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G - HOUSEHOLD AMENITIES

Reference Number

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G.1 What is the material of the roof of the house ?

- Mud 1
- Thatch 2
- Wood 3
- Iron sheets 4
- Cement / concrete 5
- Roofing tiles 6
- Asbestos 7
- Other _____ 8

G.2 What is the material of the walls of the house ?

- Mud/Mud bricks 1
- Stone 2
- Burnt bricks 3
- Cement / Sandcrete 4
- Wood / Bamboo 5
- Iron sheets 6
- Cardboard 7
- Other 8

G.3 What is the main source of drinking water?

- Piped into dwelling or compound 1
- Public outdoor tap 2
- Borehole 3
- Protected well 4
- Unprotected well 5
- River, lake, pond 6
- Vendor, truck 7
- Other _____ 8

G.4 What kind of toilet facility does your household use?

- None (bush) 1
- Flush toilet (WC) 2
- Pan/Bucket 3
- Covered pit latrine 4
- Uncovered pit latrine 5
- K V I P 6
- Other _____ 7

G.5 What is the main source of cooking fuel?

- Firewood 1
- Charcoal 2
- Kerosine/Oil 3
- Gas 4
- Electricity 5
- Crop residue/Sawdust 6
- Animal waste 7
- Other 8

G.6 What is the main source of lighting fuel?

- Kerosine/Paraffin 1
- Gas 2
- Electricity 3
- Candles 4
- Firewood 5
- Other _____ 6

G.7 How long does it take from here to reach the nearest...

A. supply of drinking water?

- Near the dwelling 1
- 10 Minutes 2
- 20 Minutes 3
- 30 Minutes 4
- 40 Minutes 5
- 50 Minutes 6
- 60 Minutes or more 7

B. Food Market *Interviewer, code to nearest 10 minutes*

- Near the dwelling 1
- 10 Minutes 2
- 20 Minutes 3
- 30 Minutes 4
- 40 Minutes 5
- 50 Minutes 6
- 60 Minutes or more 7

G.7 How long does it take from here to reach the nearest...

C. Public transportation

- Near the dwelling 1
 - 10 Minutes 2
 - 20 Minutes 3
 - 30 Minutes 4
 - 40 Minutes 5
 - 50 Minutes 6
 - 60 Minutes or more 7
- Include average waiting period if applicable.*

D. Primary School *Interviewer, code to nearest 10 minutes*

- Near the dwelling 1
- 10 Minutes 2
- 20 Minutes 3
- 30 Minutes 4
- 40 Minutes 5
- 50 Minutes 6
- 60 Minutes or more 7

E. Secondary School

- Near the dwelling 1
- 10 Minutes 2
- 20 Minutes 3
- 30 Minutes 4
- 40 Minutes 5
- 50 Minutes 6
- 60 Minutes or more 7

F. Health clinic or hospital

- Near the dwelling 1
- 10 Minutes 2
- 20 Minutes 3
- 30 Minutes 4
- 40 Minutes 5
- 50 Minutes 6
- 60 Minutes or more 7

H - POVERTY PREDICTORS

H.1 Does the household use toilet paper rolls?	YES Y NO N	H.7 How many times was a meal w/ meat prepared in your hhd in the past week? (exclude fish and chicken).	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> <td style="width: 10%; text-align: center;">6</td> <td style="width: 10%; text-align: center;">7</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 10%; text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9														
0	1	2	3	4	5	6	7	8	9														
H.2 Does the household use toothbrush and toothpaste ?	YES Y NO N	H.8 Can your household afford 2 decent meals per day ?	YES Y NO N																				
H.3 Does the household use packaged soap for bathing?	YES Y NO N	H.9 Can your household afford decent clothing ?	YES Y NO N																				
H.4 Can the household afford transport on a regular, as needed basis ?	YES Y NO N	H.10 Does the household have access to drinking water for the most part of the year ?	YES Y NO N																				
H.5 Do you have any savings or easily convertible assets ?	YES Y NO N	H.11 Do you owe individuals and/or intitutions (Banks, schools etc.) for which you are unable to pay despite constant reminders?	YES Y NO N																				
H.6 Can you afford medical care (doctor/dentist) and medications on a regular, as needed basis ?	YES Y NO N																						

I - CHILD ROSTER (Children under 5)

I.1 Enter Here the child number from the household roster.
Enter mother number to the right of each child number.

Enter 00 if the child's mother is deceased or is not a member of the household.

	MOTHER NUMBER		MOTHER NUMBER		MOTHER NUMBER		MOTHER NUMBER	
f	0	0	0	0	0	0	0	0
f	1	1	1	1	1	1	1	1
f	2	2	2	2	2	2	2	2
f	3	3	3	3	3	3	3	3
f	4	4	4	4	4	4	4	4
f	5	5	5	5	5	5	5	5
f	6	6	6	6	6	6	6	6
f	7	7	7	7	7	7	7	7
f	8	8	8	8	8	8	8	8
f	9	9	9	9	9	9	9	9

I.2 Enter the child's date of birth.

	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y	D	D	M	M	Y	Y
f	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
f	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
f	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
f	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
f	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
f	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
f	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
f	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7		
f	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
f	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9		

I.3 What was the place of child delivery ?

f	Hospital / Maternity	1	1	1	1
f	At home	2	2	2	2
f	Other _____	3	3	3	3

I.4 Who delivered the child ?

f	Doctor	1	1	1	1
f	Nurse	2	2	2	2
f	Midwife	3	3	3	3
f	T.B.A	4	4	4	4
f	Self	5	5	5	5

I.5 What is the child's weight (in kilos, with one decimal point, i.e 4.6 kilos) and height (in cm, with one decimal point, i.e 24.8 cm)

	WEIGHT			HEIGHT			WEIGHT			HEIGHT			WEIGHT			HEIGHT		
f	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
f	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
f	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
f	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
f	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
f	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
f	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
f	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
f	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
f	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	

I.6 Did the child participate in the following ?

f	Nutrition program	1	1	1	1
f	Weigh-ins	2	2	2	2

A.13 Result code

A.14 Has a supplemental form been used (HH has more than 12 members) ?

A.15 Enter time now

f	Completed w/ selected household	1																			
f	Completed with replacement household because of refusal	2	YES	Y																	
f	Completed with replacement household because not found	3	NO	N																	
f	Partially completed	4																			

H	0	1								
M	0	1	2	3	4	5	6	7	8	9
M	0	1	2	3	4	5				
M	0	1	2	3	4	5	6	7	8	9

A AM P PM