

APPENDIX A. SAMPLE IMPLEMENTATION

Table A.1. Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Marshall Islands 2007

Result	Residence				Region								Total
	Urban	Rural	Ailinglaplap	Enewetak	Kwajalein	Likiep	Majuro	Maloelap	Mil	Ujae			
Selected households													
Completed (C)	95.5	98.4	98.4	98.2	96.1	98.7	95.3	100.0	96.3	100.0	96.9		
Household present but no competent respondent at home (HP)	0.9	0.0	0.0	0.0	1.3	0.0	0.7	0.0	0.0	0.0	0.4		
Refused (R)	3.3	0.2	0.0	0.0	2.6	1.3	3.5	0.0	0.0	0.0	1.8		
Household absent (HA)	0.2	1.4	1.6	1.8	0.0	0.0	0.2	0.0	3.8	0.0	0.8		
Dwelling destroyed (DD)	0.2	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of sampled households	578	563	187	110	154	75	424	60	80	51	1,141		
Household response rate (HRR) ¹	95.8	99.8	100.0	100.0	96.1	98.7	95.7	100.0	100.0	100.0	97.8		
Eligible women													
Completed (EWC)	90.9	96.2	96.1	97.9	90.2	97.7	91.3	95.6	95.0	94.4	93.3		
Not at home (EWNH)	1.6	1.0	0.8	2.1	1.3	0.0	1.8	0.0	2.0	1.1	1.4		
Postponed (EWP)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.1		
Refused (EWR)	5.6	1.0	2.0	0.0	6.9	1.1	5.0	0.0	2.0	0.0	3.6		
Incapacitated (EWI)	1.6	1.6	1.2	0.0	1.6	1.1	1.7	3.3	1.0	4.5	1.6		
Other (EWO)	0.2	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.1		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of women	972	770	256	145	306	88	666	91	101	89	1,742		
Eligible women response rate (EWR) ²	90.9	96.2	96.1	97.9	90.2	97.7	91.3	95.6	95.0	94.4	93.3		
Overall response rate (ORR) ³	87.2	96.1	96.1	97.9	86.7	96.4	87.4	95.6	95.0	94.4	91.2		

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$100 * C$$

$$C + HP + P + R + DNF$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWR) is calculated as:

$$100 * EWC$$

$$EWC + EWNH + EWP + EWR + EWPC + EWI + EWO$$

³ The overall response rate (ORR) is calculated as: $ORR = HRR * EWR / 100$

Table A.2. Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Marshall Islands 2007

Result	Residence		Region								Total	
	Urban	Rural	Alnglajlap	Enewetak	Kwajalein	Likiep	Majuro	Maloelap	Milil	Ujae		
Selected households												
Completed (C)	95.0	98.6	97.9	98.3	93.7	100.0	95.4	100.0	97.6	100.0	96.7	
Household present but no competent respondent at home (HP)	1.3	0.0	0.0	0.0	2.5	0.0	0.8	0.0	0.0	0.0	0.7	
Refused (R)	3.8	0.0	0.0	0.0	3.8	0.0	3.8	0.0	0.0	0.0	2.0	
Household absent (HA)	0.0	1.4	2.1	1.7	0.0	0.0	0.0	0.0	2.4	0.0	0.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number of sampled households	317	290	95	58	79	39	238	31	41	26	607	
Household response rate (HRR) ¹	95.0	100.0	100.0	100.0	93.7	100.0	95.4	100.0	100.0	100.0	97.3	
Eligible men												
Completed (EMC)	83.3	90.7	89.7	91.5	82.9	93.8	83.5	87.5	86.2	95.4	86.6	
Not at home (EMNH)	4.0	2.6	2.3	1.9	4.8	0.0	3.7	8.9	3.1	1.5	3.4	
Postponed (EMP)	0.4	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.2	
Refused (EMR)	8.2	2.7	5.2	0.0	8.0	2.5	8.3	0.0	6.2	0.0	5.7	
Partly completed (EMPC)	0.6	0.4	0.0	0.0	0.5	2.5	0.6	0.0	0.0	0.0	0.5	
Incapacitated (EMI)	2.2	2.6	2.9	1.9	2.1	1.2	2.3	3.6	3.1	3.1	2.4	
Other (EMO)	1.2	1.1	0.0	4.7	1.6	0.0	1.0	0.0	1.5	0.0	1.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number of men	671	547	174	106	187	81	484	56	65	65	1,218	
Eligible men response rate (EMRR) ²	83.3	90.7	89.7	91.5	82.9	93.8	83.5	87.5	86.2	95.4	86.6	
Overall response rate (ORR) ³	79.1	90.7	89.7	91.5	77.6	93.8	79.6	87.5	86.2	95.4	84.3	

¹Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

100 * C

C + HP + P + R + DNF

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

100 * EWC

EWG + EWNH + EWP + EWR + EWPC + EWI + EWO

³ The overall response rate (ORR) is calculated as: ORR = HRR * EWRR/100

APPENDIX B. DATA QUALITY TABLES

Table B.1. Household age distribution*Single-year age distribution of the de facto household population by sex (weighted), Marshall Islands 2007*

