



SOMALI HEALTH & DEMOGRAPHIC SURVEY 2017-2018

SOMALI MINISTRIE'S OF PLANNING AND HEALTH

QUESTIONNAIRE SERIAL NUMBER

REG. CODE		DIST CODE		EA CODE				HH SERIAL NO.				ENUMERATOR NO.							

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
NAME	CODE			
REGION _____				
PRE-WAR NAME OF THE DISTRICT _____				
CURRENT NAME OF THE DISTRICT _____				
SETTLEMENT _____				
EA TYPE (1=RURAL/IDP 2=URBAN/IDP 3=NOMADIC)				
EA CODE				
HOUSEHOLD SERIAL NUMBER IN THE EA				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____
RESULT*	_____	_____	_____	YEAR _____
NEXT VISIT: DATE	_____	_____		INT. NO. _____
TIME	_____	_____		RESULT* _____
*RESULT CODES:				TOTAL NUMBER OF VISITS _____
1 COMPLETED				TOTAL PERSONS IN HOUSEHOLD _____
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE EVER MARRIED WOMEN _____
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				TOT ELIGIBLE NEVER MARRIED WOMEN _____
4 POSTPONED				TOTAL CHILDREN 0-5 YEARS _____
5 REFUSED				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____
6 DWELLING VACANT OR ADDRESS NOT A DWELLING				
7 DWELLING DESTROYED				
8 DWELLING NOT FOUND				
9 OTHER _____ (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE** 0 2	LANGUAGE OF INTERVIEW** _____	NATIVE LANGUAGE OF RESPONDENT** _____		
LANGUAGE OF QUESTIONNAIRE** SOMALI	**LANGUAGE CODES: 01 ENGLISH 03 OTHER _____ SPECIFY			
NAME	SUPERVISOR _____	FIELD EDITOR _____	OFFICE EDITOR _____	KEYED IN BY _____
DATE	_____	_____	_____	_____
CODE	_____	_____	_____	_____

INTRODUCTION AND CONSENT

ASC . Magacaygu waa _____.

Waxaan la shaqeynayaa [Wasaarada Qorshaynta/Caafimaadka]. Waxaanu wadnaa Sahan ku saabsan Caafimaadka iyo mawduucyo kale oo ku saansan Dadka Soomalida. Xogta aanu ururinaynaa waxay caawinaysaa dawladda si ay qorshe wanaagsan ugu samayso caafimaadka iyo adeegyada kaleba. Waxaa la doortay qoyskaaga. waxaan ku weydiinaynaa su'aalo ku saabsan qoyskaaaga. Sualuhu waxay qaadanayaan 15 daqiiqo ilaa 20 daqiiqo. Jawaabaha aad bixisaa waxay noqonayaan kuwo aan cid kale la tusin marka laga reebo shaqaalaha qaadaya sahanka. Ka qaybgalkaagu waa iskaa-wax- u-qabso laakiin waxaanu kaa codsanaynaa in aad nooga jawaabtid su'aalahaan maadaama ra'yigaaga/ fekradaadu muhiim tahay. Haddii aan ku waydiiyo su'aal aadan doonayn in aad ka jawaabto, fadlan ii sheeg si aan ugu gudbo su'aasha xigta waxaad kale oo ii sheegi kartaa inaan joojiyo su'aalaha aan ku weydiinayo.
Haddii aad rabto wax dheeraad ah oo ku saabsan sahanka fadlan la xiriir Wasaaradda Qorsheynta/Caafimaadka ama Arrimaha Gudaha.

Wax Su'aal ah ma i weydiinaysaa?

