



ARAB REPUBLIC OF EGYPT
CAPMAS

EGYPT FAMILY HEALTH SURVEY
2021
HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____	PSU/SEGMENT NO. _____
KISM/MARKAZ _____	BUILDING NO. _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO. _____
URBAN 1	RURAL 2
HOUSEHOLD SUBSAMPLE: YES 1	NO 2
HOUSEHOLD NUMBER _____	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
TELEPHONE: CELLULAR _____ LANDLINE _____	

GOVERNORATE

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PSU/SEGMENT NO.

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URBAN/RURAL

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HOUSEHOLD SUBSAMPLE

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CELLULAR

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LANDLINE

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INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> <td style="width: 20px; border: 1px solid black;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR								
TEAM	_____	_____	_____	TEAM						
INTERVIEWER	_____	_____	_____	INT. NUMBER ...						
SUPERVISOR	_____	_____	_____	SUP. NUMBER .						
RESULT	_____	_____	_____	RESULT						
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 30px;" type="text"/>						
TIME	_____	_____								

<p>RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 30px;" type="text"/></p> <p>FOR ALL HOUSEHOLDS</p> <p>TOTAL OF PERSONS IN HOUSEHOLD <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>TOTAL ELIGIBLE WOMEN AGE 15-49 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>TOTAL ELIGIBLE YOUTH AGE 15-29 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>FOR HOUSEHOLDS IN SUBSAMPLE</p> <p>TOTAL ELIGIBLE FOR ANEMIA TESTING <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
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ADDRESSED CHECKED BY: _____	YES	NO	
	1	2	
REINTERVIEW:	1	2	



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INTRODUCTION AND CONSENT

Hello. My name is _____. From CAPMAS (Show the identification card).

We are conducting a national survey on general health on all over Egypt. The information we collect will help the government to plan health services.

Your household was selected randomly for the survey.

I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential.

No one will know that you are a participant in the study and will not know anything about your answers. We combine the information we learned from you with the information we took from other participants we interviewed. we hope you will agree to answer the questions since your views are important.

Please answer the questions accurately and honestly, as this will help the government develop a plan to

In case you need more information about the survey, contact Mr./..... Phone number:.....

Do you have any questions?

Did you understood all the things I explained to you?

Do you agree to participate in the survey?

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

100	RECORD THE TIME.	HOURS	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
		MINUTES	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

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 HOUSEHOLD HEAD	SEX		RESIDENCE		AGE	MARITAL STATUS
								IF AGE 15 OR OLDER
001	002	003	004		005	006	007	008
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, <u>starting with the head of the household.</u> AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, GO TO QUESTIONS 2A-2E TO BE SURE THAT THE LISTING IS COMPLETE AND RECORD THE TOTAL PERSONS LISTED. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 005-031 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS. IF 95 OR MORE, RECORD '95'.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED	
			M F	YES NO	YES NO	IN YEARS		
01		HEAD <input type="text" value="0"/> <input type="text" value="1"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
04		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
09		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
11		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	
12		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	

Just to make sure that I have a complete household listing:

2A Are there any other persons such as small children or infants that we have not listed? YES → ADD TO 002 NO

2B 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 → ADD TO 002 NO

2C Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES → ADD TO 002 NO

2E RECORD TOTAL PERSONS

CODES FOR 003: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER STEPCHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED
05 = GRANDCHILD	98 = DON'T KNOW
06 = PARENT	
07 = PARENT-IN-LAW	

