



# WORLD HEALTH SURVEY PLUS

## Country – 2024

### Household Questionnaire



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## Section 0000: Coversheet

Q0001	RESEARCH CENTRE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	PRELOADED
Q0002	HOUSEHOLD ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRELOADED
Q0003	INTERVIEWER ID	<input type="text"/> <input type="text"/> <input type="text"/>	
Q0004	TOTAL NUMBER OF CALLS/VISITS:	<div style="display: flex; justify-content: space-around; width: 100px;"> <span>1</span><span>2</span><span>3</span> </div>	
Q0005	DATE OF FINAL RESULTS: (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q0006	FINAL RESULT CODE HOUSEHOLD Q:	<input type="text"/> <input type="text"/>	See Section 0350 [F] for codes
Q0007	DATE INTERVIEW/DATA EDITING COMPLETED (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q0008	DATE SUPERVISOR REVIEWED INTERVIEW AND DATA (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Day / Month / Year

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	
NAME _____ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	NAME _____ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
DATE _____ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	DATE _____ <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	

## Section 0100: Sampling Information

### SAMPLING

<b>Q0101a. Primary Sampling Unit (PSU) Name:</b>	<b>Q0101b. PSU Code:</b>
PRELOADED	PRELOADED
<b>Q0102a. Secondary Sampling Unit (SSU) Name:</b>	<b>Q0102b. SSU Code:</b>
<b>Q0103a. Tertiary Sampling Unit (TSU) Name:</b>	<b>Q0103b. TSU Code:</b>
<b>ADDITIONAL INFORMATION</b>	

### Q0104 Setting (circle one)

AN URBAN AREA THAT HAS BEEN LEGALLY PROCLAIMED AS BEING URBAN. SUCH AREAS INCLUDE TOWNS, CITIES AND METROPOLITAN AREAS.	1 = Urban
ALL OTHER AREAS THAT ARE NOT CLASSIFIED AS BEING URBAN. THIS INCLUDES COMMERCIAL FARMS, SMALL SETTLEMENTS, RURAL VILLAGES AND OTHER AREAS WHICH ARE FURTHER AWAY FROM TOWNS AND CITIES.	2 = Rural

### ADMINISTRATIVE DIVISION INFORMATION

Refer to Appendix A0100 for administrative names and codes

<b>Q0105a. First Administrative Level Unit Name:</b>	<b>Q0105b. First Administrative Level Unit Code:</b>
PRELOADED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PRELOADED 99 Not applicable if the unit is not in appendix list
If First Administrative Level Unit name is not in the Appendix list, write name clearly here:	

<b>Q0106a. Second Administrative Level Unit Name:</b>	<b>Q0106b. Second Administrative Level Unit Code:</b>
PRELOADED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PRELOADED 99 Not applicable if the unit is not in appendix list
If Second Administrative Level Unit name is not in the Appendix list, write name clearly here:	

## Section 0200: Geocoding/GPS Information

<b>Q0201</b>	<b>Number of satellite signals received</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>						
<b>Q0202</b>	<b>Accuracy</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> feet						
<b>Q0203</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: right; padding-right: 10px;">N/S</td> <td style="width: 30%; text-align: center; padding: 0 10px;">Degrees</td> <td style="width: 40%; text-align: center; padding: 0 10px;">Minutes</td> </tr> <tr> <td style="vertical-align: top;"> <b>Latitude:</b>  <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> </td> <td style="vertical-align: top; text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>           °         </td> <td style="vertical-align: top; text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>           '         </td> </tr> </table>	N/S	Degrees	Minutes	<b>Latitude:</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> °	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> '
N/S	Degrees	Minutes					
<b>Latitude:</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> °	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> '					
<b>Q0204</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: right; padding-right: 10px;">E/W</td> <td style="width: 30%; text-align: center; padding: 0 10px;">Degrees</td> <td style="width: 40%; text-align: center; padding: 0 10px;">Minutes</td> </tr> <tr> <td style="vertical-align: top;"> <b>Longitude:</b>  <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> </td> <td style="vertical-align: top; text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>           °         </td> <td style="vertical-align: top; text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>           '         </td> </tr> </table>	E/W	Degrees	Minutes	<b>Longitude:</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> °	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> '
E/W	Degrees	Minutes					
<b>Longitude:</b> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> °	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> '					
<b>Q0205</b>	<b>Waypoint:</b> Circle one <div style="margin-top: 10px;"> <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; margin-right: 10px;">1</div> <div>In front of the household</div> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; margin-right: 10px;">2</div> <div>Nearby location (for example, a park, communal space or landmark)</div> </div> </div> </div>						
Notes about GPS reading, if any:							

## Section 0300: Recontact Information

Q0301	What is the informant's <u>full name</u> ? <i>(verify spelling and write clearly)</i>  Q0301A. LAST NAME (SURNAME): _____  Q0301B. FIRST NAME: _____				
Q0302	What is the informant's address?  Q0302A. STREET NUMBER AND NAME: _____  Q0302B. CITY: _____  Q0302C. POSTAL CODE: _____  Q0302D. OTHER: _____				
Q0303	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Does this informant/household have a telephone?</td> <td style="width: 40%; border-bottom: 1px solid black;">           1 YES            2 No.....→         </td> </tr> </table>	Does this informant/household have a telephone?	1 YES 2 No.....→		
Does this informant/household have a telephone?	1 YES 2 No.....→				
Q0304	What is the telephone number?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
Q0305	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">           If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?         </td> <td style="width: 40%; border-bottom: 1px solid black;">           1 YES            2 NO.....→         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           What is this person's name, relationship to you and his or her address?             Q0306a. LAST NAME (SURNAME):             Q0306b. FIRST NAME:             Q0306c. RELATIONSHIP:  <i>Use codes from Q0404.</i>             Q0306d. STREET NUMBER AND NAME:             Q0306e. CITY:             Q0306f. POSTAL CODE:   <i>Please enter all additional location information below.</i>             Q0306g. OTHER:         </td> </tr> </table>	If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 NO.....→	What is this person's name, relationship to you and his or her address?  Q0306a. LAST NAME (SURNAME):  Q0306b. FIRST NAME:  Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i>  Q0306d. STREET NUMBER AND NAME:  Q0306e. CITY:  Q0306f. POSTAL CODE:  <i>Please enter all additional location information below.</i>  Q0306g. OTHER:	
If we cannot contact you for whatever reason, is there someone else we could contact who would know how to reach you or someone in your household?	1 YES 2 NO.....→				
What is this person's name, relationship to you and his or her address?  Q0306a. LAST NAME (SURNAME):  Q0306b. FIRST NAME:  Q0306c. RELATIONSHIP: <i>Use codes from Q0404.</i>  Q0306d. STREET NUMBER AND NAME:  Q0306e. CITY:  Q0306f. POSTAL CODE:  <i>Please enter all additional location information below.</i>  Q0306g. OTHER:					

**Q0305**

**NEXT  
SECTION**

**A survey supervisor may be calling or visiting you again to verify this interview or to collect additional information in the future.**

## Section 0350: Contact Record - Household

	Q0351 CALL #1	Q0352 CALL #2	Q0353 CALL #3
<b>A. Date</b>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>Day/Month/Year</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>Day/Month/Year</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>Day/Month/Year</div>
<b>B. Time of contact</b>	<div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div>:</div> <div></div> <div></div> </div>
<b>C. Interviewer I.D.</b>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
<b>D. Contact with</b> 1=Household Informant 2=Other household member 3=No one	<div>1</div> <div>2</div> <div>3</div>	<div>1</div> <div>2</div> <div>3</div>	<div>1</div> <div>2</div> <div>3</div>
<b>E. Household roster obtained</b> 1=YES 2=NO	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>
<b>F. Result code</b> 01=COMPLETED INTERVIEW (INTERVIEW IS ACCEPTED AND CONDUCTED) 02=PARTIAL INTERVIEW (INTERVIEW IS PARTIALLY COMPLETED AND PERSON WILL NOT BE CONTACTED ANYMORE). 03=HOUSEHOLD CONTACTED-INITIAL REFUSAL 04=HOUSEHOLD CONTACTED-UNCERTAIN ABOUT INTERVIEW 05=RESISTANCE/REFUSAL BY HOUSEHOLD INFORMANT 06=FINAL REFUSAL BY HOUSEHOLD INFORMANT 07=FINAL REFUSAL BY OTHER HOUSEHOLD MEMBER 08=UNABLE TO LOCATE HOUSEHOLD OR HOUSEHOLD INFORMANT 09=NO INTERVIEW BECAUSE INFORMANT IS NOT ELIGIBLE: LESS THAN 18, MENTALLY UNFIT OR TOO ILL. 10=LANGUAGE BARRIER 11=HOUSE IS VACANT OR HOUSEHOLD OCCUPANTS ARE ELSEWHERE (SEASONAL VACANCY, OTHER RESIDENCE) 12=UNSAFE OR DANGEROUS AREA OR NO ACCESS TO INFORMANT 13= DECEASED INFORMANT 14=INFORMANT IN INSTITUTION: JAIL, HOSPITAL AND NOT ACCESSIBLE	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>06</div> <div>07</div> <div>08</div> <div>09</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>06</div> <div>07</div> <div>08</div> <div>09</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>06</div> <div>07</div> <div>08</div> <div>09</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>
<b>CAP: INSERT final result code in Section 0000: Coversheet, Q0006.</b>			

## Section 0400: Household Roster

In order to determine who to interview, I need to know who lives at this address.

Let me assure you that any information you provide is strictly confidential. By asking “who lives at this household?”, I mean those who share meals (‘eat out of the same pot’) and usually stay here for at least six months a year.

I would like to know the age, sex, marital status, educational level and relationship to the household head of each of the members of this household who live here.

Please include people who may presently be in an institution due to their health (for example, in hospital or old people's home) for a short time.

Q0401	What is the total number of people who live in this household?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Persons
-------	--	---	---------

We want to start with the person who is the head of the household. By head of the household we mean the main decision maker in the household. The head can be either male or female. If two people are equal decision-makers, take the older person.

Q0402	What is the name of the head of the household?	Q0402a. Surname (last name):
	<i>Use Column 01 on the Household Roster for this person.</i>	Q0402b. First (given) name:

*Complete one column for each household member in the table on the following pages.*

*INTERVIEWER: remember to include people who may presently be in an institution for a short time due to their health.*

		Person (HH member) number				
		01	02	03	04	05
Q0403	First name and surname a. Last/surname:  b. First (given):	Household head				
Q0404	<b>What is [NAME]'s relationship to the household head?</b> 01=SPOUSE 02=SON OR DAUGHTER 03=SON OR DAUGHTER-IN-LAW 04=GRANDCHILD 05=PARENT 06=PARENT-IN-LAW 07=BROTHER OR SISTER 08=CO-WIFE 09=GRANDPARENT 10=OTHER RELATIVE 11=NOT RELATED (FRIENDS, SERVANTS, BOARDERS, LODGERS, OTHER) 88=DK	N/A	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88	01 02 03 04 05 06 07 08 09 10 11 88
Q0404a Asked If Q0404=11	<b>Is [NAME] a migrant worker?</b> 1 = YES    2 = No		1 2	1 2	1 2	1 2
Q0405	<b>To which gender do you most identify?</b> 1=MAN 2=WOMAN 3= NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406	<b>How old is [NAME]?</b> <i>(if less than 1 year old enter "000")</i>					
Q0407	<b>What is [NAME]'s marital status?</b> 1= NEVER MARRIED (AND NOT COHABITING) 2= CURRENTLY MARRIED 3= COHABITATING 4= SEPARATED/DIVORCED 5= WIDOWED 8= DK	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0408a	<b>What is the highest level of education [NAME] completed?</b> 0=NO FORMAL EDUCATION 1=LESS THAN PRIMARY SCHOOL 2=PRIMARY SCHOOL COMPLETED 3=LOWER SECONDARY SCHOOL COMPLETED 4=UPPER SECONDARY GENERAL SCHOOL (OR EQUIVALENT) COMPLETED 5=UPPER SECONDARY VOCATIONAL EDUCATION (OR EQUIVALENT) COMPLETED 6=POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) GENERAL EDUCATION COMPLETED 7=POST-SECONDARY (NON-UNIVERSITY OR SHORT-CYCLE TERTIARY) VOCATIONAL EDUCATION COMPLETED 8=UNIVERSITY BACHELOR'S (OR EQUIVALENT) DEGREE COMPLETED 9=UNIVERSITY MASTER'S (OR EQUIVALENT) DEGREE COMPLETED 10=UNIVERSITY DOCTORAL (OR EQUIVALENT) DEGREE COMPLETED	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10



Person (HH Member) number										
	06	07	08	09	10	11	12	13	14	
Q0403a										
Q0403b										
Q0404	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88	01 02 03 04 05 06 07 08 09 10 11 12 88
Q0404a	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
Q0405	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0406										
Q0407	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
Q0408a	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10	00 01 02 03 04 05  06 07  08 09 10