Hadda/Iminka ma billaabaa Waraysiga?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1
↓

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

100	RECORD THE START TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Fadlan ii sheeg magacyada dadka sida caadiga/joogtada ah ugu nool iyo martida xalay ku hoyatay gurigaan adigoo ka billaabaya madaxa qoyska; AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	Waa maxay xirriirka ka dhexeeya qofkan/Magaca iyo madaxa qoyska? SEE CODES BELOW.	Qofku/magacu ma lab baa mise waa dhedig?	Qofkaan si joogto ah ma ugu noolyahay halkan?	Qofku/magacu halkan ma joogay xalayto?	Immisa sano ayuu jiraa (Qofku/magacu)? IF 95 OR MORE, RECORD '95'.	Sannadkee buu dhashay Qofkani/Magacu?	Waa maxay xaaladda guurka(magacu)? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	Immisa jir buu ahaa/bay ahayd (MAGACU) markii ugu horeeysey ee uu guursaday/ay Guursatey? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 12-49	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 Y Y Y <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	10	10

2A) Si aan u hubiyo in aan dhammaan dadka qoyska wada qoray, ma jiraan dad aan illaaway ama aanan diiwaan gelin sida ilmo/cunug yar oo dhawaaan YES → ADD TO TABLE NO

2B) Ma jiraan dad kale oo halkan ku nool oo aan qoyska ka tirsanayn sida adeegto ama saaxiibo? YES → ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD OF HOUSEHOLD
 - 02 = SPOUSE
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = NEPHEW/NIECE
 - 10 = BROTHER/SISTER-IN-LAW
 - 11 = OTHER RELATIVE
 - 12 = ADOPTED/FOSTER/STEPCHILD
 - 13 = NOT RELATED
 - 98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Qofkan hooyadii dhashay ma nooshahay ?	Qofkan/Magaca hooyada dhashay ma ku nooshahay halkan si joogto ah?	Qofkan/Magaca aabihii dhalay ma noolyahay?	Qofkan/Magaca aabaha dhalay ma ku noolyahay halkan si joogto ah?	Qofkan/Magacani weligii iskuul/Dugsi ma galay?	Ilaa heerkee qofkan/magacan waxbarashada ka gaaray ?	Qofku/magacu Iskuul/Dugsi i ma dhigtaa sannad-sugsiyeedka 2017/2018?	Sannad-sugsiyeedkan(2017/2018) Dugsigee iyo heerkee marayaa ama kujiraa qofku/magacu?	Muxuu Qofku/Magacu qabanayey (ka shaqaynayey) 12kii billood ee ugu dambeeyey?
		RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.	1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
01	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL **GRADE**
0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
2 = SECONDARY THIS CODE IS NOT ALLOWED
3 = HIGHER FOR Q. 20.)
8 = DON'T KNOW 98 = DON'T KNOW
9 = KORANIC

HOUSEHOLD SCHEDULE

REGISTRATION OF BIRTHS		CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
IF AGE 0-4 YEARS						IF AGE 10 YEARS OR OLDER					
LINE NO.	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Qofkan/Magacani ma haystaa Warqadda dhalashadda? Haddii Jawaabtu tahay MAYA, Waydii Qofkan/Magacani in uu iska diwaan geliyey xafiis diiwangelineed? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Hadda waxaan rabaa in aan ku weydiiyo suuqa ku saabsan caafimaadka xubnaha qoyska oo dhan. (MAGACA) ma ku dhacay xannuun joogto ahi?	Waa maxay xannuunka ku dhacay [MAGACA]? SEE CODES BELOW.	Ma dhakhtar baa u sheegay in [MAGACU] qabo xannuunka isaga ah?	[MAGACU] si joogto ah dawo ma ugu qaataa cudurkan?	[MAGACU] sigaar ama nooc kale oo tubaako ah ma cabbaa?	[MAGACU] hadda 'Qaad'/Jaad ma cunaa?	Waxyaalahan soo socdaa ma xaddidayaan awoodda [MAGACA]? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	Waa maxay sababta ugu weyn ee [MAGACU] naafo u yahay? SEE CODES BELOW.	Imisa jir buu ahaa [MAGACU] markay xaaladan caafimaad ku billaamatay? IF 95 OR MORE, RECORD '95'.	12kii billood ee ugu dambeeyey [MAGACU] ma helay mid kamid ah caawimooyinkan soo socda? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
01	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 27	<input type="text"/>	Y NDK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H ↓ GO TO 101	CODE <input type="text"/>	IN YEARS <input type="text"/>	CODE A B C D Y
02	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
03	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
04	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
05	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
06	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
07	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
08	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
09	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
10	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y

