

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 YEARS OR OLDER	DISABILITY	ELIGIBILITY	
				MARITAL STATUS			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> <p>INSERT CODE IN THE BOX.</p>	<p>Is (NAME) male or female?</p> <p>CIRCLE CORRECT SEX FOR EACH PERSON.</p>	<p>Does (NAME) usually live here?</p> <p>CIRCLE CORRECT ANSWER FOR EACH PERSON.</p>	<p>Did (NAME) stay here last night?</p> <p>CIRCLE CORRECT ANSWER FOR EACH PERSON.</p>	<p>How old is (NAME) on his/her last birthday?</p> <p>WRITE THE AGE IN THE BOX.</p>	<p>What is (NAME'S) current marital status?</p> <p>USE THE FOLLOWING CODES:</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>Does (Name) endure or undergo any form of disability?</p> <p>IF YES: What form of disability does (NAME) endure or undergo?</p> <p>SEE CODES BELOW:</p>		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	<input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 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

CODES FOR Q.9: TYPES OF DISABILITY

- 00 = NO DISABILITY
- 01=PHYSICALLY DISABLED
- 02=MENTALLY ILL/EMOTIONAL/BEHAVIORAL PROBLEM
- 03 =MENTALLY RETARDED
- 04 = AUTISTIC
- 05 =SPEECH/LANGUAGE DIFFICULTY
- 06 = DEAF & HEARING IMPAIRED
- 07=BLIND & VISUALLY IMPAIRED
- 08=MULTIPLE DISABILITIES
- 09 = NOT STATED

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 YEARS OR OLDER	DISABILITY	ELIGIBILITY	
				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL MEN AGE 15-54			
	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. INSERT CODE IN THE BOX.	Is (NAME) male or female? CIRCLE CORRECT SEX FOR EACH PERSON.	Does (NAME) usually live here? CIRCLE CORRECT ANSWER FOR EACH PERSON.	Did (NAME) stay here last night? CIRCLE CORRECT ANSWER FOR EACH PERSON.	How old is (NAME) on his/her last birthday? WRITE THE AGE IN THE BOX.	What is (NAME'S) current marital status? USE THE FOLLOWING CODES: 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Does (Name) endure or undergo any form of disability? IF YES: What form of disability does (NAME) endure or undergo? SEE CODES BELOW:		
(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"/>	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET IS USED

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

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

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HOUSEHOLD HEAD

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CODES FOR Q.9: DISABILITY

- 00 = NO DISABILITY
- 01=PHYSICALLY DISABLED
- 02=MENTALLY ILL/ EMOTIONAL/ BEHAVIORAL PROBLEM
- 03 =MENTALLY RETARDED
- 04 = AUTISTIC
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- 06 = DEAF & HEARING IMPAIRED
- 07=BLIND & VISUALLY IMPAIRED
- 08=MULTIPLE DISABILITIES
- 09 = NOT STATED

HOUSEHOLD SCHEDULE											
	IF AGE 0-10 YEARS	IF AGE 0-17 YEARS ONLY				IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS				
LINE NO.	BIRTH REGISTRATION	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Registration Office? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NEITHER 1-3 OR NEVER 8 = DON'T KNOW	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 NO. 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 NO. IF NO, RECORD '00'.	Has (NAME) ever attended school? IF 'NO' AND LAST MEMBER, SKIP TO Q. 23.	What is the highest level of school (NAME) has attended? What is the highest year (NAME) completed at that level? SEE CODES BELOW. IF HIGHER/UNIVERSITY LEVEL, RECORD TOTAL NUMBER OF YEARS.	Did (NAME) attend school at any time during the 2009 school year?	During this school year, what level and year is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2008? IF 'NO' AND LAST MEMBER, SKIP TO Q. 23.	During that school year, what level and year did (NAME) attend? SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
		Y N DK		Y N DK		Y N	LEVEL YEAR	Y N	LEVEL YEAR	Y N	LEVEL YEAR
01	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
02	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
03	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
04	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
05	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
06	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
07	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
08	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
09	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>
10	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/>