Q0408b  Asked if Q0408a is 5-10	<b>What was the main area of study of the highest diploma or degree that [NAME] completed?</b>  1= EDUCATION OR TEACHER TRAINING 2=ARTS, HUMANITIES OR LANGUAGES 3=SOCIAL SCIENCES, JOURNALISM OR INFORMATION 4=BUSINESS, ADMINISTRATION OR LAW 5=NATURAL SCIENCES, MATHEMATICS OR STATISTICS 6=INFORMATION AND COMMUNICATION TECHNOLOGIES 7= ENGINEERING, MANUFACTURING, ARCHITECTURE OR CONSTRUCTION 8= AGRICULTURE, FORESTRY, FISHERIES OR VETERINARY 9=HEALTH AND WELFARE 10=PERSONAL, HYGIENE, SECURITY, TRANSPORT OR OTHER SERVICES 11=NOT KNOWN OR UNSPECIFIED (INCLUDING GENERAL PROGRAMMES)	01 02 03 04 05  06 07 08 09 10 11	01 02 03 04 05  06 07 08 09 10 11	01 02 03 04 05  06 07 08 09 10 11	01 02 03 04 05  06 07 08 09 10 11	01 02 03 04 05  06 07 08 09 10 11
Q0409a	<b>Which of the following best describes what [NAME] is mainly doing at present?</b>  1=STUDYING OR TRAINING 2=WORK IN FARMING, FORESTRY OR FISHING 3=WORK IN A SECTOR OTHER THAN FARMING, FORESTRY OR FISHING 4=LOOKING FOR WORK 5=ENGAGED IN HOUSEHOLD OR FAMILY RESPONSIBILITIES 6=LONG-TERM ILLNESS, INJURY OR DISABILITY 7=RETIRED OR PENSIONER 8=Dk 87=OTHER	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87
Q0409b  Asked if Q0409a is 3 or 4	<b>What is the main kind of work or occupation that [NAME] does?</b>  1 = MANAGER IN HEALTH AND SOCIAL SERVICES 2=MANAGER IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 3 = PROFESSIONAL IN HEALTH AND SOCIAL SERVICES 4 = PROFESSIONAL IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 5 = TECHNICIAN OR ASSOCIATE PROFESSIONAL IN HEALTH AND SOCIAL SERVICES 6 = TECHNICIAN OR ASSOCIATE PROFESSIONAL IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 7= CUSTOMER SERVICES OR CLERICAL SUPPORT WORK 8 = PERSONAL CARE WORKER IN HEALTH AND SOCIAL SERVICES 9 = SALES OR SERVICE WORK IN A SECTOR OTHER THAN HEALTH AND SOCIAL SERVICES 10 = BUILDING, MACHINERY, CRAFT, ELECTRICAL, FOOD PROCESSING, DRIVING, OR OTHER TRADES OR ASSEMBLY WORK 11= OFFICE CLEANING, DOMESTIC HELP, STOCKING SUPPLIES, STREET VENDOR, OR OTHER MANUAL WORK 12= ARMED FORCES 87= OTHER 88 = Dk	01 02 03 04  05 06 07 08 09 10 11 12 87 88	01 02 03 04  05 06 07 08 09 10 11 12 87 88	01 02 03 04  05 06 07 08 09 10 11 12 87 88	01 02 03 04  05 06 07 08 09 10 11 12 87 88	01 02 03 04  05 06 07 08 09 10 11 12 87 88

Q0408b	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11	01 02 03 04 05  06  07  08  09  10  11
Q0409a	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87	01 02 03  04 05  06 07 08 87
Q0409b	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88	01 02 03 04  05  06  07  08  09  10  11  12 87 88

If Q0408b=9 OR (Q0409b=1 or 3 or 5 or 8) administer Section 0900 to HH member

		Person (HH member) number				
		01	02	03	04	05
		Head				
Q0410	<b>Does [NAME] have health insurance coverage?</b> 1 = Yes, mandatory insurance* 2 = Yes, voluntary insurance** 3 = Yes, both mandatory and voluntary insurance 4 = No, none.	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0411	<b>Does [NAME] need care due to his/her health condition, such as a long-term physical or mental illness or disability, or because he/she is getting old and weak?</b> 1 = YES → <i>Continue</i> 2 = No → <i>Go to Q0414</i>	1 2	1 2	1 2	1 2	1 2
Q0412	<b>How much care does he/she need?</b> 1 = Needs help/watching all the time (day and night) 2 = Cannot be without help/watching or be left alone at home for more than an hour 3 = Can be left on his/her own at home for several hours but requires accompaniment when leaving home 4 = Needs some help at home and sometimes needs to be accompanied when leaving home	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0413	<b>Is [NAME] presently in an institution (hospital, after care home, home for the aged, hospice) due to his/her health condition?</b> 1 = YES; 2 = NO	1 2	1 2	1 2	1 2	1 2
Q0413a Asked if Q0406<5 (i.e. 0-59 months)	<b>Has [NAME] ever been vaccinated by mouth or in the arm or thigh??</b> 1 = YES; 2 = NO 8 = DK	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413b Asked if Q0406<5 (i.e. 0-59 months)	<b>Has [NAME] ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?</b> 1 = YES; 2 = NO 8 = DK	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413c Asked if Q0406<5 (i.e. 0-59 months)	<b>Has [NAME] ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?</b>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413d Asked if Q0406<5 (i.e. 0-59 months)	<b>Has [NAME] ever received a measles vaccination, that is, an injection in the arm to prevent measles?</b>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
<b>INTERVIEWER:</b> IF ADDITIONAL HH MEMBERS → go to <b>Next HH member after Q0413</b> OR if last HH MEMBER → go to <b>Q0414</b> .						

\* Mandatory health insurance, such as social medical, unemployment, or endowment insurance

\*\*Voluntary health insurance, such as cooperative medical care, commercial or social insurance

Person (HH member) number									
	06	07	08	09	10	11	12	13	14
Q0410	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Q0411	1  2	1  2	1  2	1  2	1  2	1  2	1  2	1  2	1  2
Q0412	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4	1  2  3  4
Q0413	1  2	1  2	1  2	1  2	1  2	1  2	1  2	1  2	1  2
Q0413a	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413b	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413c	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
Q0413d	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
<p><b>INTERVIEWER:</b>            IF ADDITIONAL HH MEMBERS ➔ go to <b>Next HH member after Q0413</b> OR if last HH MEMBER ➔ go to <b>Q0414</b>.</p>									

Just to make sure I have a complete listing of everyone in the household - you said previously that

(SEE Q0401)  people live in this household.

*INTERVIEWER: Check Q0401 - make sure total number of persons listed in the roster table above is equal to the number of persons living in the household.*

*If number matches, → Q0414.*

*If number does not match, → go back to roster.*

Q0414	Are there any other persons such as small children or infants that we have not listed?	1 YES .....→ 2 NO	(GO BACK TO HH ROSTER AND COMPLETE COLUMN)
Q0415	Are there any other persons not here at the moment whom are usually part of your household?	1 YES .....→ 2 NO	
Q0415a	In the last five years, how many former members of this household have left to live abroad or moved within the country for at least 12 months and have not returned? <i>Administer Section 0460 if Q0415a is 1 or more</i>	<input type="text"/> <input type="text"/>	
Q0415b	How many members of the household have returned permanently from abroad in the last 2 years?	<input type="text"/> <input type="text"/>	
Q0416	Who is the main income earner for the household (person who brings in most money)? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/> 87 OTHER PERSON	
Q0417	Who is the household member who completed the household roster? <i>INTERVIEWER: insert the Person (HH member) number from the roster table above.</i>	<input type="text"/> <input type="text"/>	

### Deaths in the household/dwelling in the last 24 months.

We want to know if there have been any deaths in this household/dwelling in the last 24 months

Q0418	Has any member of this household died since [MM/YY] <i>CAP1 to calculate 24 months prior to date of interview</i>	1 YES 2 NO .....→	SECTION 0450
Q0419	How many deaths were there in this household in the last 24 months?.	<input type="text"/> <input type="text"/>	

		a.Person 1	b.Person 2	c.Person 3	d.Person 4	e.Person 5
Q0420	To which gender did the deceased most identify? 1 = MAN 2 = WOMAN 3 = NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0421	What was the deceased persons age at death (in years) <i>Age at last birthday.</i> <i>For children less than 1 year, enter 000</i>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Q0422	What was the date of death?	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Q0423	Was the deceased living abroad at the time of death? 1=YES 2=No	1 2	1 2	1 2	1 2	1 2
Q0424	What was the cause of death?  1=INJURY (BEATINGS, BURNS, DROWNING, FALLS, POISONING) 2=COMPLICATIONS RELATED TO PREGNANCY OR CHILDBIRTH 3=INFECTIOUS DISEASE (FLU, COVID-19, TB, MALARIA) 4=CHRONIC DISEASE (CANCER, CVD, STROKE) 5=SUICIDE 6=VIOLENCE (GUNSHOT, PHYSICAL/ SEXUAL, INCARCERATION/KIDNAPPING, INTIMIDATION/ILL-TREATMENT) 7=OTHER, SPECIFY 8=Dk	1  2  3 4 5 6  7 8	1  2  3 4 5 6  7 8	1  2  3 4 5 6  7 8	1  2  3 4 5 6  7 8	1  2  3 4 5 6  7 8

## Section 0450: Household Consent

**INTERVIEWER:** You will select an informant to complete the remaining sections of the household questionnaire and a respondent for the individual questionnaire at his point.

**The household informant and individual respondent may or may not be the same person.**

### A. INSTRUCTIONS FOR SELECTING RESPONDENT FOR HOUSEHOLD QUESTIONNAIRE

**INTERVIEWER:** For the Household Informant, choose the person in the household most knowledgeable about the household and household members' health status, employment, financial condition, expenditures and health insurance. Several persons in the household may have to be spoken to in order to determine this, but the most knowledgeable should be identified and coded in Q0451. The person identified here may be different from the person chosen to complete the individual questionnaire.

Q0451	INTERVIEWER: Indicate who is the 'Household Informant'? Record the Person (HH member) number from the Household Roster	<input type="text"/> <input type="text"/>	
Q0451a	Was the Household Consent Form Agreed to and Signed / Agreed but Witness Signed or Refused?	1 Agreed and signed 2 Agreed, but witness signed 3 Refused ..... →	End interview

### B. INSTRUCTIONS FOR SELECTING RESPONDENT FOR INDIVIDUAL QUESTIONNAIRE

You need to complete the household questionnaire only once. The respondent for the individual questionnaire should be listed below starting in Q0452 for the first person. If a second person is interviewed for the maternal and child care module, it should be listed in Q0453. Then also insert the person number in Q1002 on the Individual Respondent Questionnaire.

Q0452	Person (Household member) number	<input type="text"/> <input type="text"/>
Q0453	If a second person; Person (Household member) number	<input type="text"/> <input type="text"/>

**INTERVIEWER:**

**To complete the remaining sections in the Household Questionnaire, make sure to obtain consent using the Household Informant Consent Form - before proceeding to the next section.**



## Section 0460: Migration

This section is to be administered to former household members whom in the last five years have moved abroad or who have moved within the country, for at least 12 months, and have not returned.

		Person number				
		60	61	62	63	64
Q0461	Last name and first name a. Last/surname:					
	b. First (given):					
Q0462	To which gender does [NAME] most identify? 1=MAN 2=WOMAN 3= NON-BINARY	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Q0463	[NAME]'s age in completed years at departure?					
Q0464	Year and month of departure of [NAME]? YYYY/MM					
Q0465a	To which country did [NAME] move, to live for at least 12 months?					
Q0465b	To which city did [NAME] move, to live for at least 12 months?					
Q0466	What is the main reason for [NAME] leaving? 1=Settlement (long-term/permanent stay) 2=Employment (including military service) 3=Education or training 4=Marriage, family reunification or family formation 5= Forced displacement (refugees, asylum seekers, temporary protection status, etc.) 7=Other, specify					
Q0467 If Q0463 is 6 years and older only	What is the highest level of education completed by [NAME] (at departure)?					
Q0468 If Q0463 is 15 years and older only	What was [NAME]'s occupation at departure?					
Q0469	What is [NAME]'s telephone number country code number					

## Section 0500: Housing

I would like to ask you some questions about your dwelling or home.

