APPENDIX E: NAURU DHS QUESTIONNAIRES

HOUSEHOLD QUESTIONNAIRE

20 July 2007

DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF NAURU
BUREAU OF STATISTICS

IDENTIFICATION

DISTRICT NAME _____ ☐☐

HOUSEHOLD NUMBER . . . . . ☐☐

NAME OF HOUSEHOLD HEAD _____

HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1 YES 2 NO ☐

INTERVIEWER RESULTS

	1	2	3	FINAL RESULT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT TIME OF INTERVIEW: DATE	_____	_____		TOTAL NUMBER OF INTERVIEWS ☐
TIME	_____	_____		

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF INTERVIEW
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 INTERVIEW 1 ENGLISH 2 NAURUAN 3 OTHER

LANGUAGE OF RESPONDENT 1 ENGLISH 2 NAURUAN 3 OTHER

TRANSLATOR USED? 1 YES 2 NO

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is _____ and I am working with the Bureau of Statistics.
We are conducting a national survey about various health issues. We would very much appreciate
your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. We hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL 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. *Amagada, oiyame ko eget engame ngabuna ebak aeora mek ino bwiem, me eratequo ngabuna mek ina ngago abum, auweiyeda ean tubwut ewak.* 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? *Eken amie tsiet kamie (NAME) ea tubut ewak?* SEE CODES BELOW.	Is (NAME) male or female? *Ngune (NAME) en oa emwan?*	Does (NAME) usually live here? Tei daien mek ine *(NAME)?*	Did (NAME) stay here last night? (NAME) *mek ine abum?*	How old is (NAME) on his/her last birthday? *Egen an obweni (NAME) ngago dogin am dain in pudu?*	What is (NAME'S) current marital status? *Ngea NAME mere oa ekeow* 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
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 = OTHER RELATIVE
10 = STEPSON OR STEPDAUGHTER
11 = ADOPTED OR FOSTER CHILD
12 = ROOMER OR BOARDER
13 = HOUSEMATE OR ROOMMATE
14 = OTHER NON-RELATIVE
98 = DON'T KNOW

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL 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. *Amagada, oiyame ko eget engame ngabuna ebak aeora mek ino bwiem, me eratequo ngabuna mek ina ngago abum, auweiyeda ean tubwut ewak.* 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? *Eken amie tsiet kamie (NAME) ea tubut ewak?* SEE CODES BELOW.	Is (NAME) male or female? *Ngune (NAME) en oa emwan?*	Does (NAME) usually live here? Tei daien mek ine *(NAME)?*	Did (NAME) stay here last night? (NAME) *mek ine abum?*	How old is (NAME) on his/her last birthday? *Egen an obweni (NAME) ngago dogin am dain in pudu?*	What is (NAME'S) current marital status? *Ngea NAME mere oa ekeow* 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)
			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 small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

A nim eimwi egomie. Inga iu engame tekei eoning ngabuna ang etsiok ere egen?

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 ☐

Inga iu engame ngabuna gona eo amen bwiem me ta dogin ura engame ngabuna gona dabwain puok anewak, engame pumwe mekura oa dangom ngabuna eo dogin mek ine?

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 ☐

Inga iu erateguo oa ngamain kwad ia ar mek ine ngabuna eo ere egen?

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
LN NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH TRATION
	Is (NAME)'s natural mother alive? *Tsimor oa ekeow inin in karig ngea (NAME)?*	Does (NAME)'s natural mother usually live in this household or was she a guest last night? *Ngea (NAME)'s inin in karig mek ina ian aeora ewak oa ei eratequo kwad ngago abum?* IF YES: What is her name? Ijegen egen ngea eita? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive? *Tsimor oa ekeow ngea (NAME)'s etongin n karig*	Does (NAME)'s natural father usually live in this household or was he a guest last night? *Ngea etongin n karig NAME tei daen an mek ian bitune ewak oa ei eratequo ngea kwad ngago abum?* IF YES: What is his name? Ijen egen? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school? *Inga ia kereri ngea NAME?* IF AGE 0-4 YEARS SKIP TO (22)	What is the highest level of school (NAME) has attended? *Eken ngea ekewew magit ogoda NAME gona ean bitune an daein kereri?* SEE CODES BELOW. What is the highest grade/year (NAME) completed at that level? *Eken ngea crat magit ogoda ean bita ekewew?* SEE CODES BELOW.	Did (NAME) attend school at any time during the 2007) school year? *Inga ia NAME kereri ngago ian 2007?*	During this school year, what level and grade/year [is/was] (NAME) attending? SEE CODES BELOW. *Ngaga ian bita eobweni eken ekewew me crat ngea NAME edegeri?*	Did (NAME) attend school at any time during the previous school year, that is, 2006)? *Inga ia kereri NAME ngago ian bituno eobweni amo, 2006?*	During that school year, what level and grade/year did (NAME) attend? SEE CODES BELOW. *Ngaga ian bita eobweni, eken won kewew me crat NAME edegeri?*	Does (NAME) have a birth certificate? *Tsimine won NAME certificate? bwain an daein pudu?* IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? Omeatun egen NAME iat edogor bwe enim regita? 1 = HAS CERT 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	21)	(22)
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 GO TO 101	LEVEL GRADE	Y N 1 2 GO TO 20	LEVEL GRADE	Y N 1 2 GO TO 101	LEVEL GRADE	
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		
08	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		
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
1 = PRIMARY
2 = SECONDARY
3 = TERTIARY
4 = HIGHER
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