CODES FOR Qs. 18, 20 & 22: EDUCATION

LEVEL	YEAR
0 = PRE-SCHOOL/SPECIAL NEEDS	00 = LESS THAN 1 YEAR COMPLETED AT HIGHEST LEVEL (USE FOR Q. 18 ONLY)
1 = PRIMARY (YRS 1-8)/ PRIMER 1-3/ STD 1-4/ FORMS 1-2	01 = YEAR 1/ PRIMER 1
2 = SECONDARY (YRS 9-13)/ FORMS 3-6	02 = YEAR 2/ PRIMER 2
3 = VOCATIONAL	03 = YEAR 3/ PRIMER 3
4 = HIGHER/UNIVERSITY	04 = YEAR 4/ STD 1-2
5 = OLD MISSION SCHOOL	05 = YEAR 5/ STD 3
6 = NOT STATED	06 = YEAR 6/ STD 4
8 = DONT KNOW	07 = YEAR 7/ FORM 1
	08 = YEAR 8/ FORM 2
	09 = YEAR 9/ FORM 3
	10 = YEAR 10/ FORM 4
	11 = YEAR 11/ FORM 5
	12 = YEAR 12/ UPPER 5
	13 = YEAR 13/ FORM 6
	55 = OLD MISSION SCHOOL
	98 = DONT KNOW

	IF AGE 0-10 YEARS	IF AGE 0-17 YEARS ONLY				IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS				
LINE NO.	BIRTH REGISTRATION	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				
	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Registration Office? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NEITHER 1-3 OR NEVER 8 = DON'T KNOW	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 NO. 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 NO. IF NO, RECORD '00'.	Has (NAME) ever attended school? IF 'NO' AND LAST MEMBER, SKIP TO Q. 23.	What is the highest level of school (NAME) has attended? What is the highest year (NAME) completed at that level? SEE CODES BELOW. IF HIGHER/UNIVERSITY LEVEL, RECORD TOTAL NUMBER OF YEARS.	Did (NAME) attend school at any time during the 2009 school year?	During this school year, what level and year is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2008? IF 'NO' AND LAST MEMBER, SKIP TO Q. 23.	During that school year, what level and year did (NAME) attend? SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
11	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 15	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 23	LEVEL YEAR <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 21	LEVEL YEAR <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 23	LEVEL YEAR <input type="checkbox"/> <input type="checkbox"/>
12	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
13	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
14	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
15	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
16	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
17	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
18	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
19	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>
20	<input type="checkbox"/>	1 2 8 ↓ GO TO 15	<input type="checkbox"/>	1 2 8 ↓ GO TO 17	<input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 21	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 23	<input type="checkbox"/> <input type="checkbox"/>

CODES FOR QS. 18, 20 & 22: EDUCATION

LEVEL YEAR

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1 = PRIMARY (YRS 1- 8)/ PRIMER 1-3/ STD 1-4/ FORMS 1-2	01 = YEAR 1/ PRIMER 1 01 = YEAR 9/ FORM 3
2 = SECONDARY (YRS 9-13)/ FORMS 3-6	02 = YEAR 2/PRIMER 2 02 = YEAR 10/ FORM 4
3 = VOCATIONAL	03 = YEAR 3/ PRIMER 3 03 = YEAR 11/ FORM 5
4 = HIGHER/UNIVERSITY	04 = YEAR 4/ STD 1-2 04 = YEAR 12/ UPPER 5
5 = OLD MISSION SCHOOL	05 = YEAR 5/ STD 3 05 = YEAR 13/ FORM 6
6 = NOT STATED	06 = YEAR 6/ STD 4
8 - DON'T KNOW	07 = YEAR 7/ FORM 1 55 = OLD MISSION SCHOOL
	08 = YEAR 8/ FORM 2 98 = DON'T KNOW

