity?</p> <p>A communication antenna?</p> <p>A table?</p> <p>A chair?</p> <p>A sofa?</p> <p>A bed?</p> <p>A cupboard or cabinet?</p> <p>A radio?</p> <p>A CB or VHF radio?</p> <p>A CD/cassette player?</p> <p>A Video or DVD player?</p> <p>A television?</p> <p>A mobile telephone?</p> <p>Landline telephone?</p> <p>A walkie talkie?</p> <p>A refrigerator?</p> <p>A deep freezer?</p> <p>A gas or electric stove?</p> <p>A desk/laptop computer?</p> <p>An internet connection?</p> <p>A washing machine?</p> <p>A sewing machine?</p> <p>A microwave oven?</p> <p>A dryer?</p> <p>Solar panel/equipment?</p> <p>An electric generator?</p>		<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr><tr><td>COMMUNICATION ANTENNA . . .</td><td>1</td><td>2</td></tr><tr><td>TABLE</td><td>1</td><td>2</td></tr><tr><td>CHAIR</td><td>1</td><td>2</td></tr><tr><td>SOFA</td><td>1</td><td>2</td></tr><tr><td>BED</td><td>1</td><td>2</td></tr><tr><td>CUPBOARD OR CABINET . . .</td><td>1</td><td>2</td></tr><tr><td>RADIO</td><td>1</td><td>2</td></tr><tr><td>CB OR VHF RADIO</td><td>1</td><td>2</td></tr><tr><td>CD/CASSETTE PLAYER</td><td>1</td><td>2</td></tr><tr><td>VIDEO OR DVD PLAYER</td><td>1</td><td>2</td></tr><tr><td>TELEVISION</td><td>1</td><td>2</td></tr><tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr><tr><td>LANDLINE TELEPHONE</td><td>1</td><td>2</td></tr><tr><td>WALKIE TALKIE</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr><tr><td>DEEP FREEZER</td><td>1</td><td>2</td></tr><tr><td>GAS OR ELECTRIC STOVE</td><td>1</td><td>2</td></tr><tr><td>DESK/LAPTOP COMPUTER</td><td>1</td><td>2</td></tr><tr><td>INTERNET CONNECTION</td><td>1</td><td>2</td></tr><tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr><tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr><tr><td>MICROWAVE OVEN</td><td>1</td><td>2</td></tr><tr><td>DRYER</td><td>1</td><td>2</td></tr><tr><td>SOLAR PANEL/EQUIPMENT</td><td>1</td><td>2</td></tr><tr><td>ELECTRIC GENERATOR</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	ELECTRICITY	1	2	COMMUNICATION ANTENNA . . .	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	BED	1	2	CUPBOARD OR CABINET . . .	1	2	RADIO	1	2	CB OR VHF RADIO	1	2	CD/CASSETTE PLAYER	1	2	VIDEO OR DVD PLAYER	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	LANDLINE TELEPHONE	1	2	WALKIE TALKIE	1	2	REFRIGERATOR	1	2	DEEP FREEZER	1	2	GAS OR ELECTRIC STOVE	1	2	DESK/LAPTOP COMPUTER	1	2	INTERNET CONNECTION	1	2	WASHING MACHINE	1	2	SEWING MACHINE	1	2	MICROWAVE OVEN	1	2	DRYER	1	2	SOLAR PANEL/EQUIPMENT	1	2	ELECTRIC GENERATOR	1	2	
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112	<p>What type of fuel does your household mainly use for cooking?</p> <p><i>Ta eo kom ej kõjjerbal ñan kõmat?</i></p>	<table><tbody><tr><td>ELECTRICITY</td><td>01</td></tr><tr><td>PROPANE GAS</td><td>02</td></tr><tr><td>SOLAR ENERGY</td><td>03</td></tr><tr><td>KEROSENE</td><td>04</td></tr><tr><td>CHARCOAL</td><td>05</td></tr><tr><td>WOOD</td><td>06</td></tr><tr><td>COCONUT HUSKS/SHELLS</td><td>07</td></tr><tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td>95</td></tr><tr><td>OTHER _____ (SPECIFY)</td><td>96</td></tr></tbody></table>	ELECTRICITY	01	PROPANE GAS	02	SOLAR ENERGY	03	KEROSENE	04	CHARCOAL	05	WOOD	06	COCONUT HUSKS/SHELLS	07	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____ (SPECIFY)	96	<div>→ 115</div> <div>→ 117</div>																																																																
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OTHER _____ (SPECIFY)	96																																																																																				