CODES FOR Q. 24: CHRONIC DISEASES

- | | | | |
|-----------------------|----------------------|---------------------------------|----------------------|
| 01=BLOOD PRESSURE | 07=KIDNEY DISEASE | 14=PROSTATIC | 18=SKIN DISEASE |
| 02=DIABETES | 08=LIVER DISEASE | HYPERTROPHY | 19= CANCEROUS TUMORS |
| 03=INFLAMMATION/ULCER | 09=ARTHRITIS | 15=CATARACT | 20=ASTHMA |
| 04=ANEMIA | 10=TUBERCULOSIS (TB) | 16= CHRONIC BACK PAIN/ | 96= OTHER _____ |
| 05=SICKLE CELL ANEMIA | 11=CHRONIC HEADACHE | SPINAL PROBLEM | (SPECIFY) |
| 06=HEART DISEASE | 12=STROKE | 17=MENTAL/PSYCHOLOGICAL ILLNESS | |
| | 13=EPILEPSY | | |

CODES FOR Q. 30: CAUSE OF DIABILITY

- | | |
|---------------------------|----------------|
| 01=CONGENITAL | 08=WITCHCRAFT |
| 02=CONTAGIOUS | 96=OTHER _____ |
| 03=CHILD BIRTH CONDITIONS | (SPECIFY) |
| 04=OTHER DISEASE | |
| 05=ABUSE | 98=DON'T KNOW |
| 06=AGING | |
| 07=INJURY/ACCIDENT | |

HOUSEHOLD SCHEDULE

		DEMOGRAPHIC CHARACTERISTICS								ELIGIBILITY		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	YEAR OF BIRTH	IF AGE 12 OR OLDER	IF AGE 12 & EVER MARRIED	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	9B	10	11	12
	Fadlan ii sheeg magacyada dadka sida caadiga/joogtada ah ugu nool iyo martida xalay ku hoyatay gurigaan adigoo ka billaabaya madaxa qoyska; AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2B TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	Waa maxay xirriirka ka dhexeeya qofkan/Magaca iyo madaxa qoyska? SEE CODES BELOW.	Qofku/magacu ma lab baa mise waa dhedig?	Qofkaan si joogto ah ma ugu noolyahay halkan?	Qofku/magacu halkan ma joogay xalayto?	Immisa sano ayuu jiraa (Qofku/magacu)? IF 95 OR MORE, RECORD '95'.	Sannadkee buu dhashay Qofkani/Magacu?	Waa maxay xaaladda guurka(magacu)? 1 = MARRIED 2 = DIVORCED 3 = ABANDONED 4 = WIDOWED 5 = NEVER-MARRIED	Immisa jir buu ahaa/bay ahayd (MAGACU) markii ugu horeeysey ee uu guursaday/ay Guursatey? RECORD AGE IN YEARS IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL NEVER MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	Y Y Y Y <input type="text"/>	<input type="text"/>	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	20	20