NO	QUESTIONS AND FILTERS	CODING CATEGORIES								
23	<p>Now I would like to ask you about some diseases you or any member of your household may have had in the last 12 months.</p> <p>A) Has any member of your household had any of the following diseases in the last 12 months that were diagnosed by a medical doctor? IF YES, CIRCLE THE NAME OF THE DISEASE. THEN CIRCLE '1' AND ASK Q. 23(B).</p> <p>a) Dengue fever? b) Typhoid? c) Filariasis in the last five years? d) Measles? e) Rubella? f) Leprosy? g) Meningococcal disease? h) Diabetes? i) Hypertension? j) Cardiovascular disease? k) Rheumatic heart disease?</p>	<p>B) How many of your household members have had this disease in the last 12 months?</p> <p style="text-align: right;">NO. OF HOUSEHOLD MEMBERS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <p>→</p> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <p>→</p> </td> <td style="width: 30%; text-align: center; vertical-align: middle;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </td> </tr> </table>			<p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p>	<p>→</p>	<p>→</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
<p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p> <p>YES 1 NO/ UNSURE 2</p>	<p>→</p>	<p>→</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>							
24	<p>CHECK 23A (a) through (k):</p> <p style="text-align: center;"> <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> GO TO 101 </p>									
25	<p>In total, how many household members have had any of the diseases we have been talking about? [][]</p> <p>Now please give me the name of all the household members who have had any of the diseases.</p> <p>ENTER THE LINE NUMBER AND NAME OF EACH PERSON WHO EVER HAVE HAD ANY DISEASE IN THE LIST. ENTER THE LINE NUMBER IN ASCENDING ORDER. CIRCLE THE CODE OF EACH DISEASE THE PERSON EVER HAVE HAD. (IF THERE ARE MORE THAN 12 PERSONS, USE ADDITIONAL QUESTIONNAIRE).</p>									
PERSONS WHO EVER HAVE HAD THE DISEASE										
		PERSON 1	PERSON 2	PERSON 3						
26	<p>LINE NUMBER AND NAME FROM COL. (1) AND (2).</p>	<p>LINE NUMBER [][]</p> <p>NAME _____</p>	<p>LINE NUMBER [][]</p> <p>NAME _____</p>	<p>LINE NUMBER [][]</p> <p>NAME _____</p>						
27	<p>What was/were (NAME)'s illness/ illnesses?</p> <p>What else?</p>	<p>DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K</p>	<p>DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K</p>	<p>DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K</p>						

PERSONS WHO EVER HAVE HAD THE DISEASE				
		PERSON 4	PERSON 5	PERSON 6
26	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
27	What was/were (NAME)'s illness/illnesses? What else?	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K
PERSONS WHO EVER HAVE HAD THE DISEASE				
		PERSON 7	PERSON 8	PERSON 9
26	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
27	What was/were (NAME)'s illness/illnesses? What else?	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K
PERSONS WHO EVER HAVE HAD THE DISEASE				
		PERSON 10	PERSON 11	PERSON 12
26	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
27	What was/were (NAME)'s illness/illnesses? What else?	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K	DENGUE FEVER A TYPHOID B FILIRIASIS C MEASLES D RUBELLA E LEPROSY F MENINGOCOCCAL G DIABETES H HYPERTENSION I CARDIOVASCULAR ... J RHEUMATIC K