113	<p>In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>Ilo mwin, komij kõmat lal ke, kõmat ilo stove ko ejelok chimney ak jikin kadriwōjlok baat ko ke, (einwöt stove kerosene) ke, ilo stove ko ewör aer chimney ak cover?</i></p> <p>PROBE FOR TYPE.</p>	<table><tbody><tr><td>OPEN FIRE</td><td>1</td></tr><tr><td>OPEN STOVE</td><td>2</td></tr><tr><td>CLOSED STOVE WITH CHIMNEY ...</td><td>3</td></tr><tr><td>OTHER _____ (SPECIFY)</td><td>6</td></tr></tbody></table>	OPEN FIRE	1	OPEN STOVE	2	CLOSED STOVE WITH CHIMNEY ...	3	OTHER _____ (SPECIFY)	6	<div>→ 115</div>																																																																										
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CLOSED STOVE WITH CHIMNEY ...	3																																																																																				
OTHER _____ (SPECIFY)	6																																																																																				
114	<p>Does this (fire/stove) have a chimney, a hood, or neither of these?</p> <p><i>Ewör ke an stove in chimney ak jikin kadriwōjlok baat ko?</i></p>	<table><tbody><tr><td>CHIMNEY</td><td>1</td></tr><tr><td>HOOD</td><td>2</td></tr><tr><td>NEITHER</td><td>3</td></tr></tbody></table>	CHIMNEY	1	HOOD	2	NEITHER	3																																																																													
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NEITHER	3																																																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Is the cooking usually done in the house, in a separate building, or outdoors? <i>Ekkā an ri-mwin kōmat iloan mwin ke ak ilo juon em eo ejjenobk ke ak ilo nabōj?</i>	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY) _____	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 117
116	Do you have a separate room which is used as a kitchen? <i>Ejjenobk ke jikin kōmat eo?</i>	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 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 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 CALAMINE/CEMENT FIBER 33 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? <i>Jete room kōjerbal ñan kiki ilo mwin?</i>	ROOMS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP						
121	Does any member of this household own: <i>Ewör ke ian ri-mwin ewör men kein ibbeir:</i>		YES NO							
	A watch? <i>watch?</i>	WATCH	1 2							
	A bicycle? <i>baajkle</i>	BICYCLE	1 2							
	A motorcycle or motor scooter? <i>otobai?</i>	MOTORCYCLE/SCOOTER	1 2							
	A fishing gear? <i>kein eñod ko?</i>	FISHING GEAR	1 2							
	A car, truck, or van? <i>waan ettör?</i>	CAR/TRUCK	1 2							
	A boat with motor? <i>loan ibben engine?</i>	BOAT WITH MOTOR	1 2							
	A sailing canoe? <i>Tipñol?</i>	SAILING CANOE	1 2							
	A paddling canoe? <i>körkör?</i>	PADDLING CANOE	1 2							
	A rear-cart? <i>driaka?</i>	REAR-CART	1 2							
	Agricultural/farm equipment? <i>Kein jermal ko ilo jikin kallip ak atke kilep ko?</i>	AGRI./FARM EQUIPMENT	1 2							
122	Does any member of this household own: <i>Ewör ke ian ri-mwin ewör jikin:</i>		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? <i>Ewör ke nejin ri-mwin menin mour ko einwöt bao ak pig?</i>	YES NO	1 2	→ 125						
124	How many of the following animals does this household own? <i>Jete uan menin mour kein ewör nejimi?</i> IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Pigs Ducks Chickens?	PIG DUCKS CHICKEN	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
125	Does any member of this household have a bank account? <i>Ewör ke ian ri-mwin ewör an account ilo bank ko?</i>	YES NO	1 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 AN ADDITIONAL QUESTIONNAIRE(S).												