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
LN NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH TRATION
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	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	21)	(22)
11	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 GO TO 101	LEVEL GRADE	Y N 1 2 GO TO 20	LEVEL GRADE	Y N 1 2 GO TO 101	LEVEL GRADE	
12	1 2 8 GO TO 14		1 8 GO TO 16		1 2 GO TO 101		1 2 GO TO 20		1 2 GO TO 101		
13	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		
14	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		
15	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		
16	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		
17	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		
18	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		
19	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		
20	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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0 = PRESCHOOL
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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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household? *Ngon edegen I wam bokot eren dogin ngamain am ewak?*	DUG WELL PROTECTED WELL . . . . . 11 UNPROTECTED WELL . . . . . 12 WATER FROM SPRING PROTECTED SPRING . . . . . 21 UNPROTECTED SPRING . . . . . 22 RAINWATER . . . . . 31 TANKER TRUCK . . . . . 41 BOTTLED WATER . . . . . 51 OTHER _____ 96 (SPECIFY)	→ 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing? *Ngon edegen I wam ebok dogin am ewak ngana ouwononan itsitsin me idudu ebe?*	DUG WELL PROTECTED WELL . . . . . 11 UNPROTECTED WELL . . . . . 12 WATER FROM SPRING PROTECTED SPRING . . . . . 21 UNPROTECTED SPRING . . . . . 22 RAINWATER . . . . . 31 TANKER TRUCK . . . . . 41 OTHER _____ 96 (SPECIFY)	 → 106 → 106
103	Where is that water source located? *Mek I ngune engan wam ebok?*	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? *Egen raquin ia wo nim nuwaw ina, kida ebok me redoda?*	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household? *Ijegen ngea eodogi nanga bita engat ebok bwe enim eren ebok dogin amie wak?*	ADULT WOMAN . . . . . 1 ADULT MAN . . . . . 2 FEMALE CHILD UNDER 15 YEARS OLD . . . . . 3 MALE CHILD UNDER 15 YEARS OLD . . . . . 4 OTHER _____ 6 (SPECIFY)	

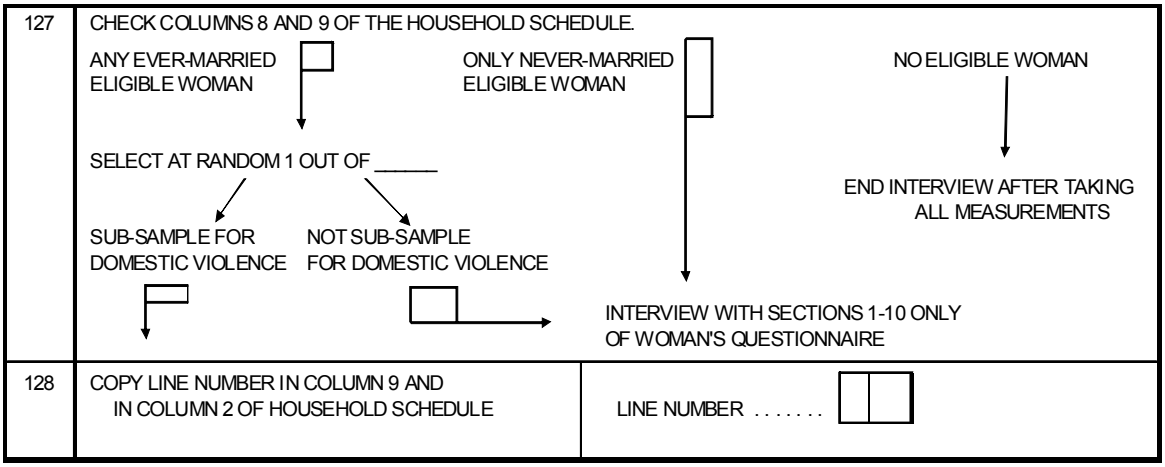
106	Do you do anything to the water to make it safer to drink? *Tsimine imin ia wo riring a bitune ebok bwe enim omo ia inim?*	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? *Eken wo eodogi riring a bitune ebok bwe enim omo ia bwait inim?* Anything else? *Eken bet?* 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 _____ (SPECIFY) X DON'T KNOW . . . . . Z	
108	What kind of toilet facility do members of your household usually use? *Ekegen engan an maga jen ngamain am wak ouwonon?*	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . 14 FLUSH, DON'T KNOW WHERE . . . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 NO FACILITY/BUSH/FIELD . . . . . 51 OTHER _____ (SPECIFY) 96	→ 111
109	Do you share this toilet facility with other households? *Wo epoa engame ibun bitune bwain amie maga ijemie?*	YES . . . . . 1 NO 2	→ 111
110	How many households use this toilet facility? *Egen ebwakit ewak ouwonon ngune bitune ewak in bwiya?*	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 ☐☐ 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	