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 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL 61 BOTTLED WATER 71 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
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 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL 61 BOTTLED WATER 71 OTHER _____ 96 (SPECIFY)	→ 106 → 106
103	Where is that water source located?	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?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN (15+) 1 ADULT MAN (15+) 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 (SPECIFY)	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	<p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	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	<p>What type of water waste disposal does your household have?</p>	PROTECTED WATER DISPOSAL ... 1 UNPROTECTED WATER DISPOSAL ... 2 NO WATER DISPOSAL 3	
109	<p>What kind of toilet facility do members of your household usually use?</p>	FLUSH OR POUR FLUSH TOILET FLUSH TO SEPTIC TANK 11 FLUSH TO PIT LATRINE 12 FLUSH TO SOMEWHERE ELSE ... 13 FLUSH, DON'T KNOW WHERE ... 14 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 NO FACILITY/BUSH/BEACH 31 OTHER _____ 96 (SPECIFY)	→ 112
110	<p>Do you share this toilet facility with other households?</p>	YES 1 NO 2	→ 112
111	<p>How many households use this toilet facility?</p>	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Does your household have:		
		YES NO	
	Electricity?	ELECTRICITY 1 2	
	A radio?	RADIO 1 2	
	A television?	TELEVISION 1 2	
	A mobile telephone?	MOBILE TELEPHONE 1 2	
	A landline telephone?	LANDLINE TELEPHONE..... 1 2	
	A refrigerator?	REFRIGERATOR..... 1 2	
	A deep freezer?	DEEP FREEZER 1 2	
	A gas stove	GAS STOVE 1 2	
	A kerosene stove?	KEROSENE STOVE 1 2	
	A microwave oven?	MICROWAVE OVEN 1 2	
	An electric jug or kettle?	ELECTRIC JUG/KETTLE..... 1 2	
	A rice cooker?	RICE COOKER 1 2	
	A blender?	BLENDER 1 2	
	A sewing machine?	SEWING MACHINE..... 1 2	
	A CD/cassette player?	CD/CASSETTE PLAYEF..... 1 2	
	A video or DVD player?	VIDEO OR DVD PLAYEI..... 1 2	
	An electric water pump?	ELECTRIC WATER PUMP... 1 2	
	A washing machine?	WASHING MACHINE 1 2	
	A desktop or laptop computer?	DESK/LAP TOP 1 2	
	An electric fan?	ELECTRIC FAN 1 2	
	An air conditioner?	AIR CONDITIONER..... 1 2	
	A bed?	BED 1 2	
	A table?	TABLE 1 2	
	A chair?	CHAIR 1 2	
A sofa?	SOFA 1 2		
A food safe?	FOOD SAFE 1 2		
A cupboard?	CUPBOARD 1 2		
A clock or wall clock?	CLOCK OR WALL CLOCK... 1 2		
A generator?	GENERATOR 1 2		
A solar power?	SOLAR POWER 1 2		
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01	→ 116
		LIQUEFIED PETROLEUM GAS..... 02	
		KEROSENE 03	
		WOOD 04	
		COCONUT PARTS 05	
		NO FOOD COOKED	
	IN HOUSEHOLD 95	→ 118	
	OTHER _____ 96		
	(SPECIFY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	In this household, is food cooked on an open fire, an open stove or a closed stove? PROBE FOR TYPE.	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY ... 3 OTHER _____ 6 (SPECIFY)	→ 116
115	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
116	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)	→ 118
117	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
118	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR GRAVEL/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 COCONUT MIDRIBS 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
119	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 LOCAL THATCH 12 RUDIMENTARY ROOFING WOOD PLANKS 21 FINISHED ROOFING METAL 31 OTHER _____ 96 (SPECIFY)	
120	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 COCONUT MIDRIBS 12 RUDIMENTARY WALLS PLYWOOD 21 CARDBOARD 22 REUSED WOOD 23 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 CEMENT BLOCKS 33 WOOD PLANKS/SHINGLES 34 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
121	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																															
122	Does any member of this household own this house?	YES 1 NO 2																															
123	Does any member of this household own any (other) house?	YES 1 NO 2																															
124	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A hand cart? A boat? An Outboard motor? A canoe? A fishing gear?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HAND CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CANOE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FISHING GEAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ..	1	2	CAR/TRUCK	1	2	HAND CART	1	2	BOAT	1	2	MOTOR	1	2	CANOE	1	2	FISHING GEAR	1	2	
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125	Does any member of this household own any: a: residential land? b: agricultural land? c. commercial land?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RESIDENTIAL LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AGRICULTURAL LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMERCIAL LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RESIDENTIAL LAND	1	2	AGRICULTURAL LAND	1	2	COMMERCIAL LAND	1	2																			
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126	Does this household own any livestock or poultry?	YES 1 NO 2	→ 131																														
127	How many of the following animals does this household currently own? PIGS? DUCKS? CHICKENS? DOGS? CATS? HORSES? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PIGS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>DUCKS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>DOGS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>CATS</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>HORSES</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	PIGS	<input type="text"/>	<input type="text"/>	DUCKS	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>	DOGS	<input type="text"/>	<input type="text"/>	CATS	<input type="text"/>	<input type="text"/>	HORSES	<input type="text"/>	<input type="text"/>													
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128	Does your family have a pig sty?	YES 1 NO 2	→ 131																														
129	How far is the pig sty from your place of residence? IF PIG STY IS NOT WITHIN THE RESIDENTIAL AREA OR COMPOUND, CIRCLE '995'. IF ADJACENT TO HOUSE, CIRCLE '000'	NUMBER OF YARDS <input type="text"/> <input type="text"/> <input type="text"/> NOT WITHIN COMPOUND 995 ADJACENT TO HOUSE 000																															
130	What is the standard distance of a pig sty from any residential place?	NUMBER OF YARDS <input type="text"/> <input type="text"/> <input type="text"/>																															
131	Does any member of this household have a bank account?	YES 1 NO 2																															
132	Does the head of this household own this land? IF YES, ASK: What is type of ownership?	CUSTOMARY OWNER 1 FREE HOLDER 2 LEASE LAND 3 EMPLOYER'S LAND 4 CHURCH 5 OTHER 6																															