Q0501	Is this dwelling where you live...?  INTERVIEWER: read options to the respondent.	1 OWNED BY THE HOUSEHOLD HEAD AND FULLY PAID OFF 2 OWNED BY THE HOUSEHOLD HEAD BUT NOT YET FULLY PAID OFF 3 OWNED BY SOMEONE ELSE IN HOUSEHOLD AND FULLY PAID OFF 4 OWNED BY SOMEONE ELSE IN HOUSEHOLD BUT NOT YET FULLY PAID OFF 5 RENTED 6 PROVIDED FREE OF CHARGE 7 OTHER, SPECIFY:	
Q0502	How many rooms does this dwelling have in total, without counting the bathrooms or hallways?	<input type="text"/> <input type="text"/>	

### ENVIRONMENTAL RISK FACTORS

Q0503	What type of floor does your dwelling have?	1 HARD FLOOR (TILE, CEMENT, BRICK, WOOD) 2 EARTH FLOOR	
Q0504	What type of (exterior) walls does your dwelling have?  (Circle main type)	1 CEMENT, BRICK, STONE OR WOOD 2 MUD/ MUD BRICK 3 THATCH AND OTHER 4 PLASTIC SHEET 5 METAL SHEET 7 OTHER, SPECIFY	

## Section 0500: Water, Sanitation and Hygiene

I would now like to ask you some questions about drinking water, sanitation, hand washing and menstrual health at your household.

## Drinking water

Q0505	What is the <u>main source</u> of drinking water for members of your household?	1. Piped into dwelling..... → 2. Piped into compound, yard or plot..... → 3. Piped to neighbour..... → 4. Public tap / standpipe..... → 5. Borehole or tube well..... → 6. Protected dug well..... → 7. Unprotected dug well..... → 8. Protected spring..... → 9. Unprotected spring..... → 10. Rainwater collection..... → 11. Tanker-truck..... → 12. Cart with small tank / drum..... → 13. Water kiosk..... → 14. Bottled water..... → 15. Sachet water..... → 16. Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... → 87. Other, specify..... →	Go to Q0511  Go to Q0511 Go to Q0508 Go to Q0508 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0507 Go to Q0508 Go to Q0508 Go to Q0508 Go to Q0508 Go to Q0506 Go to Q0506  Go to Q0507 Go to Q0507
Q0506	What is the <u>main source</u> of water used by members of your household for other purposes, such as cooking and hand washing?	1. Piped into dwelling..... → 2. Piped into compound, yard or plot..... → 3. Piped to neighbour 4. Public tap / standpipe 5. Borehole or tube well 6. Protected dug well 7. Unprotected dug well 8. Protected spring 9. Unprotected spring 10. Rainwater collection 11. Tanker-truck..... → 12. Cart with small tank / drum..... → 13. Water kiosk..... → 14. Bottled water..... → 15. Sachet water..... → 16. Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... → 87. Other, specify	Go to Q0511  Go to Q0511          Go to Q0508 Go to Q0508 Go to Q0508 Go to Q0511 Go to Q0511  Go to Q0508
Q0507	Where is that water collected from?	1. In own dwelling..... → 2. In own yard / plot..... → 3. Elsewhere	Go to Q0511 Go to Q0511
Q0508	How long does it take to go there, get water, and come back?	<input type="text"/> <input type="text"/> minutes -8. DK.	

Household Questionnaire

Q0509	Who usually goes to this source to fetch water for your household?	1. Adult woman ( $\geq 15$ years) 2. Adult man ( $\geq 15$ years) 3. Girl ( $< 15$ years) 4. Boy ( $< 15$ years)	
Q0510	How many trips did that person make in the last week?	<input type="text"/> <input type="text"/> no of trips -8. DK.	
Q0511	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	1. Yes, at least once 2. No, always sufficient 8. Don't know	
Q0512	Can you please show me where the members of your household collect drinking water so that I can test the water quality?  [Samples are collected from the main source (point of collection) and tested for faecal contamination within 30 minutes of collecting the sample]	Number of E. coli detected in 100 mL sample. Source water test  <input type="text"/> <input type="text"/> <input type="text"/> $\geq 101$ record 101 998 not possible to read result	
Q0513	Can you please provide me with a glass of water that members of your household usually drink?  [Conduct tests within 30 minutes of collecting samples]	Number of E. coli detected in 100 mL sample. Source water test  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> $\geq 101$ record 101 998 not possible to read result	

## Sanitation

Q0514	What kind of toilet facility do members of your household usually use?	<ol style="list-style-type: none"> <li>1. Flush / pour flush</li> <li>2. Flush to piped sewer system</li> <li>3. Flush to septic tank with underground infiltration well/field</li> <li>4. Flush to septic tank with discharge line to surface</li> <li>5. Flush to cesspit/cesspool with underground infiltration</li> <li>6. Flush to cesspit/cesspool with discharge line to surface</li> <li>7. Flush to pit latrine</li> <li>8. Flush to open drain</li> <li>9. Flush to don't know where</li> <li>10. Pit latrine with slab</li> <li>11. Pit latrine without slab / Open pit</li> <li>12. Twin pit with slab</li> <li>13. Twin pit without slab</li> <li>14. Other composting toilet</li> <li>15. Bucket</li> <li>16. Container based sanitation</li> <li>17. Hanging toilet / hanging latrine</li> <li>18. No facility used..... →</li> <li>19. No permission to see</li> <li>87. Other (specify)</li> </ol>	<b>Go to Q0519</b>
Q0515	Do you share this facility with others who are not members of your household?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
Q0516	Where is this toilet facility located?	<ol style="list-style-type: none"> <li>1. In own dwelling</li> <li>2. In own yard / plot</li> <li>3. Elsewhere</li> </ol>	
Q0517-Q0518 Only applies to households using sanitation facilities with on-site storage (latrines, septic tanks, composting toilets and twin pits).			
Q0517	Has your (pit latrine or septic tank) ever been emptied?	<ol style="list-style-type: none"> <li>1. Yes emptied</li> <li>2. Never emptied</li> <li>8. Don't know</li> </ol>	
Q0518	The last time it was emptied, where were the contents emptied to?	<ol style="list-style-type: none"> <li>1. Buried in a covered pit</li> <li>2. Discharged locally, to uncovered pit, open ground, water body or elsewhere</li> <li>3. Removed off-premises</li> <li>8. Don't know</li> </ol>	

## Hand washing

Q0519	Can you please show me where members of your household most often wash their hands?	<ol style="list-style-type: none"> <li>1. Fixed facility observed (sink/tap) in dwelling</li> <li>2. Fixed facility observed (sink/tap) in yard/plot</li> <li>3. Mobile object observed (bucket/jug/kettle)</li> <li>4. No hand washing place in dwelling/yard/plot..... →</li> <li>5. No permission to see..... →</li> <li>7. Other, specify..... →</li> </ol>	<b>Go to Q0523</b> <b>Go to Q0523</b> <b>Go to Q0523</b>
Q0520	Observe availability of water at the place for handwashing.	<ol style="list-style-type: none"> <li>1. Water is available</li> <li>2. Water is not available</li> </ol>	

Household Questionnaire

Q0521	Observe availability of soap or detergent at the place for hand washing.	1. Soap or detergent available 2. Soap or detergent not available	
Q0522	Does this household have a bath or shower with running water on premises?	1. Yes 2. No	

## Menstrual Health

Only applies to women who have had a period in the preceding year.

Q0523	During your last menstrual period were you able to wash and change in privacy while at home?	1. Yes 2. No	
Q0524	During your last menstrual period, what hygiene materials did you use?	1. Cloth/reusable sanitary pads 2. Disposable sanitary pads 3. Tampons 4. Menstrual cup 5. Toilet paper 6. Underwear alone 7. Other, specify	
During your last menstrual period, did you miss any of the following activities due to your period?			
Q0525a	Attending school?	1. Yes 2. No 98. Not applicable	
Q0525b	Paid work?	1. Yes 2. No 98. Not applicable	
Q0525c	Participating in social activities?	1. Yes 2. No 98. Not applicable	
Q0525d	Cooking food?	1. Yes 2. No 98. Not applicable	
Q0525e	Eating with others?	1. Yes 2. No 98. Not applicable	
Q0525f	Bathing in regular place?	1. Yes 2. No 98. Not applicable	
Q0526	Before you had your first menstrual period, were you aware of menstruation?	1. Yes 2. No	

## Section 0530: Clean Fuels

*Interviewer:* I am now going to ask you some questions about the energy used for cooking and heating in your household, followed by questions about lighting and the source of electricity.

### Household cooking

**Repeat Q0531 and Q0533 for each of the cook stoves reported.**

Q0531	What does this household use for cooking most of the time, including cooking food, making tea/coffee, boiling drinking water? Please tell me the cookstove or device that is used for the most time, followed by the other cookstove(s) or device(s) used most often, if applicable.	<ol style="list-style-type: none"> <li>1. No food or drink cooked/prepared in the household..... →</li> <li>2. Solar cooker (thermal energy, not solar panels)</li> <li>3. Electric stove.....→</li> <li>4. Piped natural gas stove.....→</li> <li>5. Biogas stove.....→</li> <li>6. Liquefied petroleum gas (LPG)/cooking gas stove.....→</li> <li>7. Manufactured solid fuel stove</li> <li>8. Traditional solid fuel stove (non-manufactured)</li> <li>9. Liquid fuel stove</li> <li>10. Moveable fire pan</li> <li>11. Three stone stove/open fire</li> <li>87. Other, specify</li> </ol>	Q0549  Q0549 Q0549 Q0549
Q0532	What is the brand of the cookstove or device? (Pre-fill with name or brand of manufactured solid fuel stoves available in country- may add additional lines.)	<ol style="list-style-type: none"> <li>1. Alcohol/ethanol</li> <li>2. Gasoline/diesel (not in generator)</li> <li>3. Kerosene/paraffin</li> <li>4. Coal/lignite unprocessed</li> <li>5. Coal/lignite briquettes/pellets</li> <li>6. Charcoal unprocessed</li> <li>7. Charcoal briquettes/pellets</li> <li>8. Wood</li> <li>9. Agricultural or crop residue grass/straw/shrubs/corn cobs</li> <li>10. Animal waste/dung</li> <li>11. Processed biomass pellets/briquettes</li> <li>12. Woodchips</li> <li>13. Garbage/plastic</li> <li>14. Sawdust</li> <li>87. Other</li> </ol>	
Q0533	What type of fuel or energy source does this household use most of the time in this cookstove or device for cooking food, making tea/coffee and boiling drinking water)	<ol style="list-style-type: none"> <li>1. Alcohol/ethanol</li> <li>2. Gasoline/diesel (not in generator)</li> <li>3. Kerosene/paraffin</li> <li>4. Coal/lignite unprocessed</li> <li>5. Coal/lignite briquettes/pellets</li> <li>6. Charcoal unprocessed</li> <li>7. Charcoal briquettes/pellets</li> <li>8. Wood</li> <li>9. Agricultural or crop residue grass/straw/shrubs/corn cobs</li> <li>10. Animal waste/dung</li> <li>11. Processed biomass pellets/briquettes</li> <li>12. Woodchips</li> <li>13. Garbage/plastic</li> <li>14. Sawdust</li> <li>87. Other</li> </ol>	
Q0534	How much did this household pay for this fuel or energy source <b>last month</b> for cooking (the last 30 days)?  (in local currency)	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div>(local currency)</div> </div> <p>0. Pays nothing -8. DK</p>	

Household Questionnaire

Q0535	In the <b>past 12 months</b> , how often was this fuel or energy source <b>unavailable</b> in the quantity you desired?	1. Often (more than once a month) 2. Sometimes (4-12 times per year) 3. Rarely (less than 4 times per year) 4. Never (always available) 8. Dk / unsure	
Q0536	What other fuels and energy sources does this household use in this cookstove or device for cooking food, making tea/coffee, boiling drinking water and/or starting the fire?	1. No others 2. Alcohol/ethanol 3. Gasoline/diesel (not in generator) 4. Kerosene/paraffin 5. Coal/lignite unprocessed 6. Coal/lignite briquettes/pellets 7. Charcoal unprocessed 8. Charcoal briquettes/pellets 9. Wood 10. Agricultural or crop residue/grass/straw/shrubs/corn cobs 11. Animal waste/dung 12. Processed biomass pellets/briquettes 13. Woodchips 14. Garbage/plastic 15. Sawdust 87. Other	
Q0537	<b>Yesterday</b> , how much time was this cookstove used for cooking food, making tea/coffee, and boiling drinking water?	<input type="text"/> <input type="text"/> <input type="text"/> hours  <input type="text"/> <input type="text"/> minutes -8. DK / unsure	
Q0538	How often did you use the cookstove or cooking device <b>over the last week (last 7 days)</b> for these activities?	1. Several times each day 2. About once per day 3. A few times this week 4. About once this week 8. Dk	
Q0539	Is the cooking usually done in the house, in a separate building, or outdoors?	1. In main house: no separate room 2. In main house: separate room 3. Outside of main house: in a separate room 4. Outside of main house in open air → 5. On veranda or covered porch.....→ 7. Other	<b>Q0541</b> <b>Q0541</b>
Q0540	Does the cookstove have a chimney or hood?	1. Yes 2. No 8. Dk	
Q0541	In the past 12 months, did any harm or injury happen from using this cookstove, device or fuel?	1. None 2. Person burned 3. Fire in house 4. Poisoning 5. Death 7. Other	



