



RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025
HOUSEHOLD QUESTIONNAIRE



REPUBLIC OF RWANDA

ENGLISH LANGUAGE: 03 Feb 2023

MINISTRY OF FINANCE AND ECONOMIC PLANNING

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION																
PROVINCE _____ DISTRICT _____ SECTOR _____																
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
STRUCTURE NUMBER																
HOUSEHOLD NUMBER																
HOUSEHOLD SELECTED FOR MEN'S SURVEY AND RDHS BIOMAKER ? (1=YES, 2=NO)																
HOUSEHOLD SELECTED FOR WOMEN'S DV? (1=YES, 2=NO)																
HOUSEHOLD SELECTED FOR MEN'S DV? (1=YES, 2=NO)																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH YEAR												
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.												
RESULT*	_____	_____	_____	RESULT*												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS												
	_____	_____														
*RESULT CODES:				TOTAL PERSONS IN HOUSEHOLD												
1 COMPLETED																
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE WOMEN												
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME																
4 POSTPONED/ PARTIALLY ANSWERED				TOTAL ELIGIBLE MEN												
5 REFUSED																
6 DWELLING VACANT OR ADDRESS NOT A DWELLING				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE												
7 DWELLING DESTROYED																
8 DWELLING NOT FOUND																
9 OTHER _____ (SPECIFY)																
LANGUAGE OF QUESTIONNAIRE	0 1	LANGUAGE OF INTERVIEW		NATIVE LANGUAGE OF RESPONDENT												
				TRANSLATOR USED (YES = 1, NO = 2)												
LANGUAGE OF QUESTIONNAIRE	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA													
TEAM	INTERVIEWER		TEAM LEADER													
<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
NUMBER	NAME		NUMBER													
	NAME		NUMBER													

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda . We are conducting a survey about health and other topics organized by NISR in collaboration with Ministry of Health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected 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 and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . 2 → END



100	RECORD THE TIME.	HOURS
		MINUTES.....

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	IF AGE 12 OR OLDER			
				5	6			MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	7-1	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of {FULL NAME} to the head of the household? SEE CODES BELOW.	Is {FULL NAME} male or female?	Does {FULL NAME} usually live here?	Did {FULL NAME} stay here last night?	How old was {FULL NAME} at his/her last birthday? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is {FIRST NAME}'s current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = NEVER MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y N 1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 → GO TO NEXT LINE 2 GO TO 7A ←	<input type="text"/>	04	04	04

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES → ADD TO TABLE NO

7B) 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

7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD OF HH | 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 | 12 = BROTHER/SISTER -IN -LAW |
| 06 = PARENT | 13 = NEPHEW/NIECE |
| 07 = PARENT-IN-LAW | 14 = WAGED DOMESTIC WORKER |
| | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS		IF AGE 0-4 YEARS	HEALTH		IF AGE 7 YEARS AND ABOVE
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	SMOKE		
	12	13	14	15	16	17A	17B	18	19	20	21	22	23
	Is {FIRST NAME}'s biological mother alive?	Does {FIRST NAME}'s biological 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 {FIRST NAME}'s biological father alive?	Does {FIRST NAME}'s biological father usually live in this household or was a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER IF NO: RECORD '00'	Has {FIRST NAME} ever attended school or any early childhood education program?	What is the highest level of education {FIRST NAME} has attended?	What is the highest grade {FIRST NAME} completed at that level?	Did {FIRST NAME} attend school or any early childhood education program at any time during the 2024-2025 or 2025-2026 school year?	During [this/that] school year, what level and grade [is/was] {FIRST NAME} attending?	Does {FIRST NAME} have a birth certificate? IF NO, PROBE: Has {FIRST NAME}'s birth ever been registered with the civil authority? 1 = HAS CERTIFICAT 2 = REGISTEREI 3 = NEITHER 8 = DON'T KNOW	Is {FIRST NAME} covered by any medical health insurance?	What is the main type of medical health insurance does {FIRST NAME} use?	Does {FIRST NAME} currently smoke?
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL <input type="text"/>	GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	Y N DK 1 2 8 ↓ ↓ ↓ GO TO 23	MAIN TYPE <input type="text"/>	Y N DK 1 2 8
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ ↓ ↓ GO TO 23	<input type="text"/>	1 2 8
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ ↓ ↓ GO TO 23	<input type="text"/>	1 2 8
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	1 2 8 ↓ ↓ ↓ GO TO 23	<input type="text"/>	1 2 8