		CHILD 1				CHILD 2				CHILD 3			
202	LINE NUMBER FROM COLUMN 11	LINE NUMBER <input type="text"/> <input type="text"/>				LINE NUMBER <input type="text"/> <input type="text"/>				LINE NUMBER <input type="text"/> <input type="text"/>			
	NAME FROM COLUMN 2	NAME				NAME				NAME			
203	What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>				DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>			
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)				YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)				YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)			
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.	T W N H A O I S T N T E D				T W N H A O I S T N T E D				T W N H A O I S T N T E D			
	A. HEAD	A. HEAD 1 2 3				A. HEAD 1 2 3				A. HEAD 1 2 3			
	B. FACE	B. FACE 1 2 3				B. FACE 1 2 3				B. FACE 1 2 3			
	C. NECK	C. NECK 1 2 3				C. NECK 1 2 3				C. NECK 1 2 3			
	D. SHOULDER	D. SHOULDER 1 2 3				D. SHOULDER 1 2 3				D. SHOULDER 1 2 3			
	E. UPPER ARMS	E. ARMS 1 2 3				E. ARMS 1 2 3				E. ARMS 1 2 3			
	F. CHEST (RIBS VISIBLE)	F. CHEST 1 2 3				F. CHEST 1 2 3				F. CHEST 1 2 3			
	G. BUTTOCKS	G. BUTTOCKS 1 2 3				G. BUTTOCKS 1 2 3				G. BUTTOCKS 1 2 3			
	H. THIGH	H. THIGH 1 2 3				H. THIGH 1 2 3				H. THIGH 1 2 3			
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY.	Y N D E O K S				Y N D E O K S				Y N D E O K S			
	A. HANDS	A. HANDS 1 2 3				A. HANDS 1 2 3				A. HANDS 1 2 3			
	B. ABDOMEN	B. ABDOMEN 1 2 3				B. ABDOMEN 1 2 3				B. ABDOMEN 1 2 3			
	C. LOWER LEGS	C. LWR LEGS 1 2 3				C. LWR LEGS 1 2 3				C. LWR LEGS 1 2 3			
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD:	Y N E O S				Y N E O S				Y N E O S			
	HAIR	HAIR				HAIR				HAIR			
	A. SPARSE	A. SPARSE 1 2				A. SPARSE 1 2				A. SPARSE 1 2			
	B. THIN	B. THIN 1 2				B. THIN 1 2				B. THIN 1 2			
	C. YELLOW/ORANGE	C. YELLOW/O 1 2				C. YELLOW/O 1 2				C. YELLOW/O 1 2			
	SKIN	SKIN				SKIN				SKIN			
	D. FACE PUFFY	D. FACE PUFFY 1 2				D. FACE PUFFY 1 2				D. FACE PUFFY 1 2			
	E. FLAKY/DRY	E. FLAKY 1 2				E. FLAKY 1 2				E. FLAKY 1 2			
	F. SORE/WOUNDS/PEELING	F. SORE 1 2				F. SORE 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 301												

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 AN ADDITIONAL QUESTIONNAIRE(S).												