## Household energy and gender

Q0542	<b>Enumerator/CAPI check: Is the cookstove used most of the time (Q0531) electric, solar or piped natural gas?</b>	1. Yes.....→ 2. No	Q0547
Q0543	<p>Who usually goes to collect the main fuel for the cookstove your household uses <b>most of the time</b>?</p> <p><i>Record the name of the person who spends the most time collecting the main fuel <b>for the cookstove indicated in Q0531</b> and copy the line number of this person from the Household Roster. If multiple people spend the same amount of time collecting fuel, add additional names and line numbers.</i></p>	<p>00. MEMBERS DO NOT COLLECT .....→</p> <p>SURNAME: _____ NAME _____</p> <p>LINE NUMBER 04__ __</p> <p>(IF MULTIPLE COLLECT FOR THE SAME AMOUNT OF TIME) SECOND PERSON SURNAME: _____ NAME _____</p> <p>LINE NUMBER 04__ __</p> <p>THIRD PERSON SURNAME: _____ NAME _____</p> <p>LINE NUMBER 04__ __</p>	Q0547
Q0544	On a single trip, how long does it take for this person to go to collect the fuel, get the fuel, and come back?	<p><input type="text"/> <input type="text"/> hours</p> <p><input type="text"/> <input type="text"/> minutes</p> <p>-8. Dk / unsure</p>	
Q0545	<b>In the past month (the last 30 days)</b> , how many times has this person collected this fuel for household cooking?	<p><input type="text"/> <input type="text"/> times in past month</p> <p>-8. Dk / unsure</p>	
Q0546	<b>In the past 12 months</b> , did this person experience an injury while collecting or transporting fuel?	<p>1. No injury 2. Back pain 3. Back, neck or shoulder injury 4. Cuts or scrapes 5. Snake or animal bite 7. Other 8. Dk / unsure _____</p>	
Q0547	<p>Who in the household does most of the cooking, including cooking food, making tea/coffee and boiling drinking water?</p> <p><i>Record the name of the person and copy the line number of this person from the Household Roster.</i></p>	<p>87 MAIN COOK IS NOT IN HOUSEHOLD .....→</p> <p>SURNAME: _____ NAME: _____</p> <p>LINE NUMBER 04__ __</p>	Q0549
Q0548	<b>Yesterday</b> , how much time did this person spend cooking, including cooking food, tea/coffee, and boiling drinking water for household consumption?	<p><input type="text"/> <input type="text"/> hours</p> <p><input type="text"/> <input type="text"/> minutes</p> <p>-8. Dk / unsure</p>	

## Household heating

Repeat Q0549 to Q0554 for each of the heaters reported.

Q0549	What does this household use to heat the home when needed? For example, do you use a space heater(s), or use your cookstove in the winter for warmth? Please tell me the heaters, cookstoves or heat systems used for the most time, [followed by the other heater(s), cookstove(s) or device(s) used most often, if applicable]	1. No device or fire used to heat the dwelling/household.....→ 2. Central heating.....→ 3. Manufactured space heater 4. Traditional space heater 5. Manufactured cook stove 6. Traditional cook stove (non-manufactured) 7. Moveable heating pan .....→ 8. Open fire/Three-stone stove..→ 9. Heat Pump.....→ 87. Other, specify	Q0555 Q0555     Q0555 Q0555 Q0555
Q0550	What is the brand of the heater, cookstove or device? (Pre-fill with name or brand of manufactured solid fuel devices available in country- may add additional lines.)	1. Brand name 1 2. Brand name 2 3. Brand name 3 7. Other, specify	
Q0551	What type of fuel or energy source does this household use most of the time for heating in this heater, cookstove or device?	1. Electricity (including solar panels) 2. Piped Natural Gas 3. LPG/cooking gas 4. Biogas 5. Alcohol/ethanol 6. Gasoline/diesel (not in generator) 7. Kerosene/paraffin 8. Coal/lignite unprocessed 9. Coal/lignite briquettes/pellets 10. Charcoal unprocessed 11. Charcoal briquettes/pellets 12. Wood 13. Agricultural or crop residue/grass/ straw/ shrubs/corn cobs 14. Animal waste/dung 15. Processed biomass pellets/briquettes 16. Woodchips 17. Garbage/plastic 18. Sawdust 87. Other	
Q0552	Does it have a chimney or hood?	1. Yes 2. No 8. Dk	
Q0553	In the past 12 months, did any harm or injury happen from using this space heater, cookstove or device?	1. None 2. Person burned 3. Fire in house 4. Poisoning 5. Death 7. Other	
Q0554	Which other fuels or energy sources are used for heating in this space heater, cookstove, device or fuel?	0. No others 1. Electricity (including solar panels) 2. Piped Natural Gas 3. LPG/cooking gas 4. Biogas 5. Alcohol/ethanol 6. Gasoline/diesel (not in generator) 7. Kerosene/paraffin 8. Coal/lignite unprocessed 9. Coal/lignite briquettes/pellets	

		10. Charcoal unprocessed 11. Charcoal briquettes/pellets 12. Wood 13. Agricultural or crop residue/grass/ straw/ shrubs/corn cobs 14. Animal waste/dung 15. Processed biomass pellets/briquettes 16. Woodchips 17. Garbage/plastic 18. Sawdust 87. Others	
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## Household lighting

Repeat Q0555 for each of the light sources reported.

Q0555	What does this household use most of the time as energy for lighting, or as a light source?	1. No lighting source used in this household.....→ 2. Electricity (including solar panels) 3. Solar-powered lantern or flashlight 4. Rechargeable flashlight, mobile, torch or lantern 5. Battery powered flashlight, torch or lantern 6. Biogas lamp 7. LPG lamp 8. Gasoline lamp 9. Kerosene/ paraffin lamp 10. Oil lamp 11. Candle 12. Open fire 87. Other	<b>Q0557</b>
Q0556	In the past 12 months, did any harm or injury happen from using this lighting source?	1. None 2. Person burned 3. Fire in house 4. Poisoning 5. Death 7. Other	

## Household electricity

Q0557	What source of electricity is used most of the time in this household? (Please circle one.) (Please customize options for each country.)	1. No electricity in household...→ 2. National grid connection from (COMPANY) .....→ 3. Local mini grid.....→ 4. Solar home system 5. Solar lantern 6. Electric generator 7. Rechargeable battery 8. Dry cell battery / torch.....→ 87. Other, specify.....→	<b>NEXT SECTION</b>  <b>Q0561</b> <b>Q0561</b>     <b>Q0561</b> <b>Q0561</b>
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Household Questionnaire

Q0558	What appliances are powered using this household's {NAME OF MAIN electricity system from Q0557}? (Please circle all that apply.)	1. Mobile phone charger 2. Radio 3. Television 4. Fan 5. Refrigerator 6. Electric iron 7. Cooking device 87. Other, specify	
Q0559	Who does this household currently pay for [NAME MAIN electricity system]?  [customize options for each country]	1. No one 2. Energy company/National utility 3. Pre-paid meter card seller 4. Community/village/municipality 5. Relative 6. Neighbour 7. Landlord 8. Local store 9. Utility office 10. Bank 11. Post office 87. Other	
Q0560	Are there any other sources of electricity used in this household?	1. No other sources 2. National grid connection 3. Local mini grid 4. Solar home system 5. Solar lantern 6. Electric generator 7. Rechargeable battery 8. Dry cell battery / torch 87. Other	
Q0561	In the last 7 days, how many hours and minutes of electricity were available each day on average from [NAME OF MAIN electricity system from Q0557]? (Maximum 24 hours.)	<input type="text"/> <input type="text"/> hours  <input type="text"/> <input type="text"/> minutes -8. DK.	
Q0562	In the last 7 days, how many hours and minutes of electricity were available each evening on average, from 6:00 pm to 10:00 pm from [NAME OF MAIN electricity system from Q0557]? (Maximum 4 hours.)	<input type="text"/> <input type="text"/> hours  <input type="text"/> <input type="text"/> minutes -8. DK	
Q0563	In the last 7 days, how many times were there unscheduled outages or blackouts from [NAME OF MAIN electricity system]?	<input type="text"/> <input type="text"/> <input type="text"/> -8. DK	
Q0564	What is the total duration (in hours and minutes) of all the unscheduled outages or blackouts in the last 7 days?	<input type="text"/> <input type="text"/> hours  <input type="text"/> <input type="text"/> minutes -8. DK.	
Q0565	In the last 12 months, did anyone using [NAME MAIN electricity system from Q0557] die or have permanent limb (bodily injury) damage?	1. Yes 2. No	

## Section 0600: Household and Family Support Networks and Transfers

**INTERVIEWER:** *The first part of this section is intended to collect information about sources of transfers into the household from those outside the household.*

The next questions are about your family and friends, specifically those not living with you in this household. Families and friends sometimes help one another in a variety of different ways, and each type of help or support can be important. Part of our survey involves finding out how they do that. We would now like to ask some questions about your family and friends who do not live with you, and the different ways in which you help or support each other. The next questions are about help received by your household in the last 12 months.

### FAMILY AND KIN (TRANSFERS IN)

Q0601	In the <u>last 12 months</u> , has anyone in the household <u>received</u> any financial or in-kind support from your family (children, siblings or parents) and relatives (other kin) who do not live with you?	1 YES 2 No..... → 8 DK..... →	Q0604 Q0604
Q0602	What type of financial or in-kind support did your household <u>receive</u> ?	<b>A.</b> <i>If Yes, → Column B.</i> <i>If no → skip to next Q</i>	<b>B.</b> About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0602a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 No → b 8 DK	<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> -8 DK
	Q0602b. Value of food or other goods (that is, non-monetary)?	1 YES 2 No → c 8 DK	<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> -8 DK
	Q0602c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include help you paid for or hired.</i>	1 YES 2 No → Q0603 8 DK	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> </div>         AVERAGE HOURS PER WEEK          -8 DK       </div>
Q0603	Keeping the support you just identified in mind, do you consider this as income or support that the household can count on in the future?	1 YES 2 NO 8 DK	

**COMMUNITY TRANSFERS AND ASSISTANCE (TRANSFERS IN)**

Q0604	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from any clubs, or groups in your community?	1 YES 2 No.....→ 8 DK.....→	Q0607 Q0607
Q0605	What type of financial or in-kind support did your household <u>receive</u> ?	<b>A.</b> If Yes, → Column B. If no → skip to next Q	<b>B.</b> About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0605a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0605b. Value of food or other goods (that is, non-monetary)?	1 YES 2 No → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0605c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include help you paid for or hired.</i>	1 YES 2 No → Q0606 8 DK	<input type="text"/> <input type="text"/> AVERAGE HOURS PER WEEK -8 DK
Q0606	Keeping in mind what you just described from your community, do you consider this support as income that the household can count on in the future?	1 YES 2 NO 8 DK	

**GOVERNMENT ASSISTANCE (TRANSFERS IN)**

Q0607	In the <u>last 12 months</u> , has your household <u>received</u> any financial or in-kind support from the government?	1 YES 2 NO.....→ 8 DK.....→	Q0610 Q0610
Q0608	What type of support did your household <u>receive</u> ?	<b>A.</b> If Yes, → Column B If no → skip to next Q	<b>B.</b> About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0608a. Money, loans, tuition, paying for bills, fees or taxes (that is, cash)?	1 YES 2 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0608b. Value of food or other goods (that is, non-monetary)?	1 YES 2 No → Q0609	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
Q0609	Keeping in mind what you just described from the government, do you consider this as income or support that the household can count on in the future?	1 YES 2 NO 8 DK	

*INTERVIEWER: emphasize the shift from receiving to giving assistance in the next section.*

Now, moving away from assistance your household received, we would like to find out what financial and in-kind assistance you or other members of your household provided in the last 12 months to others who do not live with you.

**FAMILY AND KIN (TRANSFERS OUT)**

Q0610	In the last 12 months, has your household provided any financial or in-kind support to any of your children, grandchildren and/or other relatives (and those of your spouse) who do not live in this household?	1 YES 2 NO.....→ 8 DK.....→	Q0612 Q0612
Q0611	What type of financial or in-kind support did your household <u>give</u> ?	<b>A.</b> If Yes, → Column B If no → skip to next Q	<b>B.</b> About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0611a. Money, loans, tuition, paying for bills, fees or taxes (cash)?	1 YES 2 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0611b. Value of food or other goods (that is, non-monetary)?	1 YES 2 No → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0611c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include paid help.</i>	1 YES 2 No → Q0612 8 DK	<input type="text"/> <input type="text"/> AVERAGE HOURS PER WEEK -8 DK

**COMMUNITY, NEIGHBOURS AND OTHER KIN (TRANSFERS OUT)**

Q0612	In the last 12 months, has your household provided financial or in-kind support to any other kin, neighbours, or community members/groups?	1 YES 2 NO.....→ 8 DK.....→	Q0614 Q0614
Q0613	What type of support did your household <u>give</u> ?	<b>A.</b> If Yes, → Column B If no → skip to next Q	<b>B.</b> About how much was this amount in total over the last 12 months? (cash or cash equivalent)
	Q0613a. Money, loans, tuition, paying for bills, fees or taxes?	1 YES 2 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0613b. Value of food or other goods (that is, non-monetary)?	1 YES 2 No → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
	Q0613c. Doing household chores or activities (meal preparation, shopping, cleaning, laundry), providing care or transportation (help getting around outside the home)? <i>INTERVIEWER: This DOES NOT include paid/hired help.</i>	1 YES 2 No → Q0614 8 DK	<input type="text"/> <input type="text"/> AVERAGE HOURS PER WEEK -8 DK

In addition to providing the assistance you indicated above, we would like to know if you or someone in your household has provided any type of personal or health care to other persons.