LINE NO.	ELIGIBILITY FOR WOMAN INTERVIEW AND BIOMARKERS			ELIGIBILITY		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
	THE WOMAN	CHECK AGE 0-5 YEARS	FOR PERSONS IN AGE 6-19 YEARS	CHILDREN AGE 1-17 YEARS	YOUTH AGE 15-29 YEARS	IF AGE 0-17 YEARS			
				CHILD LABOR AND DISCIPLINE MODULE	YOUTH QUESTIONNAIRE				
009	010	011	012	013	014	015	016	017	
	CIRCLE LINE NUMBER OF EVER-MARRIED AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS	CIRCLE LINE NUMBER OF NEVER-MARRIED PERSONS AGE 6-19	CIRCLE LINE NUMBER OF NEVER-MARRIED CHILDREN AGE 1-17 YEARS	CIRCLE LINE NUMBER OF NEVER-MARRIED YOUTH AGE 15-29 YEARS	Is (NAME)'s natural mother alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	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 NUMBER. IF NO: RECORD '00'.	Is (NAME)'s natural father alive? QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.	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 NUMBER. IF NO: RECORD '00'.
						YES NO DK		YES NO DK	
01	01	01	01	01	01	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
02	02	02	02	02	02	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
03	03	03	03	03	03	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
04	04	04	04	04	04	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
05	05	05	05	05	05	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
06	06	.06	.06	.06	.06	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
07	07	.07	.07	.07	.07	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
08	08	08	08	08	08	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
09	09	09	09	09	09	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
10	10	10	10	10	10	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
11	11	11	11	11	11	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>
12	12	12	12	12	12	1 2 8 ↓ GO TO 016	<input type="text"/>	1 2 8 ↓ GO TO 018	<input type="text"/>