CHECK HERE IF CONTINUATION SHEET USED

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD OF HOUSEHOLD
 - 02 = SPOUSE
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = NEPHEW/NIECE
 - 10 = BROTHER/SISTER-IN-LAW
 - 11 = OTHER RELATIVE
 - 12 = ADOPTED/FOSTER/STEPCHILD
 - 13 = NOT RELATED
 - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	ORPHANHOOD				EDUCATION CHARACTERISTICS				LABOUR FORCE
	IF AGE 0-17 YEARS				IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 10 YEARS OR OLDER
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		LABOUR FORCE PARTICIPATION
	13	14	15	16	17	18	19	20	21
	Qofkan hooyadii dhashay ma nooshahay ?	Qofkan/Magaca hooyada dhashay ma ku nooshahay halka si joogto ah?	Qofkan/Magaca aabihii dhalay ma noolyahay?	Qofkan/Magaca aabaha dhalay ma ku noolyahay halka si joogto ah?	Qofkan/Magacani weligi iskuul/Dugsi ma galay?	Ilaa heerkee qofkan/magacaan waxbarashada ka gaaray ?	Qofku/magacu Iskuul/Dugsi i ma dhigtaa sannad-sugsiyeedka 2017/2018?	Sannad-sugsiyeedkan(2017/2018) Dugsigee iyo heerkee marayaa ama kujiraa qofku/magacu?	Muxuu Qofku/Magacu qabanayey (ka shaqaynayey) 12kii billood ee ugu dambeeyey?
		RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.		RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.		SEE CODES BELOW.		SEE CODES BELOW.	1= WORKING (INCLUDING HOUSE WIVES HAVING ACTIVITY) 2 = NOT WORKING BUT LOOKING FOR WORK 3 = HOUSEWIFE NOT WORKING 4 = STUDENT 5 = RETIRED 6 = DISABLED 7 = OTHER NOT WORKING
11	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 8 ↓ GO TO 21	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>
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20	1 2 8 ↓ GO TO 15	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 21	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL GRADE
 0 = PRESCHOOL 00 = LESS THAN 1 YEAR COMPLETED
 1 = PRIMARY (USE '00' FOR Q. 18 ONLY.)
 2 = SECONDARY THIS CODE IS NOT ALLOWED
 3 = HIGHER FOR Q. 20.)
 8 = DONT KNOW 98 = DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	REGISTRATION OF BIRTHS	CHRONIC DISEASES				SOCIAL HABITS		DISABILITY			
	IF AGE 0-4 YEARS					IF AGE 10 YEARS OR OLDER					
	BIRTH REGISTRATION										
	22	23	24	25	26	27	28	29	30	31	32
	Qofkan/Magacani ma haystaa Warqadda dhalashadda? Haddii Jawaabtu tahay MAYA, Waydii Qofkan/Magacani in uu iska diwaan geliyey xafiis diiwangelineed? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	Hadda waxaan rabaa in aan ku weydiiyo suaalada ku saabsan caafimaadka xubnaha qoyska oo dhan. (MAGACA) ma ku dhacay xannuun joogto ahi?	Waa maxay xannuunka ku dhacay [MAGACA]? SEE CODES BELOW.	Ma dhakhtar baa u sheegay in [MAGACU] qabo xannuunka isaga ah?	[MAGACU] si joogto ah dawo ma ugu qaataa cudurkan?	[MAGACU] sigaar ama nooc kale oo tubaako ah ma cabbaa?	[MAGACU] hadda 'Qaad'/Jaad ma cunaa?	Waxyaalahan soo socdaa ma xaddidayaan awoodda [MAGACA]? A= SIGHT? B= HEARING? C= SPEECH D= LEARNING E= MOBILITY F= SELF-CARE? G= MENTAL? H= NONE	Waa maxay sababta ugu weyn ee [MAGACU] naafo u yahay?	Imisa jir buu ahaa [MAGACU] markay xaaladan caafimaad ku billaamatay?	12kii billood ee ugu dambeeyey [MAGACU] ma helay mid kamid ah caawimooyinkan soo socda? A= MEDICAL CARE B= WELFARE C= FINANCIAL D= NUTRITIONAL Y= NO SUPPORT
11	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 27	<input type="text"/>	Y NDK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	CODE A B C D E F G H ↓ GO TO 101	CODE <input type="text"/>	IN YEARS <input type="text"/>	CODE A B C D Y
12	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
13	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
14	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
15	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
16	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
17	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
18	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
19	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y
20	<input type="text"/>	1 2 8 ↓ GO TO 27	<input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 8	A B C D E F G H ↓ GO TO 101	<input type="text"/>	<input type="text"/>	A B C D Y