Age	Women		Men		Age	Women		Men	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	130	3.3	149	3.6	37	63	1.6	53	1.3
1	149	3.8	124	3.1	38	36	0.9	43	1.1
2	127	3.2	112	2.7	39	43	1.1	39	1.0
3	122	3.1	132	3.2	40	47	1.2	39	0.9
4	103	2.6	133	3.3	41	29	0.7	39	0.9
5	100	2.5	109	2.7	42	28	0.7	39	0.9
6	145	3.7	131	3.2	43	29	0.7	40	1.0
7	101	2.6	119	2.9	44	33	0.8	27	0.7
8	105	2.7	86	2.1	45	30	0.8	35	0.8
9	100	2.6	106	2.6	46	24	0.6	30	0.7
10	102	2.6	100	2.5	47	33	0.8	36	0.9
11	96	2.4	103	2.5	48	28	0.7	37	0.9
12	103	2.6	95	2.3	49	18	0.5	27	0.7
13	84	2.1	79	1.9	50	38	1.0	23	0.6
14	89	2.3	100	2.4	51	37	1.0	28	0.7
15	65	1.7	67	1.7	52	26	0.7	27	0.7
16	64	1.6	112	2.8	53	43	1.1	21	0.5
17	76	1.9	102	2.5	54	29	0.7	46	1.1
18	72	1.8	82	2.0	55	13	0.3	26	0.6
19	83	2.1	74	1.8	56	33	0.8	31	0.8
20	89	2.3	79	1.9	57	25	0.6	18	0.4
21	66	1.7	74	1.8	58	11	0.3	22	0.5
22	74	1.9	93	2.3	59	16	0.4	18	0.5
23	64	1.6	81	2.0	60	20	0.5	17	0.4
24	85	2.2	83	2.0	61	13	0.3	16	0.4
25	73	1.9	67	1.6	62	16	0.4	13	0.3
26	70	1.8	80	2.0	63	6	0.2	5	0.1
27	67	1.7	68	1.7	64	13	0.3	11	0.3
28	72	1.8	50	1.2	65	9	0.2	4	0.1
29	43	1.1	45	1.1	66	3	0.1	7	0.2
30	60	1.5	60	1.5	67	9	0.2	6	0.1
31	41	1.0	59	1.4	68	7	0.2	3	0.1
32	51	1.3	53	1.3	69	8	0.2	11	0.3
33	42	1.1	42	1.0	70+	54	1.4	35	0.9
34	43	1.1	52	1.3	DK/missing	2	0.0	1	0.0
35	46	1.2	49	1.2					
36	49	1.2	49	1.2	Total	3,922	100.0	4,071	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table B.2.1. Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Marshall Islands 2007

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of eligible women interviewed
		Number	Percentage	
10-14	473	na	na	na
15-19	360	323	19.0	89.7
20-24	379	350	20.6	92.5
25-29	325	311	18.3	95.6
30-34	237	223	13.1	94.1
25-39	237	218	12.8	91.8
40-44	166	151	8.9	90.9
45-49	132	123	7.2	93.0
50-54	173	na	na	na
15-49	1,837	1,699	100.0	92.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

na = Not applicable

Table B.2.2. Age distribution of eligible and interviewed men

De facto household population of men aged 10-64, interviewed men aged 15-59 and percent of eligible men who were interviewed (weighted), Marshall Islands 2007

Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percentage	
10-14	253	na	na	na
15-19	231	217	20.5	94.2
20-24	215	192	18.2	89.5
25-29	158	134	12.7	85.3
30-34	148	125	11.8	84.9
25-39	114	97	9.1	85.0
40-44	104	84	8.0	81.4
45-49	81	68	6.4	84.2
50-54	66	48	4.5	72.5
55-59	58	42	3.9	71.6
60-64	36	na	na	na
15-59	1,174	1,059	97.7	90.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

na = Not applicable

Table B.3. Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Marshall Islands 2007

Subject	Percentage with missing information	Number of cases
Month Only (births in last 15 years)	0.21	2,937
Month and Year (births in last 15 years)	0.12	2,937
Age at Death (deceased children born in the last 15 years)	0.00	113
Age/date at first union ¹ (ever married women)	0.56	1,242
Age/date at first union ¹ (ever married men)	0.60	723
Respondent's education (all women)	0.05	1,625
Respondent's education (all men)	0.00	1,055
Diarrhea in last 2 weeks (living children 0-59)	9.30	1,137

¹ Both year and age missing

Table B.4. Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Marshall Islands 2007

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	L	D	T	L	D	T	L	D	T	L	D	T
2007	57	0	57	100.0	100.0	100.0	65.9	0.0	65.2	na	na	na
2006	268	9	276	100.0	100.0	100.0	115.9	91.2	115.0	na	na	na
2005	230	7	237	100.0	100.0	100.0	94.0	100.9	94.2	99.1	78.6	98.3
2004	196	9	205	100.0	100.0	100.0	99.2	302.5	103.6	83.9	130.8	85.2
2003	238	7	244	100.0	100.0	100.0	104.0	186.5	105.6	118.9	83.8	117.5
2002	204	7	211	100.0	100.0	100.0	150.1	45.2	144.2	91.1	89.6	91.0
2001	210	9	219	99.4	95.9	99.3	112.0	131.6	112.7	104.3	108.3	104.4
2000	200	9	209	99.7	93.1	99.4	88.0	190.8	91.0	97.4	85.1	96.8
1999	199	13	212	100.0	78.9	98.7	83.5	62.4	82.0	106.6	113.1	107.0
1998	174	14	188	99.2	100.0	99.2	84.2	241.2	90.7	95.3	134.4	97.4
2003-2007	987	32	1,019	100.0	100.0	100.0	101.0	144.3	102.1	na	na	na
1998-2002	987	53	1,040	99.7	92.7	99.3	101.4	117.7	102.2	na	na	na
1993-1997	756	26	782	99.8	94.4	99.7	112.0	78.7	110.6	na	na	na
1987-1992	650	30	680	99.9	85.7	99.3	122.0	228.6	125.2	na	na	na
1986 et <	777	63	840	99.5	94.6	99.1	94.8	112.9	96.1	na	na	na
All	4,157	204	4,361	99.8	93.6	99.5	104.8	124.9	105.7	na	na	na

NA = Not applicable

¹ Both year and month of birth given

² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x / (B_{x-1} + B_{x+1})] \times 100$, where B_x is the number of births in calendar year x

Table B.5. Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Marshall Islands 2007