LINE NO.	EDUCATION										
	EVER ATTENDED SCHOOL		ATTENDANCE DURING CURRENT (2021/2022) SCHOOL YEAR		ATTENDANCE DURING PREVIOUS (2020/2021) SCHOOL YEAR		EARLY CHILDHOOD EDUCATION				
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 6-24 YEARS		IF AGE 0-5 YEARS				
	018	019	020	021	022	023	024	025			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW	Did (NAME) attend school at any time during the current school year, that is, the 2021/2022 school year?	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW	Did (NAME) attend school at any time during the previous school year, that is, the 2020/2021 school year?	During this school year 2020/2021 what level and grade was (NAME) attending? SEE CODES BELOW	Is (NAME) currently attending or ever attended any nursery school, a private nursery school, or any type of nursery? 1 = YES, CURRENTLY 2 = YES, IN PAST, 3 = NO	In total, how many years has (NAME) attended? IF ATTENDED LESS THAN ONE YEAR, RECORD '0'			
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE					
01	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
02	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
03	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
04	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
05	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
06	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
07	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
08	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
09	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
10	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
11	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
12	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 022	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 030	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 ↓ GO TO 028	<input type="checkbox"/>			
<p>CODES FOR COLUMNS 019, 021, AND 023.</p> <table border="0"> <tr> <td style="vertical-align: top;"> 0 = NURSERY SCHOOL 1 = PRIMARY 2 = PREPARATORY 3 = SECONDARY 4 = UPPER INTERMEDIATE 5 = UNIVERSITY 6 = MORE THAN UNIVERSITY </td> <td style="vertical-align: top;"> EDUCATION GRADE THAT HE SUCCESSFULLY COMPLETED CORRESPONDING TO THE EDUCATION LEVEL, 0 = IF HE DID NOT COMPLETED THE SCHOOL YEAR AT THE LEVEL. 0 = LESS THAN 1 YEAR COMPLETED (USE FOR Q. 019 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 021.) 8 = DON'T KNOW </td> </tr> </table>										0 = NURSERY SCHOOL 1 = PRIMARY 2 = PREPARATORY 3 = SECONDARY 4 = UPPER INTERMEDIATE 5 = UNIVERSITY 6 = MORE THAN UNIVERSITY	EDUCATION GRADE THAT HE SUCCESSFULLY COMPLETED CORRESPONDING TO THE EDUCATION LEVEL, 0 = IF HE DID NOT COMPLETED THE SCHOOL YEAR AT THE LEVEL. 0 = LESS THAN 1 YEAR COMPLETED (USE FOR Q. 019 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 021.) 8 = DON'T KNOW
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LINE NO.	EDUCATION			BIRTH CERTIFICATE	WORK	
	EARLY CHILDHOOD EDUCATION					
	IF AGE 0-5 YAERS			IF AGE 0-4 YAERS	IF AGE 6 YEARS OR OLDER	
	026	027	028	029	030	031
	What nursery (NAME) currently attending or ever attended? 1= ARABIC GOVERNMENTAL SCHOOL. 2= LANGUAGES EXPERIMENTAL SCHOOL. 3= ARABIC PRIVATE SCHOOL. 4= LANGUAGES PRIVATE SCHOOL 5= INTERNATIONAL SCHOOL. 6= GOVERNMENTAL NURSERY. 7= NURSERY ASSOCIATION. 8= PRIVATE NURSERY INDIVIDUALS. 9= PRIVATE NURSERY COMPANIES/FACTORIES.	How many hours a day does (NEAM) spend in the nursery? IF LESS THAN ONE HOUE, RECORD '00'	Why didn't (NEAM) go to a nursery? A= THERE IS NO NURSERY NEARBY. B= EXPENSES NURSERY ARE HIGH. C= IT IS BETTER FOR A CHILD AT THIS YOUNG AGE TO STAY AT HOME X= OTHER (SPECIFY)	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME'S) birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	What is working status For (NEAM)? 01= CURRENTLY WORKING 02= ALREADY WOEKED AND IS NOT CURRENTLY WORKING. 03= LOOKING FOR A JOB 04= DOESN'T WORK OR STUDY. 05= HOUSE WIFE 06= STUDENT 07= ON RETIREMENT 96= OTHER (SPECIFY) IF THE ANSWER IS "CURRENTLY WORKING 01" ASK 031, OTHER GO TO 101.	Is (NEAM) paid in cash or kind for this work or Is (NEAM) not paid at all? 1= YES, CASH ONLY 2= YES IN KIND ONLY 3= YES, CASH AND KIND 4= NOT PAID
		NO. OF HOURS				
01	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="text"/>	A B C X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	FREE STANDING HOUSE/VILLA01 APARTMENT 02 ONE OR MORE ROOMS IN A APARTME03 ONE OR MORE SEPARATE ROOM04 WHOLE FLOOR 05 STORE06 KIOSK OR TENT OR NEST07 OTHER 96 (SPECIFY)	
102	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	OLD RENTE 01 NEW RENT 02 FURNISHED RENT 03 OWNED 04 OWNED JOINTLY 05 GIFT06 IN-KIND ADVANTAGE07 OTHER 96 (SPECIFY)	
103	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND11 RUDIMENTARY FLOOR WOOD PLANKS21 FINISHED FLOOR PARQUET OR POLISHED WOOD31 CERAMIC/MARBLE TILE!32 CEMENT TILE!33 CEMENT34 WALL-TO-WALL CARPE'35 VINYL 36 OTHER 96 (SPECIFY)	
104	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOL 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL32 WATER FROM SPRING PROTECTED SPRING41 UNPROTECTED SPRING42 TANKER TRUCK61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNE81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 108 → 106 → 108
105	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING11 PIPED TO YARD/PLOT12 PIPED TO NEIGHBOR13 PUBLIC TAP/STANDPIPE14 TUBE WELL OR BOREHOL21 DUG WELL PROTECTED WELL31 UNPROTECTED WELL32 WATER FROM SPRING PROTECTED SPRING41 UNPROTECTED SPRING42 TANKER TRUCK61 CART WITH SMALL TANK71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNE81 OTHER 96 (SPECIFY)	→ 108