		CHILD 4				CHILD 5				CHILD 6			
202	LINE NUMBER FROM COLUMN 11	LINE NUMBER <input type="text"/> <input type="text"/>				LINE NUMBER <input type="text"/> <input type="text"/>				LINE NUMBER <input type="text"/> <input type="text"/>			
	NAME FROM COLUMN 2	NAME				NAME				NAME			
203	What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/>				DAY <input type="text"/> <input type="text"/>				DAY <input type="text"/> <input type="text"/>			
		MONTH <input type="text"/> <input type="text"/>				MONTH <input type="text"/> <input type="text"/>				MONTH <input type="text"/> <input type="text"/>			
		YEAR <input type="text"/> <input type="text"/> <input type="text"/>				YEAR <input type="text"/> <input type="text"/> <input type="text"/>				YEAR <input type="text"/> <input type="text"/> <input type="text"/>			
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)				YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)				YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)			
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.	T W N H A O I S T N T E D				T W N H A O I S T N T E D				T W N H A O I S T N T E D			
	A. HEAD	A. HEAD 1 2 3				A. HEAD 1 2 3				A. HEAD 1 2 3			
	B. FACE	B. FACE 1 2 3				B. FACE 1 2 3				B. FACE 1 2 3			
	C. NECK	C. NECK 1 2 3				C. NECK 1 2 3				C. NECK 1 2 3			
	D. SHOULDER	D. SHOULDER 1 2 3				D. SHOULDER 1 2 3				D. SHOULDER 1 2 3			
	E. UPPER ARMS	E. ARMS 1 2 3				E. ARMS 1 2 3				E. ARMS 1 2 3			
	F. CHEST (RIBS VISIBLE)	F. CHEST 1 2 3				F. CHEST 1 2 3				F. CHEST 1 2 3			
	G. BUTTOCKS	G. BUTTOCKS 1 2 3				G. BUTTOCKS 1 2 3				G. BUTTOCKS 1 2 3			
	H. THIGH	H. THIGH 1 2 3				H. THIGH 1 2 3				H. THIGH 1 2 3			
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY.	Y N D E O K S				Y N D E O K S				Y N D E O K S			
	A. HANDS	A. HANDS 1 2 3				A. HANDS 1 2 3				A. HANDS 1 2 3			
	B. ABDOMEN	B. ABDOMEN 1 2 3				B. ABDOMEN 1 2 3				B. ABDOMEN 1 2 3			
	C. LOWER LEGS	C. LOWER LEGS 1 2 3				C. LOWER LEGS 1 2 3				C. LOWER LEGS 1 2 3			
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD:	Y N E O S				Y N E O S				Y N E O S			
	HAIR	HAIR				HAIR				HAIR			
	A. SPARSE	A. SPARSE 1 2				A. SPARSE 1 2				A. SPARSE 1 2			
	B. THIN	B. THIN 1 2				B. THIN 1 2				B. THIN 1 2			
	C. YELLOW/ORANGE	C. YELLOW/O 1 2				C. YELLOW/O 1 2				C. YELLOW/O 1 2			
	SKIN	SKIN				SKIN				SKIN			
	D. FACE PUFFY	D. FACE PUFFY 1 2				D. FACE PUFFY 1 2				D. FACE PUFFY 1 2			
	E. FLAKY/DRY	E. FLAKY 1 2				E. FLAKY 1 2				E. FLAKY 1 2			
	F. SORE/WOUNDS/PEELING	F. SORE 1 2				F. SORE 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 301.												
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. <input type="checkbox"/>													

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you some questions on some illness that the Health Department would like your opinion to help the Health people assist persons with mental illness. <i>Kio ikonaan kajitok jet kajitok ko ikijen naninmej ko im Departemento an Ejmour ej konan bok am lemnak ikijier nan jib an rijerbal ro ilo Ejmour ie jib an armej ro im ewor naninmej in jorran kemelij b eir.</i>	YES 1	
	Did you ever have anybody in this household that has a mental disease? <i>Enanin ke kar wor armej imwin im ewor an naninmej in jorran kemelij?</i>	NO 2 DONT KNOW 8	313
302	Is this person still alive? <i>Ej mour wotke armej in?</i>	YES 1 NO 2 DONT KNOW 8	313