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	8	13	2	4	28
1	4	16	1	1	22
2	5	0	0	0	6
3	0	3	0	0	3
4	0	0	1	0	1
6	0	0	1	0	1
7	0	1	0	0	1
8	1	0	0	0	1
21	0	0	0	2	2
Total 0-30	18	33	5	8	63
Percent early neonatal ¹	96.3	96.5	100.0	79.3	94.7

¹ = 6 days / = 30 days

Table B.6. Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Marshall Islands 2007

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1a	18	33	5	8	63
1	0	2	0	0	2
2	0	2	1	0	3
3	2	6	0	0	9
4	0	1	0	3	4
6	2	0	0	0	2
7	2	1	0	1	3
8	0	0	0	2	3
9	1	0	2	0	3
10	0	0	1	0	1
11	0	1	0	0	1
12	1	2	0	1	3
13	1	1	0	0	1
14	0	0	0	1	1
22	1	0	0	0	1
1 Year	1	3	1	1	5
Total 0-11	25	45	10	13	93
Percent neonatal ¹	72.0	72.5	52.8	56.9	68.1

a Includes deaths under one month reported in days

¹ Under one month / under one year

APPENDIX C. LIST OF PEOPLE INVOLVED IN THE DHS

Name	Title
Carl Hacker	DHS Project Owner / Chairman
Justina Langidrik	DHS Project Co-Owner / Co-Chairwoman
Marie Maddison	Committee Member
Hemline Ysawa	Project Manager
Charles Paul	Project Management Trainee
Augustine Rilang	Assistant Project Manager
John Henry	Data Processing Manager
Caroline Neamon	Team Supervisor / Administration & Logistics
Joyceline Mellan	Team Supervisor
Elizabeth Go	Macro Consultant
Han Raggars	Macro Consultant
Bob Mackay	ABS Project Management Trainer
Graeme Brown	SPC Manager - Statistics and Demography Programme
Gerald Haberkorn	SPC Demographer
Arthur Jorari	SPC Population and Development Specialist
Kaobari Matikarai	SPC DHS Technical Officer
Leilua Taulealo	SPC Data Processing Officer
Wilbur Heine	Ministry of Health Contact Person
Dr. Godfrey Wadabu	Ministry of Health Contact Person/Presenter, Malnutrition
Johanna Rilang	Presenter, Family Planning
Beltalya Abo	Presenter, Family Planning
Dr. Kevin Bisili	Presenter, Pre-natal Care
Dr. Peter Asuo	Presenter, Malnutrition
Caleb McClennen	GIS Consultant
Rito Akilang	DHS Map Producer
Centilina Bantol	Team Supervisor / Field Editor
Carrol deBrum	Team Supervisor / Field Editor
Immaculata deBrum	Field Editor / Enumerator
Nancy Kattil	Field Editor
Anita Dooley	Enumerator
Benson Langidrik	Enumerator / Data Keyer
Birita Bonbos	Enumerator / Data Keyer
Caroline Nathan	Enumerator
Clinton Kattil	Enumerator
Dave Dribo	Enumerator
Helenson Motlok	Enumerator
Hemity Dooley	Enumerator
Henry Maddison	Enumerator
Herna Eliu	Enumerator
Irene Lee	Enumerator
Jeklin Hertin	Enumerator
Karen Kattil	Enumerator
Kyle Peter	Enumerator
Libwon Aikuij	Enumerator
Lina Reiher	Enumerator
Nitha Kios	Enumerator
Ready Jerbal	Enumerator
Rose Mieso Kumtak	Enumerator
Rosemary Latdrik	Enumerator
Stevenson Ned	Enumerator
Terryuko Minor	Enumerator
Tricia Takkie Menke	Enumerator
Whitney deBrum	Enumerator
Willie Langrine	Enumerator
Jimata Kabua, Jr.	Data Keyer
Rudolph Muller	Data Keyer
Tydie Hitto	Data Keyer
Aine Henry	Reserve Enumerator
Kenney Elcar	Reserve Enumerator

Team supervisors and field editors were also used as DHS Listers

APPENDIX D. RMI DHS QUESTIONNAIRES

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF MARSHALL ISLANDS
ECONOMIC POLICY, PLANNING AND STATISTICS OFFICE

IDENTIFICATION	
NAME OF ATOLL	<input type="text"/>
ZONE/VILLAGE	<input type="text"/>
GPS UNIT NUMBER	<input type="text"/>
GPS WAYPOINT NUMBER	<input type="text"/>
LATITUDE (N)	<input type="text"/>
LONGITUDE (E)	<input type="text"/>
NAME OF HOUSEHOLD HEAD	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
URBAN/RURAL (URBAN=1, RURAL=2)	<input type="text"/>
HOUSEHOLD SUB-SELECTED FOR MALE SURVEY?	1. Yes 2. No

INTERVIEW VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	INT. NUMBER <input type="text"/>
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	RESULT <input type="text"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER (SPECIFY) <input type="text"/>				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> TOTAL ELIGIBLE MEN <input type="text"/>
LANGUAGE OF QUESTIONNAIRE	<input type="text"/>	<input type="text"/>	<input type="text"/>	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/>
LANGUAGE OF INTERVIEW	<input type="text"/>	<input type="text"/>	<input type="text"/>	
LANGUAGE OF RESPONDENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TRANSLATOR USED?	1 YES 2 NO	<input type="text"/>	<input type="text"/>	

TEAM SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME <input type="text"/>	NAME <input type="text"/>	<input type="text"/>	<input type="text"/>
DATE <input type="text"/>	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>

Introduction and Consent

Hello. My name is _____ and I am working with the Economic Policy, Planning and Statistics Office. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. We hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