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLO' 2 ELSEWHERE 3	→ 108
107	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	
108	In the last two weeks, was water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
109	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 111
110	What do you usually do to the water to make it safer to drink? PROBE: Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH/COTTO 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	
111	What kind of toilet facility do members of your household usually use? IF FLUSH OR POUR FLUSH, PROBE: Where does it flush to?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM11 → 114 FLUSH TO VAULT (BAYARA)12 FLUSH TO SEPTIC SYSTEM13 FLUSH TO PIPE CONNECTED TO CANAL14 → 114 FLUSH TO PIPE CONNECTED TO GROUND WATER15 → 114 FLUSH TO SOMEWHERE ELSE16 FLUSH, DON'T KNOW WHERE17 → 114 PIT TOILET/LATRINE TOILET VENTILATED IMPROVED PIT LATRINE21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB/ OPEN PIT23 COMPOSTING TOILET31 BUCKET TOILET41 HANGING TOILET/HANGING LATRINE51 → 117 NO FACILITY/FIELD61 OTHER _____ 96 (SPECIFY)	
112	Have you ever been emptied (answer to question 111)?	YES, EMPTIED 1 NO, EMPTIED 2 DON'T KNOW 8	→ 114
113	Last time it was emptied, where was it emptied?	REMOVED BY A SERVICE PROVIDER TO A TREATMENT PLANT 1 IT WAS BURIED IN A COVERED HOLE 2 I DON'T KNOW WHERE IT WAS EMPTIED 3 THE FAMILY EMPTIED IT IT WAS BURIED IN A COVERED HOLE 4 TO UNCOVERED HOLE/OPEN GROUND/ WATER PLACE/OTHER PLACE 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLO' 2 ELSEWHERE 3	
115	Do you share this facility with other households?	YES 1 NO 2	→ 117
116	Including your own household, how many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> DON'T KNOW 98	
117	Is there anyone smoke inside the house? IF YES: Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5	
118	Does your household have: a) Electricity? b) A color television? c) A smart television? d) A smart phone (a phone on which the internet can be accessed)? e) Other mobile phone? f) A telephone (land line)? g) A personal home computer (laptop, notebook, tablet, etc.)? h) An electric fan? i) An air conditioner?	YES NO ELECTRICITY 1 2 COLOR TV 1 2 SMART TV 1 2 SMART PHONE 1 2 OTHER MOBILE PHONE 1 2 NON-MOBILE TELEPHONE 1 2 COMPUTER 1 2 ELECTRIC FAN 1 2 AIR CONDITIONER 1 2	
119	Does your household own internet? IF NO: In your home, are you connected to internet?	YES, OWNS INTERNET 1 NO, CONNECTED ONLY 2 NO 3	
120	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 1 LPG STOVE 2 NATURAL GAS STOVE 3 KERSOENE STOVE 4 BIOGAS 5 OTHER 6 (SPECIFY)	
121	Does your household have: a) A refrigerator? b) A freezer? c) A water heater? d) A dishwasher? e) An automatic washing machine? f) Any other washing machine? g) A bed? h) A sofa? i) A water Dispenser? j) A oven(cooker/electric)? k) A microwave/Grill? l) A vacuum cleaner? m) A hood?	YES NO REFRIGERATOR 1 2 FREEZER 1 2 WATER HEATER 1 2 DISHWASHER 1 2 AUTOMATIC WASHER 1 2 OTHER WASHER 1 2 BED 1 2 SOFA 1 2 WATER DISPENSER 1 2 OVEN 1 2 MICROWAVE 1 2 VACUUM CLWANER 1 2 HOOD 1 2	
122	How many rooms in your household including the hall (excluding the kitchen and the hall)?	ROOMS <input type="text"/> <input type="text"/>	
123	How many rooms does your household use for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
124	Does any member of this household own: a) A toktok/trocycle? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A private car or truck? f) A real estate or building land?	YES NO TOKTOK 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 ANIMAL-DRAWN CAR 1 2 PRIVATE CAR/TRUCK 1 2 REAL ESTATE 1 2	