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 24: CHRONIC DISEASES

- 01=BLOOD PRESSURE 07=KIDNEY DISEASE 14=PROSTATIC 18=SKIN DISEASE
- 02=DIABETES 08=LIVER DISEASE HYPERTROPHY 19= CANCEROUS TUMORS
- 03=INFLAMMATION/ULCER 09=ARTHRITIS 15=CATARACT 96= OTHER _____
- 04=ANEMIA 10=TUBERCULOSIS (TB) 16= CHRONIC BACK PAIN/ (SPECIFY)
- 05=SICKLE CELL ANEMIA 11=CHRONIC HEADACHE SPINAL PROBLEM
- 06=HEART DISEASE 12=STROKE 17=MENTAL/PSYCHOLOGICAL ILLNESS
- 13=EPILEPSY

CODES FOR Q. 30: CAUSE OF DIABILITY

- 01=CONGENITAL 08=MAGIC
- 02=CONTAGIOUS 96=OTHER _____
- 03=CHILD BIRTH CONDITIONS (SPECIFY)
- 04=OTHER DISEASE
- 05=ABUSE 98=DON'T KNOW
- 06=AGING
- 07=INJURY/ACCIDENT

OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																															
101	ruux xubnaha qoyska ka mid ah ma xanuunsaday bishii ugu danbeysay?	YES 1 NO 2	→ 107																																																																																															
102	Ma raadisay talo ama daaweyn la xirrita xaaladeeda/xaaladiisa ?	YES 1 NO 2	→ 107																																																																																															
103	Halkee ayaad uga raadisaday talo ama daaweyn la xirrita xaaladeeda/xaaladiisa ? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL A REFERRAL HEALTH CENTRE B MCH/HC C PRIMARY HEALTH UNIT (PHU) D MOBILE CLINIC E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G PHARMACY H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER SOURCE SHOP J OTHER _____ X (SPECIFY)																																																																																																
104	Qarash intee le'eg ayaad adigu ama xubnaha qoyskaagu ku bixiyeen adeegyada caafimaad ee soo socda bishii ugu dambeysay? RECORD AMOUNT IN USD.																																																																																																	
		<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>AMOUNT (USD)</th> </tr> </thead> <tbody> <tr> <td>a) GENERAL PRACTITIONERS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>b) SPECIALISTS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>c) TRAD. MEDICINE MEN</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>d) OTHER HLTH PRACT</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>e) LAB</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>f) PRESCRIBED DRUGS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>g) OVER THE COUNTER DRUGS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>h) IMAGING</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>i) DIALYSIS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>j) CHEMOTHERAPY</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>k) SURGERY</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>l) ACCOM + MEALS</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>m) TRANSPORT</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>n) FAMILY PLANNING</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>o) ANC</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>p) DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>q) OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>(SPECIFY)</td> </tr> </tbody> </table>		Y	N	DK	AMOUNT (USD)	a) GENERAL PRACTITIONERS	1	2	8	<input type="text"/>	b) SPECIALISTS	1	2	8	<input type="text"/>	c) TRAD. MEDICINE MEN	1	2	8	<input type="text"/>	d) OTHER HLTH PRACT	1	2	8	<input type="text"/>	e) LAB	1	2	8	<input type="text"/>	f) PRESCRIBED DRUGS	1	2	8	<input type="text"/>	g) OVER THE COUNTER DRUGS	1	2	8	<input type="text"/>	h) IMAGING	1	2	8	<input type="text"/>	i) DIALYSIS	1	2	8	<input type="text"/>	j) CHEMOTHERAPY	1	2	8	<input type="text"/>	k) SURGERY	1	2	8	<input type="text"/>	l) ACCOM + MEALS	1	2	8	<input type="text"/>	m) TRANSPORT	1	2	8	<input type="text"/>	n) FAMILY PLANNING	1	2	8	<input type="text"/>	o) ANC	1	2	8	<input type="text"/>	p) DELIVERY	1	2	8	<input type="text"/>	q) OTHER _____	1	2	8	<input type="text"/>					(SPECIFY)	
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OUT OF POCKET HOUSEHOLD HEALTH EXPENDITURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
105	Isku dar, lacag intee le'eg ayuu qoysku ku bixiyey daaweyn iyo adeeg caafimaad bishii ugu dambeeysay?	AMOUNT (USD) . . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																												
106	bishii ugu dambeeyey, si uu u bixiyo qarash caafimaad qoyskaagu illahan dhaqaale ee soo socda kuwee ayuu isticmaalay ? (AKHRI OO DABADEED GOOBAAB 1 AMA 2 SIDA HABOON)? a) Dakhliga hadda soo gala? b) Caymis caafimaad? c) Kayd (ay ku jirto lacagta baanka u taal) d) Ammaah laga soo ammaahday bangiga/laga e) Caawimo ka timi qaraabo ama saaxibo? f) Lacag laga helay alaab la iibiyey? g) Meelo kale ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) INCOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) INSURANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) SAVINGS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) BORROWING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) RELATIVES/FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) SOLD ASSETS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	a) INCOME	1	2	b) INSURANCE	1	2	c) SAVINGS ..	1	2	d) BORROWING	1	2	e) RELATIVES/FRIENDS	1	2	f) SOLD ASSETS	1	2	f) OTHER _____	1	2	(SPECIFY)			
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f) SOLD ASSETS	1	2																												
f) OTHER _____	1	2																												
(SPECIFY)																														
107	Ma jiraa xubin ka mid ah qoyskaaga oo leh caymis caafimaad?	YES 1 NO 2																												