*I akwe. Eta in _____ im ijjerba lib en Economic Policy, Planning and Statistics Office eo.
Kemij kōmmame juon national survey ak ekatak im ekk_ʔu uuj eloñ kajitōk im melele ko ikijen ejmour. Emenin utej
b_ʔo elap elañe kwōnaj jib añ im b ōk konam ilo ekatak in. Ekatak in ekkā an b ōk*

*I lo ekatak in, kem naaj mokta kajitōk jet kajitōk kin im ōn jokwe in. Aolep uwaak ko am naj b ed ilo tinwadrik im b an
ajeeded ñan jab rewot. Jej tomak im kōjatdikdik b we kwōnaj mōnōnō in b ōk konam ilo ekatak in einwot ke aolep
melele ko am elap aer aorōk.*

Ewōr ke am kajitōk kin ekatak in ilo tōre in? I maroñ ke jino kajitokin eok kiiō?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 ➔ END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 or over	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME) on his/her last birthday?</p>	<p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER</p>			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	IN YEARS				
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND OR PARTNER	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = STEPSON OR STEPDAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED OR FOSTER CHILD
05 = GRANDCHILD	12 = ROOMER OR BOARDER
06 = PARENT	13 = HOUSEMATE OR ROOMMATE
07 = PARENT-IN-LAW	14 = OTHER NON-RELATIVE
	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
			male	female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) on his/her last birthday?	MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 or over	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.						What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
			M F	Y N	Y N	IN YEARS					
11			1 2	1 2	1 2			11	11	11	
12			1 2	1 2	1 2			12	12	12	
13			1 2	1 2	1 2			13	13	13	
14			1 2	1 2	1 2			14	14	14	
15			1 2	1 2	1 2			15	15	15	
16			1 2	1 2	1 2			16	16	16	
17			1 2	1 2	1 2			17	17	17	
18			1 2	1 2	1 2			18	18	18	
19			1 2	1 2	1 2			19	19	19	
20			1 2	1 2	1 2			20	20	20	

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF

(2A) Just to make sure that I have a complete listing. Are there any other persons such as children or infants that we have not listed?
YES NO

(2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually stay here, or anyone else who stayed here last night, who have not been listed?
YES NO

ADD TO TABLE

ADD TO TABLE

ADD TO TABLE

- 01 = HEAD
- 02 = WIFE/HUSBAND/ PARTNER
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = STEPSON OR STEPDAUGHTER
- 11 = ADOPTED OR FOSTER CHILD
- 12 = ROOMER OR BOARDER
- 13 = HOUSEMATE OR ROOMMATE
- 14 = OTHER NON-RELATIVE
- 98 = DON'T KNOW

LN NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest lastnight? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO RECORD '00'.	Is (NAME)'s father alive?	Does (NAME)'s father usually live in this household or was he a guest lastnight? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO RECORD '00'.	Has (NAME) ever attended school? IF AGE 0-4 YEARS SKIP TO (22)	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade/year (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2006-2007) school year?	During this school year, what level and grade/year [s/w as] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2005-2006)?	During that school year, what level and grade/year did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERT 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	
01	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
08	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 21		1 2 ↓ GO TO 101		

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL 0 = PRESCHOOL/KINDERGARTEN 1 = ELEMENTARY 2 = HIGH SCHOOL 3 = VOCATIONAL 4 = COLLEGE 5 = MASTERAL 6 = PROFESSIONAL/DOCTORATE 8 = DON'T KNOW	GRADE 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY) THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21 98 = DON'T KNOW
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LN NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?	Did (NAME) attend school at any time during the (2006 - 2007) school year?	During this school year, what level and grade/year [(is/was) (NAME) attending]?	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006)?	During that school year, what level and grade/year did (NAME) attend?	Does (NAME) have a birth certificate?
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK		Y N DK		Y N	LEVE GRADE	Y N	LEVE GRADE	Y N	LEVE GRADE	
11	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
12	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
13	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
14	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
15	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
16	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
17	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
18	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
19	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		
20	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16		1 2 ↓ GO TO 101		1 2 ↓ GO TO 23		1 2 ↓ GO TO 10		

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL

- 0 = PRESCHOOL/KINDERGARTEN
- 1 = ELEMENTARY
- 2 = HIGH SCHOOL
- 3 = VOCATIONAL
- 4 = COLLEGE
- 5 = MASTERAL
- 6 = PROFESSIONAL/DOCTORATE
- 8 = DON'T KNOW