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
125	Does any member of your household have an account in a bank or post office or any saving institution?	YES, BANK A YES, POST OFFICE B YES, ANY SAVING INSTITUTION C NO Y																									
126	Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	→ 128																								
127	How many feddans or kirates of agricultural land do members of this household own? IF MORE THAN 95 FEDDAN, ENTER '99.95'.	<table border="0"> <tr> <td></td> <td align="center">FEDDAN</td> <td></td> <td align="center">KIRATE</td> </tr> <tr> <td></td> <td align="center"><input type="text"/></td> <td align="center">.</td> <td align="center"><input type="text"/></td> </tr> <tr> <td>LAND AREA</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td></td> <td></td> <td>99.98</td> </tr> </table>		FEDDAN		KIRATE		<input type="text"/>	.	<input type="text"/>	LAND AREA				DON'T KNOW			99.98									
	FEDDAN		KIRATE																								
	<input type="text"/>	.	<input type="text"/>																								
LAND AREA																											
DON'T KNOW			99.98																								
128	Does your household own any livestock, herds, or farm animals?	YES 1 NO 2	→ 130																								
129	How many of the following does your household own? a) Cattle (buffalo, calf)? b) Milk cows or bulls? c) Horses, donkeys, or mules? d) Goats? e) Sheep? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	<table border="0"> <tr> <td>CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS/BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	CATTLE	<input type="text"/>	<input type="text"/>	COWS/BULLS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>										
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SHEEP	<input type="text"/>	<input type="text"/>																									
130	Does your household own any poultry or birds?	YES 1 NO 2	→ 132																								
131	How many of the following does your household have? a) Chickens? b) Geese? c) Ducks? d) Pigeons? e) Quail? f) Turkey? g) Ornamental/song birds? h) Any other birds? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	<table border="0"> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GEESE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DUCKS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGEONS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>QUAIL</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>TURKEY</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ORNAMENTAL/SONG BIRDS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>OTHER</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	CHICKENS	<input type="text"/>	<input type="text"/>	GEESE	<input type="text"/>	<input type="text"/>	DUCKS	<input type="text"/>	<input type="text"/>	PIGEONS	<input type="text"/>	<input type="text"/>	QUAIL	<input type="text"/>	<input type="text"/>	TURKEY	<input type="text"/>	<input type="text"/>	ORNAMENTAL/SONG BIRDS	<input type="text"/>	<input type="text"/>	OTHER	<input type="text"/>	<input type="text"/>	
CHICKENS	<input type="text"/>	<input type="text"/>																									
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ORNAMENTAL/SONG BIRDS	<input type="text"/>	<input type="text"/>																									
OTHER	<input type="text"/>	<input type="text"/>																									
132	Now I would like to talk with you about external assistance programs provided to households. By external assistance I mean support that comes from the government or nongovernmental organizations such as religious, charitable or community-based programs. Is your household or anyone in your household receiving any of the following types of support: a) Assistance from the Karama and Takaful program? b) A family ration card? c) Social Solidarity pension? d) Other government program giving monetary support? IF YES, SPECIFY: _____ e) Temporary Employment Pension During COVID-19? f) Monetary support from any non-governmental organization?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>KARAMA AND TAKAFUL</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FAMILY RATION CARD</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SOCIAL SOLIDARITY PENSION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER GOVERNMENT</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TEMPORARY EMPLOYMENT</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>NGO SUPPORT</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	KARAMA AND TAKAFUL	1	2	FAMILY RATION CARD	1	2	SOCIAL SOLIDARITY PENSION	1	2	OTHER GOVERNMENT	1	2	TEMPORARY EMPLOYMENT	1	2	NGO SUPPORT	1	2				
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133	CHECK IDENTIFICATION PAGE: IN SALT TESTING SUBSAMPLE <input type="checkbox"/> NOT IN SALT TESTING SUBSAMPLE <input type="checkbox"/>		→ 135																								