111	Does your household have: *Tsimine ian am ewak:*		YES	NO
	Electricity?	*Etsin*	ELECTRICITY 1	2
	A radio?	*e radio*	RADIO 1	2
	A television?	*tv*	TELEVISION 1	2
	A non-mobile telephone?	e terepon	NON-MOBILE TELEPHONE . 1	2
	A refrigerator?	*ait bok*	REFRIGERATOR 1	2
	An electric generator?	*generator*	ELECTRIC GENERATOR 1	2
	A washing machine?	*bwait kubur*	WASHING MACHINE 1	2
	A computer?	*computer*	COMPUTER 1	2
	A water pump?	*pump it ebok*	WATER PUMP 1	2
	A VCR/DVD player?	*DVD bwait tero etamene*	VCR/DVD PLAYER 1	2
	A cassette / CD player?	*CD, Cassette ekeong*	CASSETTE/CE PLAYER . . . 1	2
	A sewing machine?	*I timitin*	SEWING MACHINE 1	2
	A fan?	*e fan*	FAN 1	2
	A table?	*e tebor*	TABLE 1	2
	A chair?	*e tebor in megada*	CHAIR 1	2
	A clock?	*I cruck*	CLOCK 1	2
	A bed?	*e bed*	BED 1	2

112	What type of fuel does your household mainly use for cooking? *Eken bwait tsitsin am ewak ouwonon dogit itsitsin?*	ELECTRICITY . . . . . 01 GAS . . . . . 02 KEROSENE . . . . . 03 WOOD . . . . . 04 NO FOOD COOKED . . . . . IN HOUSEHOLD . . . . . 05 OTHER _____ 06 (SPECIFY)	→ 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove? *Ian bitune ewak, itsim ane eat iay, stove ngea pwaida men oa stove ngea tsima men?* PROBE FOR TYPE.	OPEN FIRE . . . . . 1 OPEN STOVE . . . . . 2 CLOSED STOVE WITH CHIMNEY . . . . 3 OTHER _____ 6 (SPECIFY)	→ 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these? *Ngune iey/stove, tsimine won bwait emeta ebadeiji, tubun oa eko bet ion ean murowe?*	CHIMNEY . . . . . 1 HOOD . . . . . 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors? *Am tsitsin iriring ow iat ewa, iat ewak ion, oa aton it ewak?*	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen? *Tsimine wam daroom ekae ngea e ouwononat ewak in cook*	YES . . . . . 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR EARTH/SAND . . . . . 11 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR LINOLEUM . . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 RUDIMENTARY ROOFING PALM . . . . . 21 WOOD PLANKS . . . . . 22 CARDBOARD . . . . . 23 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 ASBESTOS . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT . . . . . 35 OTHER _____ 96 (SPECIFY)	

