

SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
PROVINCE <sup>1</sup> _____	[ ]			
DISTRICT _____	[ ][ ][ ]			
EA NUMBER .....	[ ][ ][ ][ ]			
EA TYPE (URBAN FORMAL=1; URBAN INFORMAL=2; RURAL FORMAL=3; TRIBAL AREA=4) .....	[ ]			
SADHS CLUSTER NUMBER .....	[ ][ ][ ]			
STAND NUMBER .....	[ ][ ]			
NUMBER OF HOUSEHOLDS IN STAND .....	[ ][ ]			
HOUSEHOLD NUMBER .....	[ ][ ]			
NAME OF HOUSEHOLD HEAD _____	[ ]			
IS THE HOUSEHOLD SELECTED FOR ADULT HEALTH QUESTIONNAIRE? (YES=1, NO=2) .....	[ ]			
IS THE HOUSEHOLD SELECTED FOR MAN QUESTIONNAIRE? (YES=1, NO=2) .....	[ ]			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ] MONTH [ ][ ] YEAR [2][0][0][ ] INT. CODE [ ][ ][ ] RESULT [ ]
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT:      DATE	_____	_____		TOTAL NO. 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 [ ][ ] TOTAL ADDITIONAL CHILDREN [ ][ ] TOTAL ELIGIBLE ADULTS [ ][ ] LINE NO. OF RESP. TO HOUSEHOLD QUESTION. [ ][ ]
SUPERVISOR NAME _____ [ ][ ] DATE _____ [ ][ ]		FIELD EDITOR NAME _____ [ ][ ] DATE _____ [ ][ ]		OFFICE EDITOR [ ][ ]
				KEYED BY [ ][ ]

<sup>1</sup> PROVINCE: WESTERN CAPE=1; EASTERN CAPE=2; NORTHERN CAPE=3; FREE STATE=4; KWAZULU-NATAL=5; NORTHWEST=6; GAUTENG=7; MPUMALANGA=8; LIMPOPO=9

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY				POPULATION GROUP	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**					EDUCATION		GRANTS			INJURIES IN THE LAST MONTH		DISABILITY	
	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)?	CIRCLE LINE NO. OF ALL CHILDREN UNDER AGE 6	CIRCLE LINE NO. OF ALL WOMEN AGE 15-49	CIRCLE LINE NO. OF ALL MEN AGE 15-59	CIRCLE LINE NO. OF ALL MEN AND WOMEN AGE 15 AND ABOVE	How would (NAME) describe himself/ herself in terms of population group?  1=BLACK AFRICAN 2=COLOURED 3=INDIAN OR ASIAN 4=WHITE 5=OTHER	Is (NAME)'s natural mother alive?	IF ALIVE	ELIGIBILITY	Is (NAME)'s natural father alive?	IF ALIVE	Has (NAME) ever attended school?	IF ATTENDED SCHOOL		Does (NAME) receive any type of grants?	IF RECEIVES GRANT		Did (NAME) have an injury that was treated by a doctor or nurse during the last month?	IF INJURED IN THE LAST MONTH	Does (NAME) have any serious disability that prevents his/her full participation in life activities (such as education, work, social life)?  IF YES, ASK: What kind of disability does (NAME) have?
													Does (NAME)'s natural mother live in this household? IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER	CIRCLE LINE NO. OF ALL CHILDREN UNDER AGE 6 WHOSE NATURAL MOTHER IS NOT ALIVE OR WHOSE NATURAL MOTHER DOESN'T LIVE IN THIS HOUSEHOLD		Does (NAME)'s natural father live in this household? IF YES: What is his name?  RECORD FATHER'S LINE NUMBER		What is the highest level of school (NAME) has completed?***	IF AGE LESS THAN 25 YEARS		What type of grant does (NAME) receive?****	Where does (NAME) collect the grant money?*****			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
01		<div><div></div><div></div></div>	M F	YES NO	YES NO	IN YEARS						YES NO DK	<div><div></div><div></div></div>		YES NO DK	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 GO TO 24	YES NO	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
02		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	02	02	02	02		1 2 8	<div><div></div><div></div></div>	02	1 2 8	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
03		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	03	03	03	03		1 2 8	<div><div></div><div></div></div>	03	1 2 8	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
04		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	04	04	04	04		1 2 8	<div><div></div><div></div></div>	04	1 2 8	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
05		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	05	05	05	05		1 2 8	<div><div></div><div></div></div>	05	1 2 8	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
06		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	06	06	06	06		1 2 8	<div><div></div><div></div></div>	06	1 2 8	<div><div></div><div></div></div>	1 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 GO TO 26	<div><div></div><div></div></div>	
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	
07		<div><div></div><div></div></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <div><div></div><div></div></div>	07	07	07	07	<div><div></div></div>	YES NO DK 1 2 8	<div><div></div><div></div></div>	07	YES NO DK 1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	YES NO DK 1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	YES NO DK 1 2 8	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>
08		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	08	08	08	08	<div><div></div></div>	1 2 8	<div><div></div><div></div></div>	08	1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>	
09		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	09	09	09	09	<div><div></div></div>	1 2 8	<div><div></div><div></div></div>	09	1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>	
10		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	10	10	10	10	<div><div></div></div>	1 2 8	<div><div></div><div></div></div>	10	1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>	
11		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	11	11	11	11	<div><div></div></div>	1 2 8	<div><div></div><div></div></div>	11	1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>	
12		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	12	12	12	12	<div><div></div></div>	1 2 8	<div><div></div><div></div></div>	12	1 2 8	<div><div></div><div></div></div>	1 2 GO TO 21	<div><div></div><div></div></div>	1 2 8	1 2 GO TO 24	<div><div></div><div></div></div>	<div><div></div><div></div></div>	1 2 GO TO 26	<div><div></div><div></div></div>	<div><div></div></div>	
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TICK HERE IF CONTINUATION SHEET USED