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	xaggee inta badan ka yimaadaan biyaha uu cabbo qoysku?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 WATER KIOSK 72 SURFACE WATER (RIVER/DAM/LAKE/BERKAD /POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 206
202	Waa kuwee ilaha ugu muhiimsan ee uu qosykaagu ka helo biyaha uu u isticmaalo cunta karinta iyo gacma-dhaqashada ?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/BERKAD LAKE/POND/STREAM/CANAL/MUQSIID/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 206
203a	Halkee bey ku yaalaan ilaha ugu mhuimsan ee uu qoykaagu biyaha ka helo?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 204a
203b	Waqti Intee le'eg bay qaadanaysaa in lagaaro meesha biyahu ku jiraan dabadeeda laga soo noqdo?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
204a	Halkee baad ka hesshan ilaha ugu muhiimsan biyaha loo isticmaalo danaha kale ?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 205
204b	Waqti Intee le'eg bay qaadanaysaa in aad gaarto kagana soo laabato meesha biyahu ay ku jiraan?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204c	qoyskaaga inta badan maxuu biyaha ku soo qaataa?	WATER TANKER 1 CAR/PICKUP/TRUCK 2 CAMEL CART 3 DONKEY CART 4 WHEELBARROW 5 ON FOOT 6 OTHER _____ 96 (SPECIFY)	
205	CHECK 201 : CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 207
206	Labadii asbuuc ee ugu dambeeyey, isha biyahani ma go'nayd ugu yaraan maalin dhan?	YES 1 NO 2 DON'T KNOW 8	
207	Ma jiraan waxyaalo aad ku samaysid/suubisid biyaha si ay u noqdaan kuwo nadiif?	YES 1 NO 2 DON'T KNOW 8	→ 209
208	Maxaad ku sameysaa/suubisaa biyaha sida caadiga ah si ay u noqdaan kuwo nadiif? Maxay kale? 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	
209	Musqul nooc ee ah ayay xubnaha qoysku inta badan isticmaalaan? 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 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 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 214
210	Miyaad la wadaagtaa musqushaas cid kale?	YES 1 NO 2	→ 212
211	Marka lagu daro Qoyskaaga imisa qoys baa isticmaala musqushan?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
212	Xaggey kaga taalaa Musqushu guriga?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
213	Waa imisa wadarta musqulaha guriga ku yaala ?	NO. OF TOILETS <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
214	Waa maxay isha ugu muhiimsan ee qoysku ilayska ka helaa?	ELECTRICITY 01 SOLAR 02 KEROSENE 03 FIREWOOD 04 TORCH 05 OTHER 96 (SPECIFY)																																				
215	Inta badan waa maxay tamarta uu qoysku wax ku karsadaan?	ELECTRICITY 01 LPG 02 KEROSENE 03 FIREWOOD 04 CHARCOAL 05 STRAW/SHRUBS/GRASS 06 AGRICULTURAL CROP 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 218																																			
216	Inta badan ma waxaa lagu kariyaa cuntada aqalka gudahiisa, dhisme gaara mise banaanka/dibeda?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 218																																			
217	Ma leedahay qol gaara oo loo isticmaalo jiko/madbakh ahaan?	YES 1 NO 2																																				
218	Gurigan, imisa qol baa loo isticmaalaa in la seexdo?	ROOMS <input type="text"/>																																				
219	Qoyskani xoolo nool ma leeyahay?	YES 1 NO 2	→ 221																																			