GRADE

- 00 = LESS THAN 1 YEAR COMPLE
- (USE '00' FOR Q. 17 ONLY.
- THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21
- 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
101	What is the main source of drinking water for members of your household? <i>Ia eo ekkā an ri-mwin eb b ōk aer dren in daak jene?</i>	PIPED WATER		
		PIPED INTO DWELLING	11	
		PIPED TO YARD/PLOT	12	→ 106
		PUBLIC TAP/STANDPIPE	13	
		FROM NEIGHBOR	14	
		TUBE WELL OR BOREHOLE	21	→ 103
		DUG WELL		
		PROTECTED WELL	31	
		UNPROTECTED WELL	32	
		RAIN WATER	41	→ 106
		RAIN WATER & PIPED WATER		
		PIPED INTO DWELLING	51	→ 106
		PIPED TO YARD/PLOT	52	→ 106
		PUBLIC TAP/STANDPIPE	53	→ 103
		FROM NEIGHBOR	54	→ 103
		TANKER TRUCK VENDOR PROVIDED BOTTLED WATER	61	→ 103
71				
OTHER	96	→ 103		
	(SPECIFY)			
102	What is the main source of water used by your household for other purposes such as cooking and handwashing? <i>Ia eo ekkā an ri-mwin eb b ōk aer dren in kōmmane jerb al ko imweo einwōt kōmaat ak kwalkwōl?</i>	PIPED WATER		
		PIPED INTO DWELLING	11	→ 106
		PIPED TO YARD/PLOT	12	→ 106
		PUBLIC TAP/STANDPIPE	13	
		FROM NEIGHBOR	14	
		TUBE WELL OR BOREHOLE	21	
		DUG WELL		
		PROTECTED WELL	31	
		UNPROTECTED WELL	32	
		RAIN WATER	41	→ 106
		RAIN WATER & PIPED WATER		
		PIPED INTO DWELLING	51	→ 106
		PIPED TO YARD/PLOT	52	→ 106
		PUBLIC TAP/STANDPIPE	53	
		FROM NEIGHBOR	54	
		TANKER TRUCK	61	
OTHER	96			
	(SPECIFY)			
103	Where is that water source located? <i>Ia eo jikin eb b ōk dren in ej b ed ie?</i>	IN OWN DWELLING	1	→ 106
		IN OWN YARD/PLOT	2	→ 106
		ELSEWHERE	3	
104	How long does it take to go there, get water, and come back? <i>Ewi aitoken etal nan jikin eb b ōk dren eo, b ōk dren eo im roltok?</i>	MINUTES	<input type="text"/>	
		DONT KNOW	998	
105	Who usually goes to this source to fetch the water for your household? <i>Wōn eo ekkā an etal im b ōk tok dren ñan ri-mwin?</i>	A DULT WOMAN	1	
		A DULT MAN	2	
		FEMALE CHILD UNDER 15 YEARS OLD	3	
		MALE CHILD UNDER 15 YEARS OLD	4	
		OTHER	6	
			(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	Do you do anything to the water to make it safer to drink? <i>Elon ke wāwein eo kwōj kōmmāne nan dren eo bwe en erreō ñan idaak?</i>	YES 1 NO 2 DONT KNOW 8	<input type="checkbox"/> → 108		
107	What do you usually do to make the water safer to drink? <i>Ta eo ekkā am kōmmāne ñan kōkmanmanlok dren eo bwe en erreō nan idaak?</i> Anything else? <i>Ebar ke wōr?</i> RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DONT KNOW Z			
108	What kind of toilet facility do members of your household usually use? <i>Kain imōn bwidrej rōt ri-mwin rej kōjērbale?</i>	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 PIT LATRINE 13 SOMEWHERE ELSE 14 PIT LATRINE CLOSED PIT 21 PUBLIC SHARED TOILET 31 BUCKET LATRINE 41 NO FACILITY/BEACH/BUSH 51 OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 110 <input type="checkbox"/> → 111		
109	Do you share this toilet facility with other households? <i>Komij ke share e imōn bwidrej in ibben imoko jet?</i>	YES 1 NO 2	<input type="checkbox"/> → 111		
110	How many households use this toilet facility? <i>Jete em ko rej kōjērbal imōn bwidrej in?</i>	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" data-bbox="1219 1144 1313 1198" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DONT KNOW 98	0		
0					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																	
111	<p>Does your household have: <i>Ewör ke men kein imwin im ej/rej emmön wöt aer jerbal:</i></p> <p>Electricity? A communication antenna? A table? A chair? A sofa? A bed? A cupboard or cabinet? A radio? A CB or VHF radio? A CD/cassette player? A Video or DVD player? A television? A mobile telephone? Landline telephone? A walkie talkie? A refrigerator? A deep freezer? A gas or electric stove? A desk/laptop computer? An internet connection? A washing machine? A sewing machine? A microwave oven? A dryer? Solar panel/equipment? An electric generator?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>COMMUNICATION ANTENNA</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>CUPBOARD OR CABINET</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>CB OR VHF RADIO</td><td>1</td><td>2</td></tr> <tr><td>CD CASSETTE PLAYER</td><td>1</td><td>2</td></tr> <tr><td>VIDEO OR DVD PLAYER</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>LANDLINE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>WALKIE TALKIE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>DEEP FREEZER</td><td>1</td><td>2</td></tr> <tr><td>GAS OR ELECTRIC STOVE</td><td>1</td><td>2</td></tr> <tr><td>DESK/LAPTOP COMPUTER</td><td>1</td><td>2</td></tr> <tr><td>INTERNET CONNECTION</td><td>1</td><td>2</td></tr> <tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>MICROWAVE OVEN</td><td>1</td><td>2</td></tr> <tr><td>DRYER</td><td>1</td><td>2</td></tr> <tr><td>SOLAR PANEL/EQUIPMENT</td><td>1</td><td>2</td></tr> <tr><td>ELECTRIC GENERATOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	COMMUNICATION ANTENNA	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	BED	1	2	CUPBOARD OR CABINET	1	2	RADIO	1	2	CB OR VHF RADIO	1	2	CD CASSETTE PLAYER	1	2	VIDEO OR DVD PLAYER	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	LANDLINE TELEPHONE	1	2	WALKIE TALKIE	1	2	REFRIGERATOR	1	2	DEEP FREEZER	1	2	GAS OR ELECTRIC STOVE	1	2	DESK/LAPTOP COMPUTER	1	2	INTERNET CONNECTION	1	2	WASHING MACHINE	1	2	SEWING MACHINE	1	2	MICROWAVE OVEN	1	2	DRYER	1	2	SOLAR PANEL/EQUIPMENT	1	2	ELECTRIC GENERATOR	1	2	
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112	<p>What type of fuel does your household mainly use for cooking? <i>Ta eo kom ej köjerbal ñan kömat?</i></p>	<table> <tbody> <tr><td>ELECTRICITY</td><td>01</td></tr> <tr><td>PROPANE GAS</td><td>02</td></tr> <tr><td>SOLAR ENERGY</td><td>03</td></tr> <tr><td>KEROSENE</td><td>04</td></tr> <tr><td>CHARCOAL</td><td>05</td></tr> <tr><td>WOOD</td><td>06</td></tr> <tr><td>COCONUT HUSKS/SHELLS</td><td>07</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td>95</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>96</td></tr> </tbody> </table>	ELECTRICITY	01	PROPANE GAS	02	SOLAR ENERGY	03	KEROSENE	04	CHARCOAL	05	WOOD	06	COCONUT HUSKS/SHELLS	07	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____ (SPECIFY)	96	<p>→ 115</p> <p>→ 117</p>																																																															
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113	<p>In this household, is food cooked on an open fire, an open stove or a closed stove? <i>Ilo mwin, komij kömat lal ke, kömat ilo stove ko ejelok chimney ak jkin kadriwöjlok baat ko ke, (einwöt stove kerosene) ke, ilo stove ko ewör aer chimney ak cover?</i> PROBE FOR TYPE.</p>	<table> <tbody> <tr><td>OPEN FIRE</td><td>1</td></tr> <tr><td>OPEN STOVE</td><td>2</td></tr> <tr><td>CLOSED STOVE WITH CHIMNEY</td><td>3</td></tr> <tr><td>OTHER _____ (SPECIFY)</td><td>6</td></tr> </tbody> </table>	OPEN FIRE	1	OPEN STOVE	2	CLOSED STOVE WITH CHIMNEY	3	OTHER _____ (SPECIFY)	6	→ 115																																																																									
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CLOSED STOVE WITH CHIMNEY	3																																																																																			
OTHER _____ (SPECIFY)	6																																																																																			
114	<p>Does this (fire/stove) have a chimney, a hood, or neither of these? <i>Ewör ke an stove in chimney ak jkin kadriwöjlok baat ko?</i></p>	<table> <tbody> <tr><td>CHIMNEY</td><td>1</td></tr> <tr><td>HOOD</td><td>2</td></tr> <tr><td>NEITHER</td><td>3</td></tr> </tbody> </table>	CHIMNEY	1	HOOD	2	NEITHER	3																																																																												
CHIMNEY	1																																																																																			
HOOD	2																																																																																			
NEITHER	3																																																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Is the cooking usually done in the house, in a separate building, or outdoors? <i>Ekkã an ri-mwin kômat iloan mwin ke ak ilo juon em eo ejjenobk ke ak ilo nabôj?</i>	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 _____ (SPECIFY)	<input type="checkbox"/> → 117
116	Do you have a separate room which is used as a kitchen? <i>Ejjenobk ke jikin kômat eo?</i>	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 WOOD PLANKS WITH VINYL CARPET.. 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 _____ (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM/PANDANUS LEAF ... 12 RUDIMENTARY ROOFING CANVASS/TARPOULINE 21 WOOD PLANKS 22 CARDBOARD 23 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 _____ (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 PANDANUS LEAF/PALM/TRUNKS ... 12 DIRT 13 RUDIMENTARY WALLS PLYWOOD 21 CARDBOARD 22 REUSED WOOD 23 CANVAS/TARPOULINE 24 MASENITE 25 DRY WALL 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 OTHER 96 _____ (SPECIFY)	
120	How many rooms in this household are used for sleeping? <i>Jete room kôjberbal ñan kiki ilo mwin?</i>	ROOMS	<input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP							
121	<p>Does any member of this household own: <i>Ewör ke ian ri-mwin ewör men kein ibbeir:</i></p> <p>A watch? <i>watch?</i></p> <p>A bicycle? <i>baajkle</i></p> <p>A motorcycle or motor scooter? <i>otobai?</i></p> <p>A fishing gear? <i>kein eñod ko?</i></p> <p>A car, truck, or van? <i>waan ettör?</i></p> <p>A boat with motor? <i>loan ibben engine?</i></p> <p>A sailing canoe? <i>Tipñol?</i></p> <p>A paddling canoe? <i>körkör?</i></p> <p>A rear-cart? <i>driaka?</i></p> <p>Agricultural/farm equipment? <i>Kein jermal ko ilo jikin kallip ak atke kilep ko?</i></p>	<p>WATCH</p> <p>BICYCLE</p> <p>MOTORCYCLE/SCOOTER</p> <p>FISHING GEAR</p> <p>CAR/TRUCK</p> <p>BOAT WITH MOTOR</p> <p>SAILING CANOE</p> <p>PADDLING CANOE</p> <p>REAR-CART</p> <p>AGRI./FARM EQUIPMENT</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>							
122	<p>Does any member of this household own: <i>Ewör ke ian ri-mwin ewör jikin:</i></p> <p>a: residential land?</p> <p>b: agricultural land?</p> <p>c: commercial land?</p>	<p>RESIDENTIAL LAND</p> <p>AGRICULTURAL LAND</p> <p>COMMERCIAL LAND</p>	<p>1</p> <p>1</p> <p>1</p>	<p>2</p> <p>2</p> <p>2</p>							
123	<p>Does this household own any livestock, herds, other farm animals, or poultry? <i>Ewör ke nejin ri-mwin menin mour ko einwöt bao ak pig?</i></p>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2</p>	<p>→ 125</p>							
124	<p>How many of the following animals does this household own? <i>Jete uan menin mour kein ewör nejimi?</i></p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Pigs</p> <p>Ducks</p> <p>Chickens?</p>	<p>PIG</p> <p>DUCKS</p> <p>CHICKEN</p>		<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
125	<p>Does any member of this household have a bank account? <i>Ewör ke ian ri-mwin ewör an account ilo bank ko?</i></p>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2</p>								