☐

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?

YES

☐

ENTER EACH IN TABLE

NO

☐

- 2) In addition, 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

☐

ENTER EACH IN TABLE

NO

☐

- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?

YES

☐

ENTER EACH IN TABLE

NO

☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
27	TYPE OF DWELLING.  RECORD OBSERVATION.	STAND-ALONE HOUSE OR STRUCTURE ..... 11 TOWN HOUSE/CLUSTER HOUSE/ SEMI-DETACHED HOUSE ..... 12 FLAT IN BLOCK OF FLATS..... 13 TRADITIONAL DWELLING/HUT/ STRUCTURE MADE OF TRADITIONAL MATERIALS ..... 14 HOUSE/FLAT/ROOM IN BACK YARD .. 15 INFORMAL DWELLING/SHACK IN BACK YARD ..... 16 INFORMAL DWELLING/SHACK <u>NOT</u> IN BACK YARD ..... 17 ROOM/FLATLET NOT IN BACK YARD BUT ON A SHARED PROPERTY ..... 18 CARAVAN OR TENT ..... 19 PRIVATE SHIP/BOAT ..... 20  OTHER ..... 96 (SPECIFY)				
28	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO SITE/YARD ..... 12 PUBLIC TAP ..... 13 WATER FROM OPEN WELL ..... 21 WATER FROM COVERED WELL OR BOREHOLE..... 31 SURFACE WATER SPRING ..... 41 RIVER/STREAM..... 42 POND/LAKE ..... 43 POOL/STAGNANT WATER ..... 44 DAM..... 45  RAINWATER ..... 51 WATER SUPPLIER/CARRIER/ TANKER ..... 61 WATER VENDOR/BOTTLED WATER... 71  OTHER ..... 96 (SPECIFY)	→ 30 → 30       → 30 → 30			
29	How long does it take you to go there, get water, and come back?	MINUTES ..... <table border="1"><tr><td></td><td></td><td></td></tr></table> ON PREMISES..... 996				
30	What kind of toilet facilities does your household have?	FLUSH TOILET (CONNECTED TO SEWAGE)..... 11 FLUSH TOILET (WITH SEPTIC TANK) ..... 12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET..... 21 VENTILATED IMPROVED PIT (VIP) LATRINE ..... 22 NO FACILITY/BUSH/FIELD ..... 31  OTHER ..... 96 (SPECIFY)	→ 32			
31	Do you share these facilities with other households?	YES..... 1 NO ..... 2				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	Does your household have any of the following items in working condition?  A radio? A television? A computer? A refrigerator? A landline telephone? A cell phone?	<div style="text-align: right;">YES    NO</div> RADIO ..... 1      2 TELEVISION..... 1      2 COMPUTER ..... 1      2 REFRIGERATOR ..... 1      2 LANDLINE TELEPHONE ..... 1      2 CELL PHONE ..... 1      2	
33	CHECK 32:  HOUSEHOLD HAS NO LANDLINE TELEPHONE AND NO CELL PHONE <input type="checkbox"/> HOUSEHOLD HAS EITHER LANDLINE TELEPHONE OR CELL PHONE <input type="checkbox"/> →35		
34	Where do members of your household use a telephone when they need one?	AT A NEIGHBOR NEARBY ..... 1 AT A PUBLIC TELEPHONE NEARBY ..... 2 AT ANOTHER LOCATION NEARBY ..... 3 SOMEWHERE ELSE NOT NEARBY ..... 4 NOWHERE ..... 5  OTHER ..... 6 (SPECIFY)	
35	What type of fuel does your household mainly use for cooking, heating and lighting:  Electricity? Gas? Paraffin? Coal? Candles? Firewood, straw?  Animal dung?  Other?	<div style="text-align: right;">COOKING    HEATING    LIGHTING</div> ELECTRICITY ..... 1      1      1 GAS ..... 2      2      2 PARAFFIN..... 3      3      3 COAL ..... 4      4      4 CANDLES..... 5 FIREWOOD/ STRAW..... 6      6      6 ANIMAL DUNG..... 7      7      7  OTHER ..... 96      96      96 COOKING    HEATING    LIGHTING (SPECIFY)	
36	How many rooms does your household have, including kitchen or cooking area? Exclude bathrooms, sheds, garages, stables, or any other rooms unless people live in them.	ROOMS..... <input type="text"/> <input type="text"/>	
37	CHECK 36:  HOUSEHOLD HAS ONLY ONE ROOM <input type="checkbox"/> HOUSEHOLD HAS TWO OR MORE ROOMS <input type="checkbox"/> →39		
38	Do you share this room with other households?	YES..... 1 NO ..... 2	
39	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/DUNG ..... 11 RUDIMENTARY FLOOR BARE WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD .... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
40	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	PLASTIC/CARDBOARD..... 11 MUD..... 12 MUD AND CEMENT..... 13 CORRUGATED IRON/ZINC..... 21 PREFAB..... 22 BARE BRICK OR CEMENT BLOCKS.... 23 PLASTER/FINISHED..... 31  OTHER _____ 96 (SPECIFY)																			
41	Does any member of your household own:  A bicycle? A motorcycle or motor scooter? A car or truck? A donkey or a horse? Sheep/goat or cattle?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>BICYCLE .....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> <tr> <td>DONKEY/HORSE.....</td><td>1</td><td>2</td></tr> <tr> <td>SHEEP/CATTLE/GOATS .....</td><td>1</td><td>2</td></tr> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	DONKEY/HORSE.....	1	2	SHEEP/CATTLE/GOATS .....	1	2	
	YES	NO																			
BICYCLE .....	1	2																			
MOTORCYCLE/SCOOTER.....	1	2																			
CAR/TRUCK.....	1	2																			
DONKEY/HORSE.....	1	2																			