HOUSEHOLD ENVIRONMENT AND POSSESSIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134	I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household? TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)	
135	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4	138
136	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
137	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT. CHECK COVER PAGE:	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE A ASH, MUD, SAND B NONE Y	
138	CHECK IDENTIFICATION PAGE: IN <input type="checkbox"/> SUBSAMPLE ↓ NOT IN <input type="checkbox"/> SUBSAMPLE →		601
139	CHECK THE NUMBER OF HOUSEHOLD MEMBERS AGE 1-17 YEARS RECORDED IN 012.	NO MEMBERS 1 ONE MEMBER 2 TWO OR MORE MEMBERS 3	601 301

Child Welfare Modules

201 FOLLOW INSTRUCTIONS AND COMPLETE COLUMNS 1-5 IN TABLE 1

- (a) Check Q.012 in the household listing then list each of the never-married children aged 1-17 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 1-17 years
- (b) Record the line number from 001, name from 002, sex from 004, and age from 007 for each child.
- (c) Then record the total number of children aged 1-17 in Q202; if more than 9 children, record 9.

**Table 1
Never-married Persons Aged 1-17 Years Eligible for Child Welfare Modules**

1 Rank Number	2 Line Number	3 Name	4 Sex		5 Age
			M	F	
1	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
5	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
6	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
7	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
8	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>
9	<input type="text"/> <input type="text"/>	_____	1	2	<input type="text"/> <input type="text"/>

202 RECORD THE TOTAL NUMBER OF CHILDREN IN TABLE 1

203 FOLLOW INSTRUCTIONS AND COMPLETE TABLE 2 IN ORDER TO IDENTIFY THE CHILD FOR WHOM THE CHILD WELFARE MODULES WILL BE ADMINISTERED.

- (b) Check the last digit from the right of the household questionnaire serial number on the cover page. This is the number of the **row** you should go to in the table below.
- (c) Check the total number of eligible children age 1-17 in Question 202 above. This is the number of the column you should go to.
- (d) *Find the box where the row and the column meet and circle the number that appears in the box. Circle that number in Column 1 of Table 1. This is the rank number of the child about whom the questions in the child welfare modules, i.e., the child labor, child discipline, and child development and education modules, may be asked, depending*

TABLE 2
Selection of Random Child for Child Welfare Module Questions

Last Digit From the right of Household Number	Total Number of Eligible Children in the Household								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	3
1	1	1	3	1	4	1	6	5	4
2	1	2	1	2	5	2	7	6	5
3	1	1	2	3	1	3	1	7	6
4	1	2	3	4	2	4	2	8	7
5	1	1	1	1	3	5	3	1	8
6	1	2	2	2	4	6	4	2	9
7	1	1	3	3	5	1	5	3	1
8	1	2	1	4	1	2	6	4	2
9	1	1	2	1	2	3	7	5	3