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL

1 = PRE-PRIMARY
2 = PRIMARY
3 = POST PRIMARY/VOCATION (USE '00' FOR Q. 17 ONLY.
4 = SECONDARY
5 = HIGHER
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLET
THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

CODE FOR 22

1.MUTUELLE/ COMMUNITY HEALTH INSURANC
2.RSSB /RAMA
3.MMI
4.PRIVATATE INSURANCE COMPANY
5.EMPLOYER
8.DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	DOG AND/OR SNAKE BITE									NEGLECTED TROPICAL DISEASES	
	24	24A	25	25A	25B	25C	25D	25E	25F	25G	
	Has {FIRST NAME} been bitten by a snake or a dog between 2020 and 2024?	Among the following, which bit {FIRST NAME} ?	When was {FIRST NAME} last bitten by dog?	In which month {FIRST NAME} was last bitten by dog?	When was {FIRST NAME} last bitten by snake?	In which month was {FIRST NAME} last bitten by snake?	Where was {FIRST NAME} treated for the last bite by dog or snake?	What long-term health consequences did {FIRST NAME} experience after the most recent bite?	In the last 12 months, did {FIRST NAME} suffer from any of the following skin diseases?	Where was {FIRST NAME} treated?	
		SEE CODES BELOW.	RECORD YEARS SEPARATELY	SEE CODES BELOW.	RECORD YEARS SEPARATELY	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.	
01	Y N DK 1 2 8 ↓ GO TO 25F	<input type="checkbox"/> B: GO TO 25B	2020-23 2024 1 2 ↓ GO TO 25D	MONTH IN 2024 <input type="checkbox"/>	2020-23 2024 1 2 ↓ GO TO 25D	MONTH IN 2024 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF "Y" <input type="checkbox"/> ↓ GO TO 26	<input type="checkbox"/>	
02	1 2 8 ↓ GO TO 25F	<input type="checkbox"/> B: GO TO 25B	1 2 ↓ GO TO 25D	<input type="checkbox"/>	1 2 ↓ GO TO 25D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Y" <input type="checkbox"/> ↓ GO TO 26	<input type="checkbox"/>	
03	1 2 8 ↓ GO TO 25F	<input type="checkbox"/> B: GO TO 25B	1 2 ↓ GO TO 25D	<input type="checkbox"/>	1 2 ↓ GO TO 25D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Y" <input type="checkbox"/> ↓ GO TO 26	<input type="checkbox"/>	
04	1 2 8 ↓ GO TO 25F	<input type="checkbox"/> B: GO TO 25B	1 2 ↓ GO TO 25D	<input type="checkbox"/>	1 2 ↓ GO TO 25D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Y" <input type="checkbox"/> ↓ GO TO 26	<input type="checkbox"/>	

CODE FOR 24A

- A. DOG ONLY
- B. SNAKE ONLY
- C. BOTH DOG AND SNAKE

CODE FOR 25A & 25C

- A. January
- B. February
- C. March
- D. April
- E. May
- F. June
- G. July
- H. August
- I. September
- J. October
- K. November
- L. December
- Y. None
- X. Others

CODE FOR 25D

- A. Formal health facilities
- B. Traditional healers
- X. Others
- Y. None

CODE FOR 25E

- A. Tissue damage or scarring
- B. Recurrent swelling
- C. Dizziness
- D. Sleeping problems
- E. Blurred vision
- F. Breathing problems
- G. Amputation or
- H. Paralysis
- I. Mental health issues
- J. No consequence
- X. Other, specify
- Y. None

CODE FOR 25F

- A. Scabies
- B. Podoconiosis
- C. Lymphatic filariasis
- D. Leprosy
- E. Onchocerciasis
- F. Mycetoma
- G. Yaws
- X. Others
- Y. None