SHEEP/CATTLE/GOATS .....	1	2																			
42	How is the refuse or rubbish in this household <u>mainly</u> disposed of?	REMOVED BY LOCAL AUTHORITIES AT LEAST ONCE A WEEK ..... 11 REMOVED BY LOCAL AUTHORITIES LESS THAN ONCE A WEEK ..... 12 COMMUNAL REFUSE DUMP..... 13 OWN REFUSE DUMP..... 14 BURN REFUSE/RUBBISH..... 15 NO RUBBISH DISPOSAL ..... 16  OTHER _____ 96 (SPECIFY)																			
43	Do you know where you can get forms to apply for a government grant?	YES..... 1 NO ..... 2	→ 45																		
44	Do you know where you can get forms to apply for a government grant?	POST OFFICE..... A BANK..... B MAGISTRATES COURT ..... C DEPARTMENT OF WELFARE/ SOCIAL DEVELOPMENT OFFICES.... D PAY POINT..... E  OTHER _____ X (SPECIFY) DON'T KNOW..... Z																			
45	Has anyone in your household been diagnosed with malaria in the last 12 months?	YES..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	↓ 52																		
46	Who was the last person who was diagnosed with malaria in the last 12 months?  RECORD NAME AND LINE NUMBER FROM THE HOUSHEOLD SCHEDULE.  IF PERSON DOES NOT CURRENTLY LIVE IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NUMBER..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			
47	Did (NAME from Q.46) receive advice or treatment for malaria?	YES..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	↓ 52																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
48	<p>Where did (NAME) go for advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTRE .... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>COMMUNITY HEALTH WORKER ..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>WORKPLACE ..... K</p> <p>COMMUNITY-BASED DISTRIBUTOR ..... L</p> <p>SHOP/HOTEL/SCHOOL/CINEMA ..... M</p> <p>FRIENDS/RELATIVES ..... N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW/UNSURE ..... Z</p>	
49	<p>What drugs did (NAME) take for malaria?</p> <p>RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p>	<p>COARTEM ..... A</p> <p>ARSUMAX ..... B</p> <p>FANSIDAR ..... C</p> <p>ORAL QUININE ..... D</p> <p>UNKNOWN DRUG/ ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
50	<p>How long after fever/first symptoms did (NAME) seek advice or treatment?</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>TWO DAYS AFTER THE FEVER ..... 2</p> <p>THREE OR MORE DAYS</p> <p>AFTER THE FEVER ..... 3</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
51	<p>For how many days did (NAME) take the drugs?</p> <p>IF 7 OR MORE DAYS, RECORD '7'.</p>	<p>DAYS ..... <input type="text"/></p> <p>DON'T KNOW/UNSURE ..... 8</p>	
52	<p>Does anyone in your household do anything to prevent getting bitten by mosquitoes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	<p>↳ 54</p>
53	<p>What do members of your household do to prevent getting bitten by mosquitoes?</p> <p>RECORD ALL MENTIONED.</p>	<p>SLEEP UNDER MOSQUITO NET ..... A</p> <p>USE COILS ..... B</p> <p>USE MOSQUITO REPELLENT</p> <p>LOTIONS/SPRAYS/CANDLES ..... C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW/UNSURE ..... Z</p>	
54	<p>Did anyone in your household take any drugs to prevent malaria in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	<p>↳ 57</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
55	<p>Who was the last person who took a drug to prevent malaria in the last 12 months?</p> <p>RECORD NAME AND LINE NUMBER FROM THE HOUSHEOLD SCHEDULE.</p> <p>IF PERSON DOES NOT CURRENTLY LIVE IN THE HOUSEHOLD, RECORD '00'.</p>	<p>NAME _____</p> <p>LINE NUMBER..... <input type="text"/> <input type="text"/></p>	
56	<p>What drugs did (NAME from Q.55) take to prevent malaria?</p> <p>RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p>	<p>DARAMAL ..... A</p> <p>MIRQUIN ..... B</p> <p>NIVAQUINE ..... C</p> <p>PLASMOQUIN ..... D</p> <p>PALUDRINE ..... E</p> <p>LARIAM ..... F</p> <p>MEFLIAM ..... G</p> <p>DOXIMAL ..... H</p> <p>DOXITAB ..... I</p> <p>RANDOCCLIN ..... J</p> <p>VIBRAMYCIN ..... K</p> <p>DOXYCYL ..... L</p> <p>DUMOCIN ..... M</p> <p>ROLAB CHLOROQUINE ..... N</p> <p>PHOSPHATE TABS ..... O</p> <p>MALARONE ..... P</p> <p>PRIMAQUINE ..... Q</p> <p>MALOPRIM ..... R</p> <p>UNKNOWN DRUG ..... S</p> <p>DON'T KNOW/UNSURE ..... Z</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
57	<p>FRONT PAGE: CHECK PROVINCE:</p> <p>MPUMALANGA <input type="checkbox"/> GAUTENG <input type="checkbox"/></p> <p>KWAZULUNATAL <input type="checkbox"/> FREE STATE <input type="checkbox"/></p> <p>LIMPOPO <input type="checkbox"/> WESTERN CAPE <input type="checkbox"/></p> <p>NORTHWEST <input type="checkbox"/> NORTHERN CAPE <input type="checkbox"/></p> <p>EASTERN CAPE <input type="checkbox"/></p>		→ 59
58	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	→ 59
58A	<p>How many mosquito nets does your household have?</p>	<p>NUMBER OF NETS ..... <input type="text"/> <input type="text"/></p>	