CHILD LABOR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 012:</p> <p><input type="checkbox"/> ONE CHILD AGE 1-17</p> <p>CHECK 012 TO IDENTIFY CHILD. THEN RECORD CHILD'S LINE NUMBER FROM 001, NAME FROM 002 AND AGE FROM 007</p> <hr/> <p><input type="checkbox"/> 2 OR MORE CHILDREN AGE 1-17</p> <p>CHECK TABLE 2 IN 203 TO IDENTIFY SELECTED CHILD. RECORD RANK NUMBER FROM 203, LINE NUMBER FROM 001, NAME FROM 002 AND AGE OF CHILD FROM 007.</p>	<p>RANK NUMBER <input type="text"/></p> <p>LINE NUMBER <input type="text"/></p> <p>NAME: _____</p> <p>AGE <input type="text"/></p>	
302	<p>CHECK 007 AND 301:</p> <p>5 - 17 YEARS <input type="checkbox"/> 1 - 4 YEARS <input type="checkbox"/></p>		401
<p>Now I would like to ask about any work children in the household may do. Since last (DAY OF THE WEEK), did (NAME) do any of the following activities, even for only one hour?</p>			
303	<p>Did (NAME) do any work or help on his/her own or the household's plot/farm/food garden or look after animals? For example, growing farm produce, harvesting or feeding, grazing, or milking animals?</p>	<p>YES 1</p> <p>NO 2</p>	
304	<p>Did (NAME) help in family business or relative's business with or without pay, or run his/her business?</p>	<p>YES 1</p> <p>NO 2</p>	
305	<p>Did (NAME) produce or sell articles, handicrafts, clothes, food or agricultural products?</p>	<p>YES 1</p> <p>NO 2</p>	
306	<p>Since last (DAY OF THE WEEK), did (NAME) engage in any other activity in return for income in cash or in kind, even for only one hour?</p> <p>IF NO: Please include any activity (NAME) performed as a regular or casual employee, self-employed, or employer, or as an unpaid family worker helping in household business or farm.</p>	<p>YES 1</p> <p>NO 2</p>	
307	<p>CHECK 303-306.</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> ALL 'NO' <input type="checkbox"/></p>		317
308	<p>Since last (DAY OF THE WEEK), about how many hours did (NAME) engage in this activity (these activities), in total?</p> <p>IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.</p>	<p>HOURS <input type="text"/></p>	
309	<p>Does this activity (Do these activities) require carrying heavy loads?</p>	<p>YES 1</p> <p>NO 2</p>	
310	<p>Does this activity (Do these activities) require working with dangerous tools (knives, etc.) or operating heavy equipment?</p>	<p>YES 1</p> <p>NO 2</p>	
311	<p>How would you describe the work environment of (NAME)?</p> <p>Is (NAME) exposed to dust, fumes, or gas?</p>	<p>YES 1</p> <p>NO 2</p>	

CHILD DISCIPLINE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301 AND RECORD NAME OF CHILD AGE 1-14 YEARS ELIGIBLE FOR THE CHILD DISCIPLINE MODULE	NAME: _____	
402	<p>Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with (NAME) <u>in the past month</u>.</p> <p>a) Took away privileges, forbade something (NAME) liked, or did not allow (him/her) to leave house?</p> <p>b) Explained why (NAME)'s behavior was wrong?</p> <p>c) Shook (him/her)?</p> <p>d) Shouted, yelled at or screamed at (him/her)?</p> <p>e) Gave (him/her) something else to do?</p> <p>f) Spanked, hit or slapped (him/her) on the bottom with bare hand?</p> <p>g) Hit (him/her on) the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object?</p> <p>h) Called (him/her) dumb, lazy, or another name like that?</p> <p>i) Hit or slapped (him/her) on the face, head or ears?</p> <p>j) Hit or slapped (him/her) on the hand, arm, or leg?</p> <p>k) Beat (him/her) up, that is hit him/her over and over as hard as one could?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>	
403	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	<p>YES 1 NO 2 DON'T KNOW/NO OPINION 8</p>	

Selection for Domestic Violence Module

501	<p>CHECK IF HOUSEHOLD IS IN THE DOMESTIC VIOLENCE SUBSAMPLE ON THE COVER SHEET</p> <p>IN THE SUBSAMPLE <input type="checkbox"/> NOT IN THE SUBSAMPLE <input type="checkbox"/> → GO TO QUESTION 601</p> <p style="text-align: center;">↓</p>
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TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN. THEN GO TO QUESTION 601.

IF ONLY ONE ELIGIBLE WOMAN WRITE THE NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LOOK AT THE LAST DIGIT FROM THE RIGHT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 009) IN THE HOUSEHOLD SCHEDULE. CIRCLE THIS NUMBER AT THE TOP OF THE TABLE TO DETERMINE THE COLUMN NUMBER YOU SHOULD USE.

FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

LAST DIGIT FROM THE RIGHT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 014							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF WOMAN

LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION

601	COMPLETE THE BIOMARKER QUESTIONNAIRE COVER PAGE AND THEN GO TO 701
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INTERVIEWER OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

701 COMMENTS ABOUT RESPONDENT:

702 COMMENTS ON SPECIFIC QUESTIONS:

703 ANY OTHER COMMENTS:

704 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____