Q0614	During the <u>last 12 months</u> , did you or someone in your household <u>provide help</u> to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak?	1 YES 2 NO.....→	<b>NEXT SECTION</b>
Q0615	Please tell me the kind of care that was provided:	<b>A.</b> <i>If Yes, → Column B</i> <i>If no → skip to next Q</i>	<b>B.</b> About how many hours per week, on average, was this over the last 12 months?
	Q0615a. Helped with personal care, such as going to the toilet, washing, getting dressed, and eating?	1 YES 2 NO → b 8 DK	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/>         AVERAGE HOURS/          WEEK          -8 DK       </div>
	Q0615b. Helped with medical care, like changing bandages and giving medicines?	1 YES 2 NO → c 8 DK	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/>         AVERAGE HOURS/          WEEK          -8 DK       </div>
	Q0615c. Watched over them since their behaviour can be upsetting or dangerous to themselves or others?	1 YES 2 NO 8 DK	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/>         AVERAGE HOURS/          WEEK          -8 DK       </div>



## Section 0700: Assets and Income

### PERMANENT INCOME INDICATORS (ASSETS)

I would like to ask you a few more questions about your home and items you might have in your home. Remember that any information you provide will be kept confidential.

Does your household or anyone in your household have...?

Q0701	A television?	1 YES 2 NO
Q0702	A motorcycle or motor scooter?	1 YES 2 NO
Q0703	A car or truck?	1 YES 2 NO
Q0704	Electricity?	1 YES 2 NO
Q0705	A bicycle?	1 YES 2 NO
Q0706	A microwave oven?	1 YES 2 NO
Q0707	Hot running water?	1 YES 2 NO
Q0708	A washing machine?	1 YES 2 NO
Q0709	A dishwasher?	1 YES 2 NO
Q0710	A refrigerator?	1 YES 2 NO
Q0711	A fixed-line telephone?	1 YES 2 NO
Q0712	A mobile / cellular telephone?	1 YES 2 NO
Q0713	A VCR (video) or DVD player?	1 YES 2 NO
Q0714	A computer?	1 YES 2 NO
Q0715	A radio?	1 YES 2 NO
Q0716	Livestock (cattle, goats, pigs, poultry)?	1 YES 2 NO
Q0717	Internet access in the home?	1 YES 2 NO
Q0718	An air-condition (cooling) system in the home?	1 YES 2 NO
Q0719	A heating system in the home?	1 YES 2 NO
Q0720	Does your household have one or more domestic servants?	1 YES 2 NO
Q0721	Does any member of this household own any agricultural land?	1 YES 2 NO
Q0722	Does any member of this household own a dwelling (other than this dwelling where you live)?	1 YES 2 NO

I would now like to know if you own any land – and the approximate value (cash equivalent amount). I know this is sensitive information and will not share this with any persons outside of the survey team.

		<b>A.</b> If Yes, → Column B If no → skip to Q0724	<b>B.</b> About how much is this worth in total? (cash equivalent)
Q0723	Do you own any land or property?	1 YES 2 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK -97 REFUSED

In the last part of this section, I will ask about the total income for the household in the last 12 months (previous to today) from paid work or other sources. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess overall health and well-being of people in your household compared to other similar households.

Q0724	Does your household have a regular source of income?  <i>Interviewer: Regular income over the last 12 months, meaning that the household can depend on a source to provide an income at intervals that can be used to base household budget decisions.</i>	1 Yes, regular source 2 Yes, regular but seasonal 3 No
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I am now going to read you a list of possible sources of income. Thinking over the last 12 months, can you tell me what the average earnings of the household have been per week or per month or per year? Please tell me whichever time period that is easier for you.

		<b>A.</b> If Yes, → Column B If no → go to next Q	<b>B.</b> Can you estimate an approximate total amount of income for the household over the last [week/month/year - time period circled in Column A]?
Q0725	Please tell me from which of these sources members of your household receive income:		
Q0725a	Wages, salary from job?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → b 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
Q0725b	Earnings from selling, trading or hawking products?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → c 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK
Q0725c	Income from rental of property?	1 YES, WEEKLY 2 YES, MONTHLY 3 YES, YEARLY 4 No → d 8 DK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DK

[illegible]

Q0726	So to verify this information, your approximate total household income from <b><u>ALL</u></b> sources over the last 12 months is about how much?	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>-8 DK</div>	
Q0727	How many people depend on this income? <i>(INTERVIEWER: This number should include the respondent - so enter "01" if only the respondent depends on/is supported by this income.)</i>	<div> <div></div> <div></div> </div> <div>NUMBER OF PEOPLE</div> <div>-8 DON'T KNOW</div>	
Q0728	Does your household or any members of the household have current debt or outstanding loans?	<div> <div>1</div> <div>YES</div> </div> <div> <div>2</div> <div>NO .....</div> </div> <div> <div>8</div> <div>DK</div> </div> <div>→</div> <div>Q0729</div>	
	<b>Q0728a.</b> What is the approximate total amount of this debt or loan(s)?	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>-8 DK</div>	
Q0729	Thinking about the income for this household, do you believe that it is enough money to cover your daily living needs and obligations?	<div> <div>1</div> <div>YES</div> </div> <div> <div>2</div> <div>NO</div> </div> <div> <div>8</div> <div>DK</div> </div>	
Q0730	Would you say your household's financial situation is...?	<div> <div>1</div> <div>Very Good</div> </div> <div> <div>2</div> <div>Good</div> </div> <div> <div>3</div> <div>Moderate</div> </div> <div> <div>4</div> <div>Bad</div> </div> <div> <div>5</div> <div>Very Bad</div> </div>	

## Section 0800: Household Consumption Expenditure - core

I would like to ask you questions about your household consumption of various food, non-food, and health products and services. I will ask first about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase such product or service. Second, I will ask you to estimate the total value your household would have spent for the consumption of products and services produced by your household, received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Let me start with questions about your household consumption of food and beverages over the past week. In this first part, I would like to ask you to exclude meals, snacks and beverages prepared by restaurants and the like, including take-aways.

Q0801				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase for [ITEM]?  value in local currency	During the last week, what was the total estimated value of [ITEM] that you produced, received in-kind, and/or as gift? Your <i>best estimate</i> is fine. value in local currency
01.1.1.1	1. Cereals (wheat, rice, etc.)	1 Yes 2 No >2A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.1.2 to 01.1.1.5&01.1.1.9	2. Cereal products (flour, bread, macaroni, noodles, etc.)	1 Yes 2 No >3A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.7.5 &01.1.7.6	3. Pulses, roots, tubers, plantains, and cooking bananas	1 Yes 2 No >4A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.6.8	4. Nuts	1 Yes 2 No >5A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.7.1 to 01.1.7.4 & 01.1.7.7 to 01.1.7.9	5Vegetables in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >6A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.6.1 to 01.1.6.7 & 01.1.6.9	6Fruits in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >7A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.3	7. Fish and other sea foods in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >8A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.2	8. Any kind of meat and offal in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >9A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.4.8	9. Any kind of egg (from chicken, duck, quail etc.)	1 Yes 2 No >10A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.4.1 to 01.1.4.7 & 01.1.4.9	10. Milk and other milk products from animals, vegetables, and nuts (excluding butter)	1 Yes 2 No >11A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.5.2 to 01.1.5.3 & 01.1.5.9	11. Butter, lard, and other animal-based oils and fats	1 Yes 2 No >12A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.5.1	12. Vegetable oils such as groundnut oil, palm oil, sesame oil etc.	1 Yes 2 No >13A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.8	13. Sugar, jaggery and other sugar confectionary and desserts(including nut pastes)	1 Yes 2 No >14A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW

01.1.9	14. Condiments and other spices, and other ready-made meals not mentioned elsewhere, including for babies	1 Yes 2 No <b>&gt;15A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
01.2	15. Water and non-alcoholic beverages	1 Yes 2 No <b>&gt;16A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
02.1 & 02.1	16. Alcoholic beverages (e.g., local or imported liquor/alcohol)	1 Yes 2 No <b>&gt;17B</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	17. [DO NOT ASK ANYMORE] Total value of 1 to 16	N/A	Sum of 1 to 16 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 to 16 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	18. All food, alcoholic and non-alcoholic beverages	N/A	Overall, during the last week, how much did your household spend to purchase all food, alcoholic and non-alcoholic beverages? Please remember to exclude meals, snacks, and beverages prepared by restaurant and the like, including take-aways value in local currency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overall, during the last week, what was the total value of all food, alcoholic and non-alcoholic beverages that you received in-kind and/or as gift? Please remember to exclude meals snacks and beverages prepared by restaurant and the like, including take-aways <i>Your best estimate is fine.</i> value in local currency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>&gt;Q0802a</b>

<b>Q0802a</b>				
<p>Now, going to the second part of food and beverages, and still thinking about the last week, I would like to ask you questions about your household consumption of <u>meals, snacks, and beverages, prepared by restaurants and the like</u>. Sometimes, such meals were consumed by your household at those places and sometimes these were consumed elsewhere as take-away. I will first ask about consumption in restaurant premises and the like and then follow-up with questions about take-aways. If there was any consumption, I will then ask how much money your household spent to purchase these meals. Second, I will ask you to estimate the total value your household would have spent for the consumption of these meals that you received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.</p>				
		A	B	C
COICOP	ITEM	In the last week did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
11.1	1. Meals, snacks, and beverages prepared by a restaurant, a street vendor and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;2A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	2. Meals, snacks, and beverages from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;Q0803a</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	3. [DO NOT ASK] Total value of 1 and 2	N/A	Sum of 1 to 2: to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 to 2: to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Q0803a</b>				
<p>Now I am shifting to specific questions about your household consumption of non-food and non-health products and services. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate the total value your household would have spent for the consumption of these items that you received in-kind or as gift. When reporting expenditure, please include all online purchases as well. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.</p> <p>Let us start with your household consumption of <u>smoking and smokeless tobacco products</u> over the last week.</p>				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
02.3	1. Smoking (e.g., cigarettes, cheroot, cigars), and/or smoke-less tobacco products (e.g., chewing tobacco, snuff, snus)	1 Yes 2 No <b>&gt;Q0804a</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

Q0804a				
		A	B	C
<b>COICOP-2018 CODE</b>	<b>Now I am shifting to specific questions about your household consumption of frequent non-food and non-health products and services over the last month.</b>	<b>In the last month</b> did you or any member of your household consume [ITEM]?	<b>During the last month</b> , how much did your household spend to purchase [ITEM]? value in local currency	<b>During the last month</b> , what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
13.1.2, & 13.1.3	1. Personal care products and services, including online purchases(e.g., shampoo, haircut)	1 Yes 2 No >2A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
04.4 & 0.45	2. Utilities like electricity, water supply, refuse and sewage collection, and fuels (including gas)	1 Yes 2 No >3A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
05.6	3. Household cleaning and maintenance products and services including domestic ones (e.g., maids)	1 Yes 2 No >4A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
07.3	4. Passenger transportation services (by train, taxi, plane, school bus, etc.), including rentals and online purchases	1 Yes 2 No >5A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
07.2.2	5. Fuels and lubricants for personal vehicles (e.g., car, motorcycle)	1 Yes 2 No >6A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
08.3	6. Telephone line and mobile phone services, Wi-Fi access, cable TV monthly fee and any other communication and audio services including repairs and installation	1 Yes 2 No >7A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
09.4, 09.6, & 9.8	7. Recreational, cultural, religious, sporting and entertainment services, including online purchases	1 Yes 2 No >8A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
07.4	8. Delivery of goods and postal services(e.g., cost of delivery of online purchases, stamps, courier costs)	1 Yes 2 No >9B	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
4.1 & 4.2	9. Housing (actual rentals; estimated value of rent if owned)	N/A	During the last month, if you don't own the dwelling, how much did your household pay towards rent? <input type="text"/> -8 DON'T KNOW	During the last month, if you own the dwelling, how much would you have received as rent if you let this dwelling to another person? <input type="text"/> -8 DON'T KNOW
	10. [DO NOT ASK] Total value of 1 and 9		Sum of 1 to 9to be automatically generated in the CAPI version <input type="text"/>	Sum of 1 to 9to be automatically generated in the CAPI version <input type="text"/>