MALNUTRITION EXAMINATION FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
203	What is (NAME'S) birth date?	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)
205	OBSERVE WHETHER THERE IS WASTING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. ASK PARENT TO REMOVE CHILD'S CLOTHING FOR THE PURPOSE OF THIS OBSERVATION QUESTIONING.	T W N H A O I S T N T E D	T W N H A O I S T N T E D	T W N H A O I S T N T E D
	A. HEAD B. FACE C. NECK D. SHOULDER E. UPPER ARMS F. CHEST (RIBS VISIBLE) G. BUTTOCKS H. THIGH	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. UPPER ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. UPPER ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. UPPER ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY.	Y N D E O K S	Y N D E O K S	Y N D E O K S
	A. HANDS B. ABDOMEN C. LOWER LEGS	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LOWER LEGS 1 2 3	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LOWER LEGS 1 2 3	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LOWER LEGS 1 2 3
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD:	Y N E O S	Y N E O S	Y N E O S
	HAIR A. SPARSE B. THIN C. YELLOW/ORANGE SKIN D. FACE PUFFY E. FLAKY/DRY F. SORE/ WOUNDS/PEELING	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2
208	TEST FOR SWELLING ON TOP OF FEET. PRESS FIRMLY ON THE TOP OF A FOOT WITH THUMB FOR 30-40 SECONDS. OBSERVE AND RECORD IF A DENT REMAINS IN THE AREA OF THE SKIN.	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
209	RESULT OF FOOT PRESSING	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
210	OBSERVE OVERALL NUTRITIONAL STATUS OF CHILD. IN YOUR OPINION, DO YOU FEEL THIS CHILD IS MALNOURISHED?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
211		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 301		

