



**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									
			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?	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							
(1)	(2)	(3)	M	F	YES	NO	YES	NO	IN YEARS	(8)	(9)	(10)	(11)	(12)	YES	NO	DK	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)		
01			1	2	1	2	1	2		01	01	01	01		1	2	8		01	1	2	8	1	2	8	1	2	8	1	2	8	
02			1	2	1	2	1	2		02	02	02	02		1	2	8		02	1	2	8	1	2	8	1	2	8	1	2	8	
03			1	2	1	2	1	2		03	03	03	03		1	2	8		03	1	2	8	1	2	8	1	2	8	1	2	8	
04			1	2	1	2	1	2		04	04	04	04		1	2	8		04	1	2	8	1	2	8	1	2	8	1	2	8	
05			1	2	1	2	1	2		05	05	05	05		1	2	8		05	1	2	8	1	2	8	1	2	8	1	2	8	
06			1	2	1	2	1	2		06	06	06	06		1	2	8		06	1	2	8	1	2	8	1	2	8	1	2	8	

**\* CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:**

01 = HEAD  
02 = WIFE OR HUSBAND OR PARTNER  
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 = NEPHEW/NIECE  
10 = OTHER RELATIVE  
11 = ADOPTED/FOSTER/STEPCHILD  
12 = NOT RELATED  
98 = DON'T KNOW

**CODES FOR Q.26: TYPES OF DISABILITY**

0=NONE  
1=SIGHT  
2=HEARING  
3=SPEECH  
4=PHYSICAL  
5=INTELLECTUAL  
6=EMOTIONAL  
7=OTHER

**\*\* Q. 13 THROUGH 17: THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.**

IN Q. 14 AND Q.17 RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

**\*\*\* CODES FOR Q.19 EDUCATION LEVEL:**

00 = LESS THAN ONE YEAR  
01 = SUB A/GRADE 1  
02 = SUB B/GRADE 2  
03 = STANDARD 1/GRADE 3  
04 = STANDARD 2/GRADE 4  
05 = STANDARD 3/GRADE 5  
06 = STANDARD 4/GRADE 6  
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09 = STANDARD 7/GRADE 9  
10 = STANDARD 8/GRADE 10  
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12 = STANDARD 10/GRADE 12  
13 = FURTHER STUDIES INCOMPLETE  
14 = DIPLOMA/OTHER POST-SCHOOL COMPLETE  
15 = FURTHER DEGREE COMPLETE  
98 = DON'T KNOW

**\*\*\*\*CODES FOR Q.22 TYPE OF GRANT:**

01 = OLD AGE  
02 = DISABILITY  
03 = WAR VETERAN  
04 = CARE DEPENDENCY  
05 = FOSTER CHILD  
06 = CHILD SUPPORT  
07 = SOCIAL RELIEF OF DISTRESS  
08 = DON'T KNOW