Q0805				
	Now I would like to ask specific questions about your household consumption of <u>less frequent non-food and non-health products and services</u> over the last 6 months.	In the last 6 months did you or any member of your household consume [ITEM]?	During the last 6 months, how much did your household spend to purchase [ITEM]? value in local currency	During the last 6 months, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
09.1, 09.2, 09.5, & 09.7	1. Recreational, cultural, religious, sporting and entertainment goods, including online purchases	1 Yes 2 No >2A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
03	2. Ready-made clothing; cloth, fabric and materials for clothing, footwear, including repairs, rentals, and online purchases	1 Yes 2 No >3A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
05.2 & 05.4	3. Household textile, glassware, tableware, and household utensil, including repairs, rentals, and online purchases	1 Yes 2 No >Q806a	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	4. [DO NOT ASK] Total value of 1 and 3		Sum of 1 to 3 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 to 3 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q0806a				
	Now I am shifting to specific questions about your household consumption of <u>other less frequent non-food and non-health products and services</u> over the last 12 months.	In the last 12 months did you or any member of your household consume [ITEM]?	During the last 12 months, how much did your household spend to purchase [ITEM]? value in local currency	During the last 12 months, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
10.0	1. Educational services (e.g., tuitions and tutoring, including those provided online).	1 Yes 2 No >2A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
11.2.0.1, 11.2.0.2, 11.2.0.3 & 11.2.0.9	2. accommodation services, including for educational establishments and online purchases for other types (e.g., hotels)	1 Yes 2 No >3A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
09.3.1 & 09.3.2	3. Garden and personal pets' products and services, including online purchases	1 Yes 2 No >4A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
12.1.2	4. Health insurance	1 Yes 2 No >5A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
12.1.1, 12.1.3, & 12.1.4	5. Other insurance (e.g., for life and accident, and travel)	1 Yes 2 No >6A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	6. [DO NOT ASK] Total value of 1 and 5		Sum of 1 to 5 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 to 5 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



For this last section, I will ask you about your household consumption of health products and services. I will again ask questions using different time periods as some services and products might be needed more frequently than others, so please listen carefully to the time frame. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate to total value your household would have spent for the consumption of these items that you received in-kind or as gift.

When reporting an expenditure, please include any informal payment as well as amounts spent abroad but please exclude any amount reimbursed by an insurance or any other institution. Please include all online purchases as well. Please exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Q0807a				
		A	B	C
FILTER	ITEM	In the last 12 months did you or any member of your household consume [ITEM]?	During the last 12 Months, how much did your household spend to purchase [ITEM]? value in local currency. Include informal payments but exclude reimbursements	During the last 12 Months, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
6.3	1. Inpatient care services	1 Yes 2 No    >2A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
06.4.2	2. Emergency transportation and emergency rescue services	1 Yes 2 No    >4A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	3.[DO NOT ASK] Total value of 1 and 2		Sum of 1 and2 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 and2 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		In the last 6 months did you or any member of your household consume [ITEM]?	During the last 6 months, how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	During the last 6months, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
06.2.1.1 & 06.2.1.9	4. Preventive services such as immunization/vaccinations services and other preventive services (e.g., tetanus toxo id for pregnant women, and routine immunization such as BCG during well child visits) <i>Exclude the cost of vaccine itself, If possible, I'll ask about this in the next section.</i>	1 Yes 2 No    >5A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

Household Questionnaire

06.4.1	5. Diagnostic and laboratory tests, such as blood tests and x-rays, for other reasons than preventive care.	1 Yes 2 No >6A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
06.1.3.1, 06.1.3.2, 06.1.3.3&6.1.4	6. Assistive health products for vision (e.g., glasses), hearing (e.g., hearing aids), and mobility (e.g., crutches, therapeutic footwear), including repair, rental, and online purchases	1 Yes 2 No >7A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
06.1.2.1, 06.1.2.2 & 06.1.2.3	7. Medical products, (e.g., antigen tests, glucose meters, masks), including online purchases	1 Yes 2 No >9A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	8.[DO NOT ASK] Total value of 4 to 7		Sum of 4 to 7 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 4 to 7 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		In the last month did you or any member of your household consume [ITEM]?	During the last month, how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	During the last month, what was the total estimated value of [ITEM] that you received in-kind and/or as gift? Your best estimate is fine. value in local currency
06.1.1.1 & 06.1.1.2	9. Medicines (branded, generic, herbal), vaccines, oral contraceptives, and other pharmaceutical preparations, including online purchases	1 Yes 2 No >10A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
06.2.2 & 06.2.3	10. Outpatient medical and dental services, including online services, without overnight stay	1 Yes 2 No >11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	11.[DO NOT ASK] Total value of 9 and 10		Sum of 9 and 10 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF SUM IS GREATER THAN 0 >Q0808x1. IF SUM IS ZERO >Q0810.	Sum of 9 and 10 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF SUM IS GREATER THAN 0 >>go to Q0808x1. IF SUM IS ZERO>> go to Q0810.

Sources of financing		
Q0808x1 to Q0808x6		
In the last 12 months, which of the following financial sources did your household use to pay out-of-pocket for any medical, dental service with or without overnight stay, medicines, and health products		
Respondent is (check section 0450, Q045X...) most knowledgeable about health and health care utilization		
Q0808x1	Current income of any household members	1 YES 2 NO
Q0808x2	Savings, pension	1 YES 2 NO
Q0808x3	Selling of any household's assets or goods (housing, land, animals, jewelry, appliances, or machines)	1 YES 2 NO
Q0808x4	Borrowing from friends or relatives outside the household	1 YES 2 NO
Q0808x5	Borrowing from institutions (e.g., financial, microfinance arrangements)	1 YES 2 NO
Q0808x6	Remittance or money gift	1 YES 2 NO

Anxiety about household finances		
Q0809 to Q0811		
Q0809	Have you or your household had to reduce spending on things you need (such as food, housing, or utilities) because of this health expenditure in the last 1 month?	1. Yes 2. No 8. Don't know 9. Refused to answer
Q0810	How worried are you about your household's finances in the next 1 month?	1. Very worried 2. Somewhat worried 3. Not too worried 4. Not worried at all > END
Q0811	Do any of the following reasons describe why you are worried about your household's finances in the next 1 month?	1. Loss of income 2. Healthcare costs related to corona virus (COVID-19) 3. Healthcare costs NOT related to corona virus (COVID-19) (including to treat other diseases, illnesses, injuries, or symptoms)

## Section 0800: Household Consumption Expenditure - expanded

I would like to ask you questions about your household consumption of various food, non-food, and health products and services. I will ask first about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase such product or service. Second, I will ask you to estimate the total value your household would have spent for the consumption of products and services produced by your household, received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Let me start with questions about your household consumption of food and beverages over the past week. In this first part, I would like to ask you to exclude meals, snacks and beverages prepared by restaurants and the like, including take-aways.

Q0801				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase for [ITEM]? value in local currency	During the last week, what was the total estimated value of [ITEM] that you produced, received in-kind, and/or as gift? Your best estimate is fine. value in local currency
01.1.1.1	1. Cereals (wheat, rice, etc.)	1 Yes 2 No >2A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.1.2 to 01.1.1.5&01.1.1.9	2. Cereal products (flour, bread, macaroni, noodles, etc.)	1 Yes 2 No >3A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.7.5 &01.1.7.6	3. Pulses, roots, tubers, plantains, and cooking bananas	1 Yes 2 No >4A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.6.8	4. Nuts	1 Yes 2 No >5A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.7.1 to 01.1.7.4 & 01.1.7.7 to 01.1.7.9	5Vegetables in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >6A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.6.1 to 01.1.6.7 & 01.1.6.9	6Fruits in any form (fresh, dried, dehydrated, frozen)	1 Yes 2 No >7A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.3	7. Fish and other sea foods in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >8A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.2	8. Any kind of meat and offal in any form (fresh, chilled or frozen, dried, salted)	1 Yes 2 No >9A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.4.8	9. Any kind of egg (from chicken, duck, quail etc.)	1 Yes 2 No >10A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.4.1 to 01.1.4.7 & 01.1.4.9	10. Milk and other milk products from animals, vegetables, and nuts (excluding butter)	1 Yes 2 No >11A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.5.2 to 01.1.5.3 & 01.1.5.9	11. Butter, lard, and other animal-based oils and fats	1 Yes 2 No >12A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.5.1	12. Vegetable oils such as groundnut oil, palm oil, sesame oil etc.	1 Yes 2 No >13A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW
01.1.8	13. Sugar, jaggery and other sugar confectionary and desserts(including nut pastes)	1 Yes 2 No >14A	<input type="text"/> -8 DON'T KNOW	<input type="text"/> -8 DON'T KNOW

01.1.9	14. Condiments and other spices, and other ready-made meals not mentioned elsewhere, including for babies	1 Yes 2 No <b>&gt;15A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
01.2	15. Water and non-alcoholic beverages	1 Yes 2 No <b>&gt;16A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
02.1 & 02.1	16. Alcoholic beverages (e.g., local or imported liquor/alcohol)	1 Yes 2 No <b>&gt;17B</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	17. [DO NOT ASK ANYMORE] Total value of 1 to 16	N/A	Sum of 1 to 16 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 to 16 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	18. All food, alcoholic and non-alcoholic beverages	N/A	Overall, during the last week, how much did your household spend to purchase all food, alcoholic and non-alcoholic beverages? Please remember to exclude meals, snacks, and beverages prepared by restaurant and the like, including take-aways value in local currency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overall, during the last week, what was the total value of all food, alcoholic and non-alcoholic beverages that you received in-kind and/or as gift? Please remember to exclude meals snacks and beverages prepared by restaurant and the like, including take-aways <i>Your best estimate is fine.</i> value in local currency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>&gt;Q0802a</b>

Now, I am going to the second part of food and beverages, but still thinking about the last week, I would like to ask you questions about your household consumption of meals, snacks, and beverages, prepared by restaurants and the like. Sometimes, such meals were consumed by your household at those places and sometimes these were consumed elsewhere as take-away. I will first ask about consumption in restaurant premises and the like and then follow-up with questions about take-aways. If there was any consumption, I will then ask how much money your household spent to purchase these meals. Second, I will ask you to estimate the total value your household would have spent for the consumption of these meals that you received in-kind or as gift. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Q0802				
		A	B	C
COICOP -2018 CODE	ITEM	In the last week did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in- kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
11.1	1. Breakfast meals and beverages prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;2A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	2. Breakfast meals and beverages from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;3A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	3. Morning snacks and beverages outside breakfasts prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;4A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	4. Morning snacks and beverages outside breakfasts from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;5A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	5. Lunch/midday meals and beverages prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;6A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	6. Lunch/midday meals and beverages from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;7A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	7. Afternoon snacks and beverages outside lunch prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;8A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

	8. Afternoon snacks and beverages outside lunch from take-away, including deliveries and online purchases	1 Yes. 2 No <b>&gt;9A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	9. Dinner/evening meals and beverages prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;10A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	10. Dinner/evening meals and beverages from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;11A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	11. Evening snacks and beverages outside dinner prepared by a restaurant, a street vendor, and the like, as well as friends or relatives	1 Yes 2 No <b>&gt;12A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	12. Evening snacks and beverages outside dinner from take-away, including deliveries and online purchases	1 Yes 2 No <b>&gt;13B</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	13. [DO NOT ASK] Total value of 1 to 12	N/A	Sum of 1 to 12: to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 to 12: to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	14. Meals, snacks, and beverages prepared by a restaurant and the like, including take-aways	N/A	Overall, during the last week, how much did you spend to purchase meals, snacks, and beverages prepared by a restaurant and the like, including take-aways? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	Overall, during the last week, what was the total value of meals, snacks, and beverages prepared by a restaurant and the like including take-aways, that you received in-kind and/or as gift? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW

Now I am shifting to specific questions about your household consumption of non-food and non-health products and services. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate the total value your household would have spent for the consumption of these items that you received in-kind or as gift. When reporting expenditure, please include all online purchases as well. Exclude from your answer any item that is purchased for processing or resale in a household enterprise.

There will be four parts to this, the first part is about your household consumption of smoking and smokeless tobacco products. Then in the second to fourth part, I will be asking about various products such as utilities, education, and insurance expenses which are grouped according to frequency of expenses. I will ask questions using different time periods so please listen carefully to the time frame.

Let us start with your household consumption of smoking and smokeless tobacco products over the last week. .