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
203	What is (NAME'S) birth date?	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2002 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 301)
205	OBSERVE WHETHER THERE IS WASTING IN THE FOLLOWING PARTS OF THE CHILD'S BODY. ASK PARENT TO REMOVE CHILD'S CLOTHING FOR THE PURPOSE OF THIS OBSERVATION QUESTIONING.	T W N H A O I S T N T E D	T W N H A O I S T N T E D	T W N H A O I S T N T E D
	A. HEAD B. FACE C. NECK D. SHOULDER E. UPPER ARMS F. CHEST (RIBS VISIBLE) G. BUTTOCKS H. THIGH	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3	A. HEAD 1 2 3 B. FACE 1 2 3 C. NECK 1 2 3 D. SHOULDER 1 2 3 E. ARMS 1 2 3 F. CHEST 1 2 3 G. BUTTOCKS 1 2 3 H. THIGH 1 2 3
206	OBSERVE WHETHER THERE IS SWELLING IN THE FOLLOWING PARTS OF THE CHILD'S BODY.	Y N D E O K S	Y N D E O K S	Y N D E O K S
	A. HANDS B. ABDOMEN C. LOWER LEGS	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3	A. HANDS 1 2 3 B. ABDOMEN 1 2 3 C. LWR LEGS 1 2 3
207	OBSERVE IF THE FOLLOWING ABNORMALITIES ARE PRESENT IN EACH CHILD:	Y N E O S	Y N E O S	Y N E O S
	HAIR A. SPARSE B. THIN C. YELLOW/ORANGE SKIN D. FACE PUFFY E. FLAKY/DRY F. SORE/WOUNDS/PEELING	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2	HAIR A. SPARSE 1 2 B. THIN 1 2 C. YELLOW/O 1 2 SKIN D. FACE PUFFY 1 2 E. FLAKY 1 2 F. SORE 1 2
208	TEST FOR SWELLING ON TOP OF FEET. PRESS FIRMLY ON THE TOP OF A FOOT WITH THUMB FOR 30-40 SECONDS. IF A DENT REMAINS IN THE AREA OF THE SKIN	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
209	RESULT OF FOOT PRESSING	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	FOOT PRESSED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
210	OBSERVE OVERALL NUTRITIONAL STATUS OF CHILD. IN YOUR OPINION, DO YOU FEEL THIS CHILD IS MALNOURISHED?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
211		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 301.		
	TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.	<input type="checkbox"/>		