220	Tiro intee le'eg ayaa xoolahan soo socda qoysku leeyahay? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Geel b) Lo' c) Ari d) Dameero e) Fardo f) Digaag/Dooro	a) CAMELS <input type="text"/> <input type="text"/> <input type="text"/> b) CATTLE <input type="text"/> <input type="text"/> <input type="text"/> c) SHOATS <input type="text"/> <input type="text"/> <input type="text"/> d) DONKEYS <input type="text"/> <input type="text"/> <input type="text"/> e) HORSES <input type="text"/> <input type="text"/> <input type="text"/> f) POULTRY <input type="text"/> <input type="text"/> <input type="text"/>																																				
221	Qoyskan wax xoolo nooli ah ma ku waayeen abaartii ama daadakii dhacaty (2017)?	YES 1 NO 2	→ 223																																			
222	Xoolahan soo socda kuwee baa qoyska ka dhintay? IF NONE, RECORD '00'. IF 995 OR MORE, RECORD '995'. IF UNKNOWN, RECORD '998'. a) Geel b) Lo' c) Ari d) Dameero e) Fardo f) Digaag/Dooro	<table border="1"> <thead> <tr> <th></th> <th>DUE TO DROUGHT</th> <th>DUE TO FLOODS</th> <th>DUE TO DISEASE</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>a) CAMELS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>b) CATTLE</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>c) SHOATS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>d) DONKEYS</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>e) HORSES</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>f) POULTRY</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> </tbody> </table>		DUE TO DROUGHT	DUE TO FLOODS	DUE TO DISEASE	TOTAL	a) CAMELS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	b) CATTLE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	c) SHOATS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	d) DONKEYS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	e) HORSES	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	f) POULTRY	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	Cid ka mid ah qoyska oo leh dhul beereed ma jirtaa?	YES 1 NO 2	→ 225
224	Imisa hiktar oo dhulbeereed ah ayaa xubnaha qoyskani leeyihiin? IF 95 OR MORE, CIRCLE '950'.	HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998	
225	Qoyskaagu ma leeyahay: a) Raadiye b) Telefishan c) Telefoonka Guriga d) Kambuuter e) Internet ma leedahay? f) Talaajad/qaboojiye g) Qaboojiyi/marawaxad	YES NO a) RADIO 1 2 b) TELEVISION 1 2 c) NON-MOBILE TELEPHONE .. 1 2 d) COMPUTER 1 2 e) INTERNET 1 2 f) REFRIGERATOR 1 2 g) AIR CONDITIONER/FAN..... 1 2	
226	Ma jirtaa xubin qoyska ka mid ah oo leh: a) Saacad b) Telefoonka gacanta c) Baaskiill/Bushkeleeti d) Mooto e) Gaari-faras f) Gaari yar ama mid weyn g) Laash/Mooto-iskaaf h) cagaf cagaf i) bajaaj j) rati/dibi beeraha lagu fasho	YES NO a) WATCH 1 2 b) MOBILE PHONE 1 2 c) BICYCLE 1 2 d) MOTORCYCLE/SCOOTER 1 2 e) DONKEY CART 1 2 f) CAR/TRUCK 1 2 g) BOAT/CANOE 1 2 h) TRACTOR 1 2 i) RICKSHAW 1 2 j) ANIMAL PLOUGH 1 2	
227	Ma jirtaa xubin qoyska ka mid ah oo leh xisaabta baanka/akoon	YES 1 NO 2	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	Waxaan rabnaa in aanu ogaano meesha qoysku ku faradhaqdo. Fadlan ma i tusi kartaa meesha xubnaha qoysku ku faradhaqdaan had iyo goor?	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	} → 231
229	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
230	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
231	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 GRASS 13 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
232	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 PALM LEAF/SOD 12 RUDIMENTARY ROOFING PALM/BAMBOO 21 CARDBOARD 22 CANVAS SHEETS 23 PLASTIC SHEETS 24 CLOTH AND RAGS 25 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