119	MAIN MATERIAL OF THE EXTERIOR WALLS.	NATURAL WALLS NO WALLS . . . . . 11 PALM/TRUNKS . . . . . 12 RUDIMENTARY WALLS PLYWOOD . . . . . 21 CARDBOARD . . . . . 22 REUSED WOOD . . . . . 23 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 WOOD PLANKS . . . . . 35 OTHER _____ 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping? *Egen ebwakit daroom ian am wak eouwononat imijimij?*	ROOMS	
121	Does any member of this household own: *Inga won ngamain am ewak mungane?* A watch? *I cruck in be?* A bicycle? *E kapero* A motorcycle or motor scooter? *E pokoboko* A car or truck? *Oto oa I truck* A boat with a motor? *Da bot me won mota?*	YES NO WATCH . . . . . 1 2 BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . . 1 2 BOAT WITH MOTOR 1 2	
122	Does any member of this household own any agricultural land? *Inga ngamain am ewak ia tsimine eben bwien ngana ouwononat kero imin ero?*	YES . . . . . 1 NO 2	→ 124
123	How many hectares of agricultural land do members of this household own? *Egen ngaben won hectare n eben en kero imin ero ngana won ngamain am ewak?*	HECTARES . . . . . (100 sqkms = 1 hectare) 95 OR MORE HECTARES . . . . . 95 DON'T KNOW 98	
124	Does this household own any livestock, other farm animals, or poultry? *Tsimine wamie imin gokoro t farm oa domo me imit ibun?*	YES . . . . . 1 NO 2	→ 126
125	How many of the following animals does this household own? *Egen ebakit imin gokoro ngana won ngamain am wak?* IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Pigs *Ikumo* Ducks *De ruck* Chickens? *Domo*	PIGS . . . . . DUCKS . . . . . CHICKENS	
126	Does any member of this household have a bank account? *Inga ngamain am ewak ia tsimine won bank account?*	YES . . . . . 1 NO 2	

SAMPLE SELECTION FOR THE DOMESTIC VIOLENCE:
RANDOMLY SELECT ONE EVER-MARRIED ELIGIBLE WOMAN PER SAMPLE HOUSEHOLD.



1. Sampling eligible woman for the Domestic Violence questions:

   a. Woman with Marital Status as 1, 2, 3 (Column 8)
   b. Woman aged 15-49.(Column 9)

2. Select one if more than one in a household, e.g. SELECT AT RANDOM 1 OUT OF __**3**

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
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 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)	GRANTED 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)	GRANTED 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/L . . . ☐☐.☐	G/L . . . ☐☐.☐	G/L . . . ☐☐.☐
213	**FOR INFANTS LESS THAN 1 YEAR OLD:** PRICKED IN FINGER OR HEEL?	FINGER . . . . . 1 HEEL 2	FINGER . . . . . 1 HEEL 2	FINGER . . . . . 1 HEEL 2
214	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2002 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
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 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216)
205	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2	LYING DOWN . . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)	GRANTED . . . . . 1 _____ (SIGN) REFUSED . . . . . 2 (IF REFUSED, GO TO 214)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET [9].	G/DL . ☐☐.☐	G/DL . ☐☐.☐	G/DL . ☐☐.☐
213	**FOR INFANTS LESS THAN 1 YEAR OLD:** PRICKED IN FINGER OR HEEL?	FINGER . . . . . 1 HEEL 2	FINGER . . . . . 1 HEEL 2	FINGER . . . . . 1 HEEL 2
214	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
212		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 216.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. ☐

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

216 CHECK COLUMN 9 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 217. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).

A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 219, THE WAIST AND HIPS MEASUREMENT IN 222, WEIGHT AND HEIGHT IN 224a AND ANEMIA TEST PROCEDURE IN 230 FOR EACH ELIGIBLE WOMAN.

		WOMAN 1	WOMAN 2	WOMAN 3
217	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
218	BLOOD PRESSURE IN MMHG	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐
219	RESULT OF BLOOD PRESSURE MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
220	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐
221	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
222	RESULT OF WEIGHT AND , HEIGHT MEASUREMENTS	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
223	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 228) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 228) ↵	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 228) ↵
224	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 228) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 228) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 228) ↵
225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
226	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 227 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 231).	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 231).	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 RESPONDENT REFUSED . . . . . 3 _____ (SIGN) (IF REFUSED, GO TO 231).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 228 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 227) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 228 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF ADOLESCENT) to take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
227	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
228	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8 2
229	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/L . . . . . ☐☐.☐	G/L . . . . . ☐☐.☐	G/L . . . . . ☐☐.☐
231	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15 OR OVER

232	CHECK COLUMN 10 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 233. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 235, THE WEIGHT, HEIGHT, WAIST AND HIPS MEASUREMENTS IN 241.			
		MAN 1	MAN 2	MAN 3
233	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
234	BLOOD PRESSURE IN MMHG	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐	SYSTOLIC . . . . . ☐☐☐ DIASTOLIC . . . . . ☐☐☐
235	RESULT OF BLOOD PRESSURE MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
236	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐	KG. . . . . ☐☐☐.☐
237	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
238	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6	MEASURED . . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . . 3 OTHER 6
239		GO BACK TO 233 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END THE TESTING AND THANK THE RESPONDENTS.		