Q0803				
		A	B	C
COICOP-2018 CODE	ITEM	In the last week, did you or any member of your household consume [ITEM]?	During the last week, how much did your household spend to purchase [ITEM]? value in local currency	During the last week, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
02.3	1. Smoking tobacco products (e.g., cigarettes, cheroot, cigars), including online purchases?	1 Yes 2 No >2A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	2. Smokeless tobacco products (e.g., chewing tobacco, snuff, snus), including online purchases?	1 Yes 2 No >3B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	3. [DO NOT ASK] Total value of 1 and 2.		Sum of 1 and 2: to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 and 2: to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q0804				
		A	B	C
COICOP-2018 CODE	Now I am shifting to specific questions about your household consumption of <u>frequent non-food and non-health products and services</u> over the last month.	In the last month did you or any member of your household consume [ITEM]?	During the last month, how much did your household spend to purchase [ITEM]? value in local currency	During the last month, what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
13.1.2 & 13.1.3	1. Personal care products (e.g., shampoo), including online purchases	1 Yes 2 No >2A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	2. Personal care services (e.g., haircut)	1 Yes 2 No >3A	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW



04.4 & 04.5	3. Utilities like electricity, water supply, and fuels (including gas)	1 Yes 2 No >4A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	4. Refuse collection and sewage collection	1 Yes 2 No >5A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
05.6	5. Household cleaning and maintenance products	1 Yes 2 No >6A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	6. Domestic and household services (e.g., maids)	1 Yes 2 No >7A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
07.3	7. Passenger transportation services (by train, taxi, plane, school bus, etc.), including rentals and online purchases	1 Yes 2 No >8A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
07.2.2	8. Fuels and lubricants for personal vehicles, (e.g., car, motorcycle)	1 Yes 2 No >9A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
08.3	9. Telephone line and mobile phone services, Wi-Fi access, cable TV monthly fee and any other communication and audio services including repairs and installation	1 Yes 2 No >10A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
09.4, 09.6 & 09.8	10. Recreational, cultural, religious, sporting and entertainment services, including online purchases	1 Yes 2 No >11A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
07.4	11. Delivery of goods and postal services(e.g., cost of delivery of online purchases, stamps, courier costs)	1 Yes 2 No >Q805	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
4.1 & 4.2	12. Housing (actual rentals; estimated value of rent if owned)	N/A	During the last month, if you don't own the dwelling, how much did your household pay towards rent? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	During the last month, if you own the dwelling, how much would you have received as rent if you let this dwelling to another person? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	13. [DO NOT ASK] Total value of 1 to 12		Sum of 1 to 12 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 to 12 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q0805				
	<b>Now I would like to ask specific questions about your household consumption of <u>less frequent non-food and non-health products and services</u> over the last 6 months.</b>	<b>In the last 6 months</b> did you or any member of your household consume [ITEM]?	<b>During the last 6 months</b> , how much did your household spend to purchase [ITEM]? value in local currency	<b>During the last 6 months</b> , what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
09.1, 09.2, 9.5, & 9.7	1. Recreational, cultural, religious, sporting and entertainment goods, including online purchases	<b>1 Yes</b> <b>2 No &gt;2A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
03	2. Ready-made clothing; cloth, fabric and materials for clothing, footwear, including repairs, rentals, and online purchases	<b>1 Yes</b> <b>2 No &gt;3A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
05.4	3. Household textile, glassware, tableware, and household utensil, including repairs, rentals, and online purchases	<b>1 Yes</b> <b>2 No &gt;Q0806</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
	4. [DO NOT ASK] Total value of 1 to 3		Sum of 1 to 3 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum of 1 to 3 to be automatically generated in the CAPI version <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q0806				
	<b>Now I am shifting to specific questions about your household consumption of <u>other less frequent non-food and non-health products and services</u> over the last 12 months.</b>	<b>In the last 12 months</b> did you or any member of your household consume [ITEM]?	<b>During the last 12 months</b> , how much did your household spend to purchase [ITEM]? value in local currency	<b>During the last 12 months</b> , what was the total value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
10	1 Educational service (e.g., tuitions and tutoring, including those provided online). Exclude any expenditure related to cafeteria or transportation already reported and accommodation services if charged separately as it is asked in the next question.	<b>1 Yes</b> <b>2 No &gt;2A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW
11.2.0.3	2. Accommodation services of boarding schools, universities, and other educational establishments	<b>1 Yes</b> <b>2 No &gt;3A</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -8 DON'T KNOW

11.2.0.1, 11.2.0.2, 11.2.0.9	3. Accommodation services, including online purchases. Exclude for educational establishments already reported in the previous question	1 Yes 2 No >4A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
09.3.2	4. Personal pets' products and services, including online purchases	1 Yes 2 No >5A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
09.3.1	5. Garden products, including online purchases	1 Yes 2 No >6A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
12.1.2	6. Health insurance	1 Yes 2 No >7A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
12.1.1,12.1.3, 12.1.4, &12.1.9	7. Other insurance (e.g., for life and accident, and travel)	1 Yes 2 No > Q0807	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	8. [DO NOT ASK] Total value of 1 to 8		Sum of 1 to 7 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 to 7 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

For this last section, I will ask you about your household consumption of health products and services. I will again ask questions using different time periods as some services and products might be needed more frequently than others, so please listen carefully to the time frame. I will first ask about your household consumption. If there was any consumption, I will then ask how much money your household spent to purchase these items. Second, I will ask you to estimate to total value your household would have spent for the consumption of these items that you received in-kind or as gift.

When reporting an expenditure, please include any informal payment as well as amounts spent abroad but please exclude any amount reimbursed by an insurance or any other institution. Please include all online purchases as well. Please exclude from your answer any item that is purchased for processing or resale in a household enterprise.

Q0807				
		A	B	C
COICOP-2018 CODE	ITEM	In the last 12 months did you or any member of your household consume [ITEM]?	During the last 12 Months, how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	During the last 12 Months, what was the total estimated value of [ITEM] that you received in kind and/or as gift? Your best estimate is fine. value in local currency
6.3	1. Inpatient care services	1 Yes 2 No >2A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.4.2	2. Emergency transportation and emergency rescue services	1 Yes 2 No >4A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	3.[DO NOT ASK] Total value of 1 and 2		Sum of 1 and 2 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 1 and 2 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		In the last 6 months did you or any member of your	During the last 6 Months, how much did your household spend to purchase	During the last 6 Months, what was the total estimated value of [ITEM] that

		household consume [ITEM]?	[ITEM]? value in local currency Include informal payments but exclude reimbursements	you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency
06.2.1.1	4. Immunization/vaccination services including vaccines received during pregnancy and well child visits (e.g., tetanus toxoid for pregnant women, and routine immunization such as BCG during well child visits). Exclude the cost of vaccine itself, if possible, I'll ask about this in the next section	<b>1 Yes</b> <b>2 No &gt;5A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.2.1.9	5. Other preventive services (e.g., prenatal/postnatal care, child growth and development visits)	<b>1 Yes</b> <b>2 No &gt;6A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.4.1	6. Diagnostic and laboratory tests, such as blood tests and x-rays, for reasons other than preventive care.	<b>1 Yes</b> <b>2 No &gt;7A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.1.3.1, 06.1.3.2,&0 6.1.4	7. Assistive health products for vision and hearing(e.g., glasses for vision, hearing aids), including repair, rental, and online purchases.	<b>1 Yes</b> <b>2 No &gt;8A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.1.3.3, & 06.1.4	8. Assistive health products for mobility(e.g., crutches, therapeutic footwear), including repair, rental, and online purchases.	<b>1 Yes</b> <b>2 No &gt;9A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.1.2.1&06 .1.2.3	9. Medical diagnostic product and treatment devices (e.g., antigen tests, glucose meters, inhalers), including online purchases	<b>1 Yes</b> <b>2 No &gt;10A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.1.2.2	10. Prevention/protective medical device(e.g., masks, insecticide treated bed nets), including online purchases	<b>1 Yes</b> <b>2 No &gt;12A</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	11.[DO NOT ASK] Total value of 4 to10		Sum of 4 to 10 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sum of 4 to 10 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>In the last 1 month</b> did you or any member of your household consume [ITEM]?	<b>During the last month</b> , how much did your household spend to purchase [ITEM]? value in local currency Include informal payments but exclude reimbursements	<b>During the last month</b> , what was the total estimated value of [ITEM] that you received in-kind and/or as gift? <i>Your best estimate is fine.</i> value in local currency

Household Questionnaire

06.1.1.1	12. Medicines(branded, generic), vaccines, oral contraceptives, vitamins, and minerals, including online purchases	1 Yes 2 No >13A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.1.1.2	13. Herbal medicines (tablets or syrups)and any other homeopathic products, including online purchases	1 Yes 2 No >14A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.2.2	14. Outpatient dental services without overnight stay	1 Yes 2 No >15A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
06.2.3	15. Outpatient medical services without overnight stay, including online services	1 Yes 2 No >Q0808x1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -8 DON'T KNOW
	16.[DO NOT ASK] Total value of 11to 15		Sum of 11 to 15 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF SUM IS GREATER THAN 0 >>go to Q0808x1. IF SUM IS ZERO>> go to Q0810.	Sum of 11 to 15 to be automatically generated in the CAPI version <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF SUM IS GREATER THAN 0 >>go to Q0808x1. IF SUM IS ZERO>> go to Q0810.

Sources of financing		
Q0808x1 to Q0808x6		
In the last 12 months, which of the following financial sources did your household use to pay out-of-pocket for any medical, dental service with or without overnight stay, medicines, and health products		
Q0808x1	Current income of any household members	1 YES 2 NO
Q0808x2	Savings, pension	1 YES 2 NO
Q0808x3	Selling of any household's assets or goods (housing, land, animals, jewelry, appliances, or machines)	1 YES 2 NO
Q0808x4	Borrowing from friends or relatives outside the household	1 YES 2 NO
Q0808x5	Borrowing from institutions (e.g., financial, microfinance arrangements)	1 YES 2 NO
Q0808x6	Remittance or money gift	1 YES 2 NO

Anxiety about household finances		
Q0809 to Q0811		
Q0809	Have you or your household had to reduce spending on things you need (such as food, housing, or utilities) because of this health expenditure in the last 1 month?	1. Yes 2. No 8. Don't know 9. Refused to answer
Q0810	How worried are you about your household's finances in the next 1 month?	1. Very worried 2. Somewhat worried 3. Not too worried 4. Not worried at all >> END
Q0811	Do any of the following reasons describe why you are worried about your household's finances in the next 1 month?	1. Loss of income 2. Healthcare costs related to coronavirus (COVID-19) 3. Healthcare costs NOT related to coronavirus (COVID-19) (including to treat other diseases, illnesses, injuries, or symptoms)

## Section 0900: Health Workforce

### HEALTH OCCUPATION TRAINING

<p>Q0901</p> <p>Which of the following best describes the kind of work you are presently doing? <i>Circle one response</i></p>	<ol style="list-style-type: none"> <li>1 MANAGER IN HEALTH SERVICES (SUCH AS CLINICAL DIRECTOR, CHIEF PUBLIC HEALTH OFFICER, OR COMMUNITY HEALTHCARE COORDINATOR)</li> <li>2 MANAGER IN AGED CARE, FAMILY SERVICES, OR OTHER SOCIAL WELFARE SERVICES</li> <li>3 GENERALIST MEDICAL DOCTOR</li> <li>4 SPECIALIST MEDICAL DOCTOR (SUCH AS PHYSICIAN IN INTERNAL, EMERGENCY, OR PREVENTIVE MEDICINE)</li> <li>5 SURGICAL TECHNICIAN, PRIMARY OR ADVANCED CARE PARAMEDIC, OR OTHER PARAMEDICAL PRACTITIONER</li> <li>6 AMBULANCE PARAMEDIC, EMERGENCY PARAMEDIC, OR OTHER EMERGENCY MEDICAL TECHNICIAN</li> <li>7 NURSE PRACTITIONER, CLINICAL NURSE, PUBLIC HEALTH NURSE, OR OTHER NURSING PROFESSIONAL</li> <li>8 PRACTICAL NURSE, ENROLLED NURSE, OR OTHER ASSISTANT NURSE</li> <li>9 PROFESSIONAL MIDWIFE</li> <li>10 ASSISTANT MIDWIFE</li> <li>11 DENTIST OR DENTAL SURGEON</li> <li>12 DENTAL ASSISTANT OR DENTAL HYGIENIST</li> <li>13 PHARMACIST OR DISPENSING CHEMIST</li> <li>14 PHARMACEUTICAL ASSISTANT OR DISPENSING TECHNICIAN</li> <li>15 ENVIRONMENTAL OR OCCUPATIONAL HEALTH AND SAFETY OFFICER OR INSPECTOR</li> <li>16 PHYSIOTHERAPIST</li> <li>17 MASSAGE THERAPIST OR PHYSIOTHERAPY TECHNICIAN</li> <li>18 CLINICAL DIETICIAN, NUTRITIONIST, OR PUBLIC HEALTH NUTRITIONIST</li> <li>19 AUDIOLOGIST OR SPEECH THERAPIST</li> <li>20 OPTOMETRIST OR OPHTHALMIC OPTICIAN</li> <li>21 CHIROPRACTOR, OSTEOPATH, PODIATRIST, OR OTHER PROFESSIONAL IN DIAGNOSTIC, PREVENTIVE, CURATIVE OR REHABILITATIVE HEALTH SERVICES</li> <li>22 MEDICAL ASSISTANT, CLINICAL ASSISTANT, OR OPHTHALMIC ASSISTANT</li> <li>23 MEDICAL RADIOGRAPHER, LABORATORY TECHNICIAN, OR OTHER MEDICAL OR DENTAL DIAGNOSTIC, PROSTHETIC OR THERAPEUTIC EQUIPMENT TECHNICIAN</li> <li>24 PSYCHOLOGIST, ADDICTIONS COUNSELLOR, OR OTHER COUNSELLING PROFESSIONAL</li> <li>25 COMMUNITY HEALTH WORKER</li> <li>26 EPIDEMIOLOGIST (EXCEPT PHYSICIAN) OR OTHER MEDICAL OR PUBLIC HEALTH STATISTICIAN</li> <li>27 MEDICAL RECORDS TECHNICIAN, CLINICAL CODER, OR OTHER HEALTH INFORMATION TECHNICIAN</li> <li>28 NURSING AIDE, DENTAL AIDE, PHARMACY AIDE, BIRTH ASSISTANT, HOSPITAL ORDERLY, OR OTHER PERSONAL CARE WORKER</li> <li>87 OTHER HEALTH-RELATED OCCUPATION, SPECIFY</li> </ol>
<p>Q0902</p> <p>Which was the field of your highest formal education or training?</p>	<ol style="list-style-type: none"> <li>1 MEDICINE</li> <li>2 NURSING OR MIDWIFERY</li> <li>3 DENTAL STUDIES</li> <li>4 MEDICAL DIAGNOSTIC OR TREATMENT TECHNOLOGY</li> </ol>