303	What is this person's relationship to the household head? <i>Ta kadkad eo an armej in nan eo ej jeb an mwin?</i>	SPOUSE 01 CHILD 02 PARENT 03 BROTHER/SISTER 04 NIECE/NEPHEW 05 OTHER RELATIVE BY BLOOD 06 OTHER RELATIVE BY MARRIAGE 07 NOT RELATED 08 DONT KNOW 98	
304	Is this person a male or a female? <i>Emmaan ke kora?</i>	MALE 1 FEMALE 2	
305	How old is this person on his/her last birthday? <i>Jete an armej in yio jen kar kemem eo an eliktata?</i>	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DONT KNOW 98	
306	Does this person live in this household all the time? <i>Armej in ej jokwe ke imwin aolep ien?</i>	YES 1 NO 2 DONT KNOW 8	
307	Who takes care of this person? <i>Won eo ej bok eddro ak lale armej in?</i> Anyone else? <i>Ebar ke wor?</i> RECORD ALL MENTIONED.	NO ONE A HOUSEHOLD HEAD B PERSON'S SPOUSE C PERSON'S CHILDREN D PERSON'S PARENTS E OTHER RELATIVE BY BLOOD F OTHER RELATIVE BY MARRIAGE G NON-RELATIVE H DONT KNOW Y	309 309
308	How is care being provided to this person? <i>Kain jib an rot ko lilok nan armej in?</i> Anything else? <i>Ebar ke wor?</i> RECORD ALL MENTIONED.	PROVIDE FOOD A CLOTHING B HEALTH/MEDICAL NEEDS C ASSIST IN EATING D BATHING E GOING OUT OF HOUSE F TALK TO HIM/HER G OTHER X (SPECIFY) DONT KNOW Y	
309	Has this person ever received any help or psychiatric treatment? <i>Armej in enanin ke kar eb bok jab rewot kain jib an ko ak jib an ko ikijen naninmej in jorran kemelij?</i>	YES 1 NO 2 DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
310	For how long has this person been mentally ill? <i>Ewi aetoken an armej in b ed ilo naninmej in jorran kemelij?</i>	LESS THAN ONE MONTH	1		
		1 YEAR	2		
		2-5 YEARS	3		
		6-10 YEARS	4		
		MORE THAN 10 YEARS	5		
		DONT KNOW	8		
311	Do you feel embarrassed having a mentally ill person in your household? <i>Ewor ke am enjake in jook ke ewor juon eo im ewor an naninmej in jorran kemelij ejjokwe imwiin?</i>	YES	1		
		NO	2		
		DONT KNOW	8		
312	How did people you know react when they found out that there is a mentally ill person in your household? <i>Ewi wawein an armej ro kajela kajeir lemnak ak kar makitkit ke rejela ke ewor juon eo ewor an naninmej in jorran ilo kemelij ejjokwe imwiin?</i>	SCARED/FRIGHTENED	A		
		SCORN THE HOUSEHOLD	B		
		SHOWED INDIFFERENCE	C		
		FELT SORRY /PITY	D		
		DID NOT SHOW ANY REACTION	E		
	Any other reaction? <i>Eb ar ke wor?</i>	OTHER	X		
		(SPECIFY)			
	RECORD ALL MENTIONED.	DONT KNOW	Y		
313	In your opinion, can mental illness be treated? <i>Ilo am lemnak, ewor ke unokan naninmej in jorran kemelij?</i>	YES	1		
		NO	2		
		DONT KNOW	8		
314	Do you feel that mentally ill persons should be: <i>Ilo am enjake lok, armej rot in rejaikuji ke b we:</i>	YES	NO	DK	
	a. looked after in a mental home? <i>ren lale er ilo moko mon kain ri-naninmej rot in?</i>	IN MENTAL HOME	1	2	8
	b. looked after by relatives? <i>ro nukuier ren lale er?</i>	CARED BY RELATIVES	1	2	8
	c. left alone to look after themselves? <i>b ed im lale er make?</i>	LEFT ALONE BY THEMSELVES	1	2	8
	d. have appointed responsible guardians and social security support? <i>en wor juon eo emoj jitone b wen lale er?</i>	GUARDIANS & SS SUPPORT	1	2	8
	e. locked up in prison? <i>b ed im totilo kaib uu?</i>	LOCKED UP IN PRISON	1	2	8
315	Now I would like to ask you some questions about persons who have attempted suicide. <i>Kio ikonon kajitok ib b am jet kajitok ikijen armej ro emoj aer kajeon b ok mour ko aer.</i>	YES	1		