58B	ASK RESPONDENT ABOUT EACH MOSQUITO NET. IF MORE THAN 3 NETS, USE AN ADDITIONAL QUESTIONNAIRE.	NET # 1	NET # 2	NET # 3
58C	How long ago did your household obtain the mosquito net?	MOS AGO .... <input type="text"/> MORE THAN 3 YEARS AGO.....95	MOS AGO .... <input type="text"/> MORE THAN 3 YEARS AGO.....95	MOS AGO .... <input type="text"/> MORE THAN 3 YEARS AGO.....95
58D	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO .....2 (SKIP TO 58F) ← NOT SURE .....8	YES.....1 NO .....2 (SKIP TO 58F) ← NOT SURE .....8	YES.....1 NO .....2 (SKIP TO 58F) ← NOT SURE .....8
58E	How long ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MOS AGO .... <input type="text"/>  MORE THAN 3 YEARS AGO.....95 NOT SURE .....98	MOS AGO .... <input type="text"/>  MORE THAN 3 YEARS AGO.....95 NOT SURE .....98	MOS AGO .... <input type="text"/>  MORE THAN 3 YEARS AGO.....95 NOT SURE .....98
58F	Did anyone sleep under this mosquito net last night?	YES.....1 NO .....2 (SKIP TO 58H) ← NOT SURE .....8	YES.....1 NO .....2 (SKIP TO 58H) ← NOT SURE .....8	YES.....1 NO .....2 (SKIP TO 58H) ← NOT SURE .....8
58G	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>	NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>	NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>  NAME _____ LINE NO.... <input type="text"/>
58H		GO BACK TO 58B FOR NEXT NET; OR, IF NO MORE NETS, GO TO 59.	GO BACK TO 58B FOR NEXT NET; OR, IF NO MORE NETS, GO TO 59.	GO BACK TO 58B IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 59.
59	Was your household sprayed with any substance that repels/kills mosquitoes in the last 12 months?	YES.....1 NO .....2 DON'T KNOW/UNSURE .....8 →61		
60	The last time your household was sprayed with a substance that repels/kills mosquitoes, who did the spraying?	SOMEONE FROM A GOV'T TEAM ..... 01 SOMEONE FROM A PRIVATE COMPANY..... 02 HOUSEHOLD MEMBER ..... 03 SELF..... 04 NEIGHBOR..... 05  OTHER ..... 96 (SPECIFY) DON'T KNOW/UNSURE ..... 98		

## WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN UNDER AGE 6

CHECK COLUMNS (7) AND (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6.

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1998 OR LATER			
LINE NO.  FROM COL.(9)	NAME  FROM COL.(2)	AGE  FROM COL.(7)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)
			DAY      MONTH      YEAR			LYING    STAND.	
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TICK HERE IF CONTINUATION SHEET USED

- FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

# TABLE OF THE SELECTION OF ADULTS FOR THE VIOLENCE QUESTIONS IN THE ADULT HEALTH QUESTIONNAIRE

Take the last digit of the sequential questionnaire number. This is the number of the row you should go to. See the total number of eligible adults in Column 11 of the household schedule. This is the number of the column you should go to. Find the box where the row and the column meet. Circle the number that appears in the box. This is the number of the adult who will be asked the violence questions. Then, go to Column 11 in the household schedule and circle the corresponding line number of the eligible adult (e.g. if the number in the box is '2' and there are three adults in the household whose line numbers are '02', '03', and '07', the line number of the eligible adult for the violence questions is '03').

Last digit of the questionnaire number	Total number of eligible adults in the household									
	1	2	3	4	5	6	7	8	9	10+
0	1	2	2	4	3	6	5	4	3	1
1	1	1	3	1	4	1	6	5	1	2
2	1	2	1	2	5	2	7	6	2	3
3	1	1	2	3	1	3	1	7	3	4
4	1	2	3	4	2	4	2	8	4	5
5	1	1	1	1	3	5	3	1	5	6
6	1	2	2	2	4	6	4	2	6	7
7	1	1	3	3	5	1	5	3	7	8
8	1	2	1	4	1	2	6	4	8	9
9	1	1	2	1	2	3	7	5	9	10