CODE FOR 25G

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER

LINE NO.	DISABILITY							
	26	27	28	29	30			
	<table border="1"> <tr> <td align="center">4 = MALE</td> <td align="center">4 = FEMALE</td> </tr> </table> <p>Does {FIRST NAME} wear glasses or contact lenses to help him see?</p>	4 = MALE	4 = FEMALE	<p>Does {FIRST NAME} wear glasses or contact lenses to help her see?</p>	<p>I would like to know if {FIRST NAME} has difficulty seeing even when wearing glasses or contact lenses. Would you say that {FIRST NAME} has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if {FIRST NAME} has difficulty seeing. Would you say that {FIRST NAME} has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>Does {FIRST NAME} wear a hearing aid?</p>	<p>I would like to know if {FIRST NAME} has difficulty hearing even when using a hearing aid. Would you say that {FIRST NAME} has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>
4 = MALE	4 = FEMALE							
1	<p align="center">Y N</p> <p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 28</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 29)</p>	<p align="center">1 2 3 4 8</p>	<p align="center">Y N</p> <p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 31</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 32)</p>			
2	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 28</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 29)</p>	<p align="center">1 2 3 4 8</p>	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 31</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 32)</p>			
3	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 28</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 29)</p>	<p align="center">1 2 3 4 8</p>	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 31</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 32)</p>			
4	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 28</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 29)</p>	<p align="center">1 2 3 4 8</p>	<p align="center">1 2</p> <p align="center">↓</p> <p align="center">GO TO 31</p>	<p align="center">1 2 3 4 8</p> <p align="center">(GO TO 32)</p>			