	Has any member of your household ever attempted suicide? <i>Enanin ke wor ian ri-mwin renanin kar kajeon b ok mour eo an?</i>	NO	2		
		DONT KNOW	8	 326	
316	What is this person's relationship to the household head? <i>Ta kadkad eo an armej in nan eo ejjeb an mwin?</i>	SPOUSE	01		
		CHILD	02		
		PARENT	03		
		BROTHER/SISTER	04		
		NIECE/NEPHEW	05		
		OTHER RELATIVE BY BLOOD	06		
		OTHER RELATIVE BY MARRIAGE	07		
		NOT RELATED	08		
		DONT KNOW	98		
317	Is this person a male or a female? <i>Emmaan ke kora?</i>	MALE	1		
		FEMALE	2		
318	How old is this person on his/her last birthday? <i>Jete an armej in yio jen kar kemem eo an eliktata?</i>	AGE IN COMPLETED YEARS	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>		
319	Does this person live in this household all the time? <i>Armej in ejjokwe ke imwiin aolep ien?</i>	YES	1		
		NO	2		
		DONT KNOW	8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
320	How many times has this person attempted suicide? <i>Jete allen an armej in kajeon b ok mour eo an make?</i>	NO. OF TIMES				
		DONT KNOW		98		
321	Did you or any family member ever report this person's suicide attempt(s) to the following? <i>Kwe ak jab rewotian ri-mwiin rar ke kinaak lok an kar armej in kar kajeon b ok mour eo an make nan jikin kein?</i>		YES	NO	DK	
	a. Police? <i>Mon Policeman?</i>	POLICE	1	2	8	
	b. Health authority? <i>Rijer bal ro ilo jikin Ejmour eo?</i>	HEALTH AUTHORITY	1	2	8	
	c. Priest/pastor/religious leader? <i>Rikake in mon jar ko?</i>	PRIEST/PASTOR/ RELIGIOUS LEADER ...	1	2	8	
	d. Any family member? <i>Nan bar ro jetuan bamle in?</i>	FAMILY MEMBER	1	2	8	
322	Do you think the following are the reasons for that person to have attempted suicide? <i>I lo am lemnak, un kein elajak ilal rej un ko ke im rar komman b we armej in en kajeon b ok mour eo an make?</i>		YES	NO	DK	
	a. Problems at home (with food, money & others)? <i>Ineb ata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i>	PROBLEM AT HOME ...	1	2	8	
	b. Person was taking drugs including alcohol? <i>Armeje eo ear kojerb al uno ko rekajur im dren in kadrek?</i>	DRUGS	1	2	8	
	c. Workplace problems? <i>Ineb ata ko ilo jikin jerb al eo?</i>	WORKPLACE	1	2	8	
	d. Girlfriend/boyfriend problems? <i>Ineb ata ib ben jiron ak likao eo jeran?</i>	GIRLFRIEND/BOYFRIEND	1	2	8	
	e. Could not find work/jobless? <i>I lo an jab maron elolo an jerb al?</i>	JOBLESS	1	2	8	
	f. Person had incurable disease? <i>Armeje eo ewor an naninmeje eo ejellok unokan?</i>	INCURABLE DISEASE ...	1	2	8	
	g. Other (stress, depression, worry, anxiety)? <i>Ineb ata ko jet (stress, mok)?</i>	OTHER	1	2	8	
323	What assistance was provided to this person after his/her pre-suicidal attempt? <i>Kain jib an rot ko kar lilok nan armej in elkin an kar kajeon b ok mour eo an make?</i>	NONE			A	
		TALKED TO HIM/HER			B	
		BROUGHT FOR COUNSELLING TO				
		PSYCHOLOGIST			C	
		MEDICAL/HEALTH SPECIALIST			D	
		PRIEST/PASTOR/RELIGIOUS LEADER			E	
	Any other assistance? <i>E bar ke wor?</i>	ELDER/FAMILY MEMBER			F	
		OTHER (SPECIFY) (SPECIFY)			X	
		DONT KNOW			Y	
324	Do you know where to go to seek help? <i>Kojela ke ia eo kwoj etal nane im kab ok jib an ie?</i>	YES			1	
		NO			2	
		DONT KNOW			8	
325	Where can you go to seek help? <i>Ia eo komaron etal im eb b ok jib an ie?</i>	PSYCHOLOGIST			A	
		MEDICAL/HEALTH SPECIALIST			B	
		PRIEST/PASTOR/RELIGIOUS LEADER			C	
	Anywhere else? <i>E bar ke wor?</i>	ELDER/FAMILY MEMBER				
		OTHER (SPECIFY) (SPECIFY)			X	
	RECORD ALL MENTIONED.					