**\*\*\*\*\*CODES FOR Q.23 PLACE WHERE COLLECTS GRANT MONEY:**

01 = BANK  
02 = PROCURATOR  
03 = POST OFFICE  
04 = INSTITUTION  
05 = PAY POINT  
06 = OTHER  
08 = DON'T KNOW

**\*\*\*\*\* CODES FOR Q.25 TYPE OF INJURY:**

01 = ASSAULT AT HOME  
02 = ASSAULT AWAY FROM HOME  
03 = SELF-INFLICTED VIOLENCE  
04 = TRAFFIC ACCIDENT  
05 = ACCIDENT AT WORK  
06 = SPORTS INJURY  
07 = ACCIDENTAL BURNS (NOT AT WORK)  
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07			1	2	1	2	1	2		07	07	07	07		1	2	8			1	2	8			1	2	8	
08			1	2	1	2	1	2		08	08	08	08		1	2	8			1	2	8			1	2	8	
09			1	2	1	2	1	2		09	09	09	09		1	2	8			1	2	8			1	2	8	
10			1	2	1	2	1	2		10	10	10	10		1	2	8			1	2	8			1	2	8	
11			1	2	1	2	1	2		11	11	11	11		1	2	8			1	2	8			1	2	8	
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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																																												
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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMPUTER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFRIGERATOR .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>LANDLINE TELEPHONE .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CELL PHONE .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION.....	1	2	COMPUTER .....	1	2	REFRIGERATOR .....	1	2	LANDLINE TELEPHONE .....	1	2	CELL PHONE .....	1	2																								
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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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>COOKING</u></td> <td style="text-align: center;"><u>HEATING</u></td> <td style="text-align: center;"><u>LIGHTING</u></td> </tr> <tr> <td>ELECTRICITY .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">1</td> <td style="text-align: right;">1</td> </tr> <tr> <td>GAS .....</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PARAFFIN.....</td> <td style="text-align: right;">3</td> <td style="text-align: right;">3</td> <td style="text-align: right;">3</td> </tr> <tr> <td>COAL.....</td> <td style="text-align: right;">4</td> <td style="text-align: right;">4</td> <td style="text-align: right;">4</td> </tr> <tr> <td>CANDLES.....</td> <td style="text-align: right;">5</td> <td></td> <td></td> </tr> <tr> <td>FIREWOOD/ STRAW.....</td> <td style="text-align: right;">6</td> <td style="text-align: right;">6</td> <td style="text-align: right;">6</td> </tr> <tr> <td>ANIMAL DUNG.....</td> <td style="text-align: right;">7</td> <td style="text-align: right;">7</td> <td style="text-align: right;">7</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> <td style="text-align: right;">96</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td style="text-align: center;"><small>COOKING</small></td> <td style="text-align: center;"><small>HEATING</small></td> <td style="text-align: center;"><small>LIGHTING</small></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>		<u>COOKING</u>	<u>HEATING</u>	<u>LIGHTING</u>	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		<small>COOKING</small>	<small>HEATING</small>	<small>LIGHTING</small>		(SPECIFY)			
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ELECTRICITY .....	1	1	1																																												
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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 style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <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>DONKEY/HORSE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SHEEP/CATTLE/GOATS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	DONKEY/HORSE.....	1	2	SHEEP/CATTLE/GOATS.....	1	2	
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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 HOU SHEOLD 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 style="text-align: center;">_____</p> <p style="text-align: center;">(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  DAY HOSPITAL/CLINIC/  COMMUNITY HEALTH CENTRE ... B  FAMILY PLANNING CLINIC ..... C  MOBILE CLINIC ..... D  COMMUNITY HEALTH WORKER..... E</p> <p>OTHER PUBLIC _____ F  (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G  PHARMACY ..... H  PRIVATE DOCTOR ..... I  OTHER PRIVATE  MEDICAL _____ J  (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>WORKPLACE..... K  COMMUNITY-BASED DISTRIBUTOR..... L  SHOP/HOTEL/SCHOOL/CINEMA ..... M  FRIENDS/RELATIVES ..... N</p> <p>OTHER _____ X  (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  ARSUMAX..... B  FANSIDAR..... C  ORAL QUININE ..... D  UNKNOWN DRUG/..... E</p> <p>OTHER _____ X  (SPECIFY)</p>	
50	<p>How long after fever/first symptoms did (NAME) seek advice or treatment?</p>	<p>SAME DAY ..... 0  NEXT DAY..... 1  TWO DAYS AFTER THE FEVER ..... 2  THREE OR MORE DAYS  AFTER THE FEVER..... 3  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  NO ..... 2  DON'T KNOW/UNSURE ..... 8</p>	↳54
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  USE COILS..... B  USE MOSQUITO REPELLENT  LOTIONS/SPRAYS/CANDLES ..... C</p> <p>OTHER _____ X  (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  NO ..... 2  DON'T KNOW/UNSURE ..... 8</p>	↳57



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"/> ..
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		
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.	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 2	<input type="text"/>

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