Household Questionnaire

	5 THERAPY OR REHABILITATION
	6 PHARMACY
	7 TRADITIONAL AND COMPLEMENTARY MEDICINE OR THERAPY
	8 OCCUPATIONAL HEALTH AND SAFETY
	9 HYGIENE AND OCCUPATIONAL HEALTH SERVICES
	10 CARE OF ELDERLY OR OF DISABLED ADULTS
	11 SOCIAL WORK, CHILD AND YOUTH SERVICES, OR COUNSELLING
	12 PERSONAL SERVICES
	13 NO FORMAL HEALTH TRAINING
	87 OTHER, SPECIFY

**HEALTH PROFESSIONAL EXPERIENCE**

Q0903	Have you been employed during the last 12 months?	1 YES 2 No.....→	Q0928
Q0904	How many months did you work for in the last 12 months?	<input type="text"/> <input type="text"/> -8 DON'T KNOW	
Q0905	Have you worked in the same place in the last 12 months?	1 YES 2 No.....→	Q0911
Q0906	How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)	1 NATIONAL REFERRAL HOSPITAL 2 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL 3 HOSPITAL 4 DISTRICT HOSPITAL 5 OTHER GENERAL HOSPITAL 6 SPECIALTY HOSPITAL 7 COMPREHENSIVE HEALTH CENTRE/POLYCLINIC 8 HEALTH CENTRE 9 CLINIC /DISPENSARY 10 HEALTH POST 11 MATERNAL/CHILD HEALTH CLINIC 87 OTHER, SPECIFY	
Q0907	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0908	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF- EMPLOYED (FULL-TIME) 4 SELF- EMPLOYED (PART-TIME)	
Q0909	How would you describe the method by which you are/were paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR	

Household Questionnaire

		1 SIMILAR) ..... ➔	Q0927
		7 OTHER, SPECIFY	
Q0910	Are/were you being paid on time??	1 YES ..... ➔	Q0927
		2 NO ..... ➔	Q0927

Q0911	Over the last 12 months, how many different places have you worked at?	<input type="text"/> <input type="text"/>
-------	--	---

Starting with the job you worked for the longest in the last 12 months, I want to know more about where you worked. This would be your **first longest job** you worked in the last 12 months.

Q0912	How would you best describe the kind of place where you mostly worked during the last 12 months? (READ LIST)	1 SPECIALIZED HOSPITAL 2 GENERAL OR COMMUNITY HOSPITAL 3 MEDICAL PRACTICE, CLINIC, OR OTHER OUT-PATIENT FACILITY 4 DENTAL PRACTICE OR DENTAL CLINIC 5 MEDICAL LABORATORY 6 RESIDENTIAL NURSING CARE FACILITY 7 COUNSELLING OR OTHER SOCIAL SERVICE FACILITY (WITHOUT ACCOMMODATION) 8 PUBLIC ADMINISTRATION, HEALTH AND SAFETY REGULATORY AGENCY, OR OTHER HEALTH POLICY SERVICES 87 OTHER, SPECIFY	
Q0913	Who manages/owns the place (facility) where you worked during the last 12 months?	1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY	
Q0914	What was your employment status?	1 FULL-TIME 2 PART-TIME 3 SELF-EMPLOYED (FULL-TIME) 4 SELF-EMPLOYED (PART-TIME)	
Q0915	How would you describe the method by which you are/were paid?	1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR) ..... ➔ 7 OTHER, SPECIFY	Q0917
Q0916	Are/were you being paid on time?	1 YES 2 NO	



Now think of the place you worked before the one you just described to me. This would be your **second** longest job you worked in the last 12 months.

<p>Q0917</p> <p>How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)</p>	<p>1 SPECIALIZED HOSPITAL</p> <p>2 GENERAL OR COMMUNITY HOSPITAL</p> <p>3 MEDICAL PRACTICE, CLINIC, OR OTHER OUT-PATIENT FACILITY</p> <p>4 DENTAL PRACTICE OR DENTAL CLINIC</p> <p>5 MEDICAL LABORATORY</p> <p>6 RESIDENTIAL NURSING CARE FACILITY</p> <p>7 COUNSELLING OR OTHER SOCIAL SERVICE FACILITY (WITHOUT ACCOMMODATION)</p> <p>8 PUBLIC ADMINISTRATION, HEALTH AND SAFETY REGULATORY AGENCY, OR OTHER HEALTH POLICY SERVICES</p> <p>87 OTHER, SPECIFY</p>	
<p>Q0918</p> <p>Who manages/owns the place (facility) where you worked during the last 12 months?</p>	<p>1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH</p> <p>2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT</p> <p>3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD</p> <p>4 UNIVERSITY</p> <p>5 NGO/NOT FOR PROFIT</p> <p>6 MISSION/FAITH BASED</p> <p>7 PRIVATE FOR PROFIT</p> <p>87 OTHER, SPECIFY</p>	
<p>Q0919</p> <p>What was your employment status?</p>	<p>1 FULL-TIME</p> <p>2 PART-TIME</p> <p>3 SELF-EMPLOYED (FULL-TIME)</p> <p>4 SELF-EMPLOYED (PART-TIME)</p>	
<p>Q0920</p> <p>How would you describe the method by which you are/were <u>usually</u> paid?</p>	<p>1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.)</p> <p>2 SALARY PLUS BONUS</p> <p>3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY)</p> <p>4 CAPITATION (FIXED AMOUNT PER PATIENT)</p> <p>5 CAPITATION PLUS FEES FOR EXTRA SERVICES</p> <p>6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR) ..... →</p> <p>7 OTHER, SPECIFY</p>	<p>Q0922</p>
<p>Q0921</p> <p>Are/were you being paid on time??</p>	<p>1 YES</p> <p>2 No</p>	

**INTERVIEWER:** *if respondent has worked in only TWO places in the last 12 months, skip now to Q0927.*

Now think of the place you worked before the one you just described to me. This would be your **third** longest job you worked in the last 12 months.

<p>Q0922</p> <p>How would you best describe the kind of place where you worked during the last 12 months? (READ LIST)</p>	<p>1 SPECIALIZED HOSPITAL 2 GENERAL OR COMMUNITY HOSPITAL 3 MEDICAL PRACTICE, CLINIC, OR OTHER OUT-PATIENT FACILITY 4 DENTAL PRACTICE OR DENTAL CLINIC 5 MEDICAL LABORATORY 6 RESIDENTIAL NURSING CARE FACILITY 7 COUNSELLING OR OTHER SOCIAL SERVICE FACILITY (WITHOUT ACCOMMODATION) 8 PUBLIC ADMINISTRATION, HEALTH AND SAFETY REGULATORY AGENCY, OR OTHER HEALTH POLICY SERVICES 87 OTHER, SPECIFY</p>	
<p>Q0923</p> <p>Who manages/owns the place (facility) where you worked during the last 12 months?</p>	<p>1 GOVERNMENT/PUBLIC: MINISTRY OF HEALTH 2 GOVERNMENT/PUBLIC: LOCAL GOVERNMENT 3 GOVERNMENT (INSTITUTIONAL) : MILITARY/POLICE/NATIONAL GUARD 4 UNIVERSITY 5 NGO/NOT FOR PROFIT 6 MISSION/FAITH BASED 7 PRIVATE FOR PROFIT 87 OTHER, SPECIFY</p>	
<p>Q0924</p> <p>What was your employment status?</p>	<p>1 FULL-TIME 2 PART-TIME 3 SELF- EMPLOYED (FULL-TIME) 4 SELF- EMPLOYED (PART-TIME)</p>	
<p>Q0925</p> <p>How would you describe the method by which you are/were paid?</p>	<p>1 SALARY (SUCH AS HOURLY, WEEKLY OR MONTHLY WAGE, ETC.) 2 SALARY PLUS BONUS 3 FEE-FOR-SERVICE (ACCORDING TO TYPE OF SERVICE PROVIDED ONLY) 4 CAPITATION (FIXED AMOUNT PER PATIENT) 5 CAPITATION PLUS FEES FOR EXTRA SERVICES 6 UNPAID (SUCH AS VOLUNTEERING OR SIMILAR) ..... → 7 OTHER, SPECIFY</p>	<p>Q0927</p>
<p>Q0926</p> <p>Are/were you being paid on time??</p>	<p>1 YES 2 No</p>	

## WORKING CONDITIONS

Q0927	In the last 12 months, were you unable to report for work due to any of the following reasons, beyond any entitled leave?	1 ILLNESS DUE TO AN INFECTION AT WORK 2 STRESS OR BURNOUT (OR ANOTHER MENTAL HEALTH DISORDER) 3 GENERAL ILLNESS 4 STRIKES/INDUSTRIAL ACTIONS 5 ATTACKS ON HEALTH WORKERS/HEALTH FACILITIES 6 QUARANTINE AND SELF-ISOLATION 7 THE NEED TO TAKE CARE OF FAMILY MEMBERS 87 OTHER, SPECIFY				
Q0928	In your <u>usual</u> place of employment, are occupational safety measures adequately addressed?	1 YES 2 No				
Q0929	Are you able to assess whether you have the following resources and infrastructure required to effectively carry out your functions?	1 YES 2 No..... →				Q0930
		<b>RARELY AVAILABLE</b>		<b>ALWAYS AVAILABLE</b>		
Q0929a	Equipment and medical devices	1	2	3	4	5
Q0929b	National guidelines	1	2	3	4	5
Q0929c	Staff trained regularly on national and revised guidelines	1	2	3	4	5
Q0929d	Medicines and commodities	1	2	3	4	5
Q0929e	Diagnostics	1	2	3	4	5

**MIGRATORY STATUS**

Q0930	In which country did you acquire the health occupation training [of ... CAPI ANSWER FROM Q0901]?	COUNTRY	
Q0931	In which year did you acquire the health occupation training [of ... CAPI ANSWER FROM Q0901]?	<div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;">-8 DON'T KNOW</div>	
Q0932	Over the last 2-3 years, did you work for at least 6 months in a country other than your country of origin?	1 YES 2 No..... ➔	END
Q0933	List country	COUNTRY	
Q0934	Year	<div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;">-8 DON'T KNOW</div>	
Q0935	What did you work as?	1 GENERALIST MEDICAL DOCTOR 2 SPECIALIST MEDICAL PRACTITIONER 3 NURSE PROFESSIONAL 4 MIDWIFERY PROFESSIONAL 5 DENTIST 6 PHARMACIST 7 MEDICAL LABORATORY SCIENTIST 8 PHYSIOTHERAPIST 9 MEDICAL LABORATORY TECHNICIAN 10 MEDICAL ASSISTANT 11 NUTRITIONIST OR DIETICIAN 12 NURSING ASSOCIATE 13 MIDWIFERY ASSOCIATE 14 COMMUNITY HEALTH WORKER 15 PARAMEDICAL PRACTITIONER 16 ENVIRONMENTAL AND OCCUPATIONAL HEALTH PROFESSIONALS 17 DENTAL ASSISTANTS AND THERAPISTS 18 DENTAL PROSTHETIC TECHNICIAN 19 PHARMACEUTICAL TECHNICIANS 20 AUDIOLOGISTS AND SPEECH THERAPISTS 21 OPTOMETRISTS AND OPHTHALMIC OPTICIANS 22 MEDICAL PROSTHETIC TECHNICIANS 23 PSYCHOLOGISTS 24 EPIDEMIOLOGISTS 25 OTHER PUBLIC HEALTH PERSONNEL 87 OTHER HEALTH OCCUPATION, SPECIFY	