		DONT KNOW			Y	
326	Do you personally know of a person who had committed suicide? <i>E wor ke armejen kojela kaje in emoj an b ok mour eo an make?</i>	YES			1	
		NO			2	
		DONT KNOW			8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
327	What was this person's relationship to the household head? <i>Ta kadkad eo an amej in nan eo ejeban mwii?</i>	SPOUSE 01 CHILD 02 PARENT 03 BROTHERSISTER 04 NIECE/NEPHEW 05 OTHER RELATIVE BY BLOOD 06 OTHER RELATIVE BY MARRIAGE 07 NOT RELATED 08 DONT KNOW 98																																	
328	Was this person a male or female? <i>Emmaan ke kora?</i>	MALE 1 FEMALE 2																																	
329	Did this person had pre-suicidal attempts? <i>Ewor ke ien maanlok amej in ear kajeon bok mour eo an make?</i>	YES 1 NO 2 DONT KNOW 8	331																																
330	Have you or any household member ever talked or provided counselling to this person after the pre-suicidal attempt? <i>Kwe ak jabrewot ian ri-mwii rar ke kenaan ibben ak lelok jiban ak kokabiklok nan amej in elkin ien eo/ko ear kajeon bok mour eo an make?</i>	YES 1 NO 2 DONT KNOW 8																																	
331	Do you think the following are the reasons for that person to have committed suicide? <i>Ilo am lemnak, un kein elajrak ilal rej un ko ke im rar komman bwe amej in en kajeon bok mour eo an make?</i>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PROBLEMS AT HOME (with food, money & others)? <i>Inebata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Person was taking drugs including alcohol? <i>Amje eo ear kojebal uno ko rekajur im dren in kadrek?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Workplace problems? <i>Inebata ko ilo jikin jebal eo?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Girlfriend/boyfriend problems? <i>Inebata ibben jiron ak likao eo jiran?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Could not find work? <i>Ilo an jab maron elolo an jebal?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Person had incurable disease? <i>Amje eo ewor an nanimeje eo ejellok unokan?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other (stress, depression, worry, anxiety)? <i>Inebata ko jet (stress, mok)?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PROBLEMS AT HOME (with food, money & others)? <i>Inebata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i>	1	2	8	Person was taking drugs including alcohol? <i>Amje eo ear kojebal uno ko rekajur im dren in kadrek?</i>	1	2	8	Workplace problems? <i>Inebata ko ilo jikin jebal eo?</i>	1	2	8	Girlfriend/boyfriend problems? <i>Inebata ibben jiron ak likao eo jiran?</i>	1	2	8	Could not find work? <i>Ilo an jab maron elolo an jebal?</i>	1	2	8	Person had incurable disease? <i>Amje eo ewor an nanimeje eo ejellok unokan?</i>	1	2	8	Other (stress, depression, worry, anxiety)? <i>Inebata ko jet (stress, mok)?</i>	1	2	8	
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332	<p>CHECK COLUMNS 8 AND 9 OF THE HOUSEHOLD SCHEDULE.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY EVER-MARRIED ELIGIBLE WOMAN <input type="checkbox"/></p> <p>SELECT AT RANDOM 1 OUT OF _____</p> <div style="display: flex; justify-content: space-around;"> <p>SUB-SAMPLE FOR DOMESTIC VIOLENCE <input type="checkbox"/></p> <p>NOT SUB-SAMPLE FOR DOMESTIC VIOLENCE <input type="checkbox"/></p> </div> </div> <div style="width: 45%;"> <p>ONLY NEVER-MARRIED ELIGIBLE WOMAN <input type="checkbox"/></p> <p>NO ELIGIBLE WOMAN <input type="checkbox"/></p> </div> </div> <p>INTERVIEW WITH SECTIONS 1-10 ONLY OF WOMAN'S QUESTIONNAIRE</p>																																		
333	<p>COPY LINE NUMBER IN COLUMN 9 AND NAME IN COLUMN 2 OF HOUSEHOLD SCHEDULE</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME</p>																																		