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER

LINE NO.	DISABILITY				
	31	32	33	34	35
	<p>I would like to know if {FIRST NAME} has difficulty hearing. Would you say that {FIRST NAME} has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if {FIRST NAME} has difficulty communicating when using his/her usual language. Would you say that {FIRST NAME} has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if {FIRST NAME} has difficulty remembering or concentrating. Would you say that {FIRST NAME} has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if {FIRST NAME} has difficulty walking or climbing steps. Would you say that {FIRST NAME} has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if {FIRST NAME} has difficulty washing all over or dressing. Would you say that {FIRST NAME} has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 106</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
104A	What is the distance from your home to that water source?	<p>LESS THAN 200 M 1</p> <p>200 M - 500 M 2</p> <p>MORE THAN 500 M 3</p> <p>DON'T KNOW 8</p>	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? 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 _____ X (SPECIFY) DON'T KNOW Z	
108A	Do you have a specific container used to keep the drinking water?	YES 1 NO 2 DON'T KNOW 8	
108B	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED	JERRYCAN/COVERED BUCKE 1 POT 2 BOTTLE/WATER DISPENSER 3 COOKING POT 4 OTHER _____ 6 (SPECIFY) NOT AVAILABLE TO BE OBSERVED 8	
108C	How many times per week does your household wash these containers? IF 7 OF MORE TIMES, RECORD '7'	NUMBER OF TIMES PER WEE <input type="text"/> DON'T KNOW 8	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	No. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
112A	CLEANLINESS OF THE TOILET FACILITY, RECORD OBSERVATION	TOILET'S PLATE FORM IS DRY AND CLEAI... A WITH URINE OR EXCRETA B WITH FLIES C	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 117
114	CHECK 109: CODE # <input type="checkbox"/> CODE 13, 21, <input type="checkbox"/> 22, OR 23 <input type="checkbox"/> CODE # <input type="checkbox"/> a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES 1 NO 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE # <input type="checkbox"/> CODE 13, 21, <input type="checkbox"/> 22, OR 23 <input type="checkbox"/> CODE # <input type="checkbox"/> a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES 1 NO 2 DON'T KNOW 8	
116	Where were the contents emptied to?	A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 126 → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	What type of fuel or energy source is used in this cookstove?	GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCH 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
121	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 126
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Traditional Milk cows ? b) Modern Milk cows ? c) Bulls? d) Horses, donkeys, or mules? e) Goats? f) Sheep? g) Chickens or other poultry? h) Pigs i) Rabbits	a) TRADITIONAL MILK COW <input type="text"/> <input type="text"/> b) MODERN MILK COW <input type="text"/> <input type="text"/> c) BULLS <input type="text"/> <input type="text"/> d) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> e) GOATS <input type="text"/> <input type="text"/> f) SHEEP <input type="text"/> <input type="text"/> g) CHICKENS/POULTRY <input type="text"/> <input type="text"/> h) PIGS <input type="text"/> <input type="text"/> i) RABBITS <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
130	Does any member of this household own any agricultural land?	YES	1	→ 132
		NO	2	
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	HECTARES	<input type="text"/> <input type="text"/> <input type="text"/>	
		95 OR MORE HECTARES	950	
		DON'T KNOW	998	
132	Does your household have:		YES NO	
	a) Electricity?	a) ELECTRICITY	1 2	
	b) A radio?	b) RADIO	1 2	
	c) A television?	c) TELEVISION	1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE	1 2	
	e) A refrigerator	e) REFRIGERATOR	1 2	
	f) A Mattress?	f) A MATTRESS?	1 2	
	g) A bench or at least 3 Chairs?	g) A BENCH OR AT LEAST 3 CHAIRS	1 2	
	h) A bed	h) A BED	1 2	
	i) A Chair	i) A CHAIR	1 2	
	j) A Table	j) A TABLE	1 2	
	k) A sofa	k) A SOFA	1 2	
	l) A traditional improved stove	l) A TRADITIONAL IMPROVED STOVE	1 2	
	m) A Cooker Stove	m) A COOKER STOVE	1 2	
	n) A Cupboard	n) A CUPBOARD	1 2	
	o) A dining table	o) A DINNING TABLE	1 2	
	p) An Iron Machine	p) AN IRON MACHINE	1 2	
	q) A Laundry machine	q) A LAUNDRY MACHINE	1 2	
	r) A satellite dish	r) A SATELITE DISH	1 2	
	s) A Dish washing machine	s) A DISH WASHING MACHINE	1 2	
	t) A Security Camera	t) A SECURITY CAMERA	1 2	
133	Does any member of this household own:		YES NO	
	a) A watch?	a) WATCH	1 2	
	b) An ordinary mobile phone?	b) AN ORDINARY MOBILE PHONE	1 2	
	c) A smart phone	c) SMARTPHONE	1 2	
	d) A bicycle?	d) A BICYCLE	1 2	
	e) A motorcycle or motor scooter?	e) A MOTORCYCLE OR MOTOR SCOOTER	1 2	
	f) An animal-drawn cart?	f) AN ANIMAL-DRAWN CART	1 2	
	g) A car or truck?	g) A CAR OR TRUCK	1 2	
	h) A boat with a motor?	h) A BOAT WITH A MOTOR	1 2	
	i) A boat without a motor?	i) A BOAT WITHOUT A MOTOR	1 2	
	j) A Photo camera	j) A PHOTO CAMERA	1 2	
	k) A Computer	k) A COMPUTER	1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES	1	
		NO	2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES	1	
		NO	2	
136	How often does anyone smoke inside your house? 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	
137	Did any member of this household benefit from the following in-kind food assistance in the last 12 months?	FOOD FOR SCHOOL CHILDREN (EATEN AT SCHOOL OR TAKE HOME)	A	
		OTHER FOOD FOR PREGNANT WOMEN AND CHILDREN	B	
		FOOD FOR WORK	C	
		FOOD FOR TRAINING	D	
		ONE CUP OF MILK PER CHILD	E	
		FREE FOOD DISTRIBUTION	F	
		SHISHA KIBONDO FOR MOTHER, PREGNANT AND BREAFEEDING WOMEN	G	
		SHISHA KIBONDO FOR YOUNG CHILDREN	H	
		NONE OF ABOVE	Y	
		DON'T KNOW	Z	

ADDITIONAL HOUSEHOLD CHARACTERISTICS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	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, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE ... 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE OF HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO/TRADITIONAL MAT 22 BRICKS WITHOUT CEMENT 23 STONES WITHOUT CEMENT 24 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT/SHEETINGS 21 FINISHED ROOFING METAL/IRON SHEET 31 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT/CONCRETE 35 INDUSTRIAL TILES 37 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS CANE/PALM/TRUNKS..... 12 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE..... 23 PLYWOOD 24 REUSED WOOD 26 PLASTIC SHEETING 27 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE..... 35 BAMBOO WITH MUD AND CEMENT .. 36 OTHER _____ 96 (SPECIFY)									
156	RECORD THE TIME.	HOURS <table border="1" data-bbox="1193 751 1333 800"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES..... <table border="1" data-bbox="1193 800 1333 848"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									