233	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PALM LEAF/GRASS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/STICKS/WOOD WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 IRON SHEETS 24 CARDBOARD 25 CANVAS SHEETS 26 PLASTIC SHEETS 27 CLOTH AND RAGS 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)					
234	Afartii asbuuc ee ugu dambeeyey, ma ka welwelayay qoyskaaga oo aan cunto ku fillan haysan awgeed /darteed?	YES 1 NO 2	→ 236				
235	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
236	Afartii asbuuc ee ugu dambeeyey, adiga ama xubin qoyskaaga ka mid ahi ma cunay cunto ka yar intii uu u baahnaa inuu cuno waayo waxa jirtay cunto yaraan?	YES 1 NO 2	→ 238				
237	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
238	Afartii asbuuc ee ugu dambeeyey, adiga ama xubin qoyskaaga ka mid ahi maalin maalmaha ka mid ah ma ku dhacday in uu cuno xiliyo ka yar ,xilyadii uu cuntada	YES 1 NO 2	→ 240				
239	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
240	Afartii asbuuc ee ugu dambeeyey, ma dhacday marmar aadan wax cunto ah cunin waayo waxaan jirin cunto ama waxaad weyday waxaa cunto ku iibsato?	YES 1 NO 2	→ 242				
241	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
242	Afartii asbuuc ee ugu dambeeyey, ma dhacday marmar qof qoyska ka mid ahi in uu iska seexday habeen isagoo aan waxba cunin waayo cunto ku fillan qoysku	YES 1 NO 2	→ 244				
243	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
244	Afartii asbuuc ee ugu dambeeyey, ma dhacday marmar qof qoyska ka mid ahi in uu maalin dhan waxba cunin waayo cunto ku fillan qoysku ma haysan?	YES 1 NO 2	→ 301				
245	Imisa jeer bay dhacday taasi?	RARELY (ONCE OR TWICE IN 4 WKS) 1 SOMETIMES (THREE TO TEN TIMES IN4 WKS) 2 OFTEN (MORE THAN TEN TIMES IN 4 WKS) .. 3					
246	RECORD THE END TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: Sannadkee ayuu [MAGACU] dhashay?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

301	CHECK COLUMN 1 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 302; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ←
		OLDER 2	OLDER 2	OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: Sannadkee ayuu [MAGACU] dhashay?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	CHECK 303: CHILD BORN IN 2013-2018?	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←	YES 1 NO 2 (SKIP TO 311) ←
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 308) ←
307	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
308	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
309	CHECK 303: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 311) ← OLDER 2
310	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
311	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.			

WEIGHT, HEIGHT MEASUREMENT FOR WOMEN AGE 12-49

401	CHECK COLUMN 10 & 11 IN ROSTER. RECORD THE LINE NUMBER, NAME AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 402 AND 403. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
402	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
403	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 9 (MARITAL STATUS):	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2	CODE 5 (NEVER IN UNION) . 1 OTHER MARITAL STATU: ... 2
404	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
405	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
406	CHECK 403: MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ←] OTHER 2	CODE 5 (NEVER IN UNION) . 1 (NEXT COLUMN) ←] OTHER 2	CODE 5 (NEVER IN UNION) . 1 (END) ←] OTHER 2
407A	ASK: Uur ma leedahay?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
408	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE INTERVIEW.			

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