M ENTAL HEALTH M ODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you some questions on some illness that the Health Department would like your opinion to help the Health people assist persons with mental illness. <i>Kio ikonaan kajitok jet kajitok ko ikijen naninmej ko im Departmenteo an Ejmour ej konan bok am lemnak ikijier nan jib an rjerb al ro ilo Ejmour ie jib an armej ro im ewor naninmej in jorran kemelij b eir.</i>	YES 1	
	Did you ever have anybody in this household that has a mental disease? <i>Enanin ke kar wor armej imwin im ewor an naninmej in jorran kemelij?</i>	NO 2 DONT KNOW 8	313
302	Is this person still alive? <i>Ej mour wot ke armej in?</i>	YES 1 NO 2 DONT KNOW 8	313
303	What is this person's relationship to the household head? <i>Ta kadkad eo an armej in nan eo ej jeb an mwin?</i>	SPOUSE 01 CHILD 02 PA RENT 03 BROTHER/SISTER 04 NIECE/NEPHEW 05 OTHER RELATIVE BY BLOOD 06 OTHER RELATIVE BY MARRIAGE 07 NOT RELATED 08 DONT KNOW 98	
304	Is this person a male or a female? <i>Emmaan ke kora?</i>	MALE 1 FEMALE 2	
305	How old is this person on his/her last birthday? <i>Jete an armej in yio jen kar kemem eo an eliktata?</i>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DONT KNOW 98	
306	Does this person live in this household all the time? <i>Armej in ej jokwe ke imwin aolepien?</i>	YES 1 NO 2 DONT KNOW 8	
307	Who takes care of this person? <i>Won eo ej bok eddro ak lale armej in?</i> Anyone else? <i>Ebar ke wor?</i> RECORD ALL MENTIONED.	NO ONE A HOUSEHOLD HEAD B PERSON'S SPOUSE C PERSON'S CHILDREN D PERSON'S PARENTS E OTHER RELATIVE BY BLOOD F OTHER RELATIVE BY MARRIAGE G NON-RELATIVE H DONT KNOW Y	309 309
308	How is care being provided to this person? <i>Kain jib an rot ko ilok nan armej in?</i> Anything else? <i>Ebar ke wor?</i> RECORD ALL MENTIONED.	PROVIDE FOOD A CLOTHING B HEALTH/MEDICAL NEEDS C ASSIST IN EATING D BATHING E GOING OUT OF HOUSE F TALK TO HIM/HER G OTHER _____ X (SPECIFY) DONT KNOW Y	
309	Has this person ever received any help or psychiatric treatment? <i>Armej in enanin ke kar eb bok jab rewot kain jib an ko ak jib an ko ikijen naninmej in jorran kemelij?</i>	YES 1 NO 2 DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	For how long has this person been mentally ill? <i>Ewi aetoken an armejin b ed ilo naninmej in jorran kemelij?</i>	LESS THAN ONE MONTH 1 1 YEAR 2 2-5 YEARS 3 6-10 YEARS 4 MORE THAN 10 YEARS 5 DONT KNOW 8	326
311	Do you feel embarrassed having a mentally ill person in your household? <i>Ewor ke am enjake in jook ke ewor juon eo im ewor an naninmej in jorran kemelij ejokwe imwiin?</i>	YES 1 NO 2 DONT KNOW 8	
312	How did people you know react when they found out that there is a mentally ill person in your household? <i>Ewi wawein an armejo kojela kajeir lemnak ak kar makitkit ke rejela ke ewor juon eo ewor an naninmej in jorran ilo kemelij ejokwe imwiin?</i> Any other reaction? <i>Eb ar ke wor?</i> RECORD ALL MENTIONED.	SCARED/FRIGHTENED A SCORN THE HOUSEHOLD B SHOWED INDIFFERENCE C FELT SORRY/PITY D DID NOT SHOW ANY REACTION E OTHER X (SPECIFY) DONT KNOW Y	
313	In your opinion, can mental illness be treated? <i>Ilo am lemnak, ewor ke unokan naninmej in jorran kemelij?</i>	YES 1 NO 2 DONT KNOW 8	
314	Do you feel that mentally ill persons should be: <i>Ilo am enjake lok, armejin rot in rej aikuij ke b we:</i> a. looked after in a mental home? <i>ren lale er ilo moko mon kain ri-naninmej rot in?</i> b. looked after by relatives? <i>ro nukuier ren lale er?</i> c. left alone to look after themselves? <i>b ed im lale er make?</i> d. have appointed responsible guardians and social security support? <i>en wor juon eo emoj jibone b wen lale er?</i> e. locked up in prison? <i>b ed im totilo kaib uu?</i>	YES NO DK IN MENTAL HOME 1 2 8 CARED BY RELATIVES 1 2 8 LEFT ALONE BY THEMSELVES 1 2 8 GUARDIANS & SS SUPPORT 1 2 8 LOCKED UP IN PRISON 1 2 8	
315	Now I would like to ask you some questions about persons who have attempted suicide. <i>Kio ikonon kajitok ib b am jet kajitok ikijen armejo emoj aer kajeon b ok mour ko aer.</i> Has any member of your household ever attempted suicide? <i>Enanin ke wor ian ri-mwin renanin kar kajeon b ok mour eo an?</i>	YES 1 NO 2 DONT KNOW 8	326
316	What is this person's relationship to the household head? <i>Ta kadkad eo an armejin in nan eo ejeb an mwin?</i>	SPOUSE 01 CHILD 02 PARENT 03 BROTHER/SISTER 04 NIECE/NEPHEW 05 OTHER RELATIVE BY BLOOD 06 OTHER RELATIVE BY MARRIAGE 07 NOT RELATED 08 DONT KNOW 98	
317	Is this person a male or a female? <i>Emmaan ke kora?</i>	MALE 1 FEMALE 2	
318	How old is this person on his/her last birthday? <i>Jete an armejin in yio jen kar kemem eo an eliktata?</i>	AGE IN COMPLETED YEARS	
319	Does this person live in this household all the time? <i>Armejin ejokwe ke imwiin aolep ien?</i>	YES 1 NO 2 DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	How many times has this person attempted suicide? <i>Jete allen an armej in kajeon b ok mour eo an make?</i>	NO. OF TIMES DONT KNOW 98	
321	Did you or any family member ever report this person's suicide attempt(s) to the following? <i>Kwe ak jab rewotian ri-mwiin rar ke kinaak lok an kar armej in kar kajeon b ok mour eo an make nan jikin kein?</i> a. Police? <i>Mon Policeman?</i> b. Health authority? <i>Rijer b al ro ilo jikin Ejmour eo?</i> c. Priest/pastor/religious leader? <i>Rikake in mon jar ko?</i> d. Any family member? <i>Nan b ar ro jet uan b amle in?</i>	YES NO DK POLICE 1 2 8 HEALTH AUTHORITY 1 2 8 PRIEST/PASTOR/ RELIGIOUS LEADER ... 1 2 8 FAMILY MEMBER 1 2 8	
322	Do you think the following are the reasons for that person to have attempted suicide? <i>I lo am lemnak, un kein elajak ilal rej un ko ke im rar komman b we armej in en kajeon b ok mour eo an make?</i> a. Problems at home (with food, money & others)? <i>Ineb ata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i> b. Person was taking drugs including alcohol? <i>Armej eo ear kojer b al uno ko rekajur im dren in kadrek?</i> c. Workplace problems? <i>Ineb ata ko ilo jikin jer b al eo?</i> d. Girlfriend/boyfriend problems? <i>Ineb ata ib b en jiron ak likao eo jeran?</i> e. Could not find work/jobless? <i>I lo an jab maron elolo an jer b al?</i> f. Person had incurable disease? <i>Armej eo ewor an naninmej eo ejelok unokan?</i> g. Other (stress, depression, worry, anxiety)? <i>Ineb ata ko jet (stress, mok)?</i>	YES NO DK PROBLEM AT HOME ... 1 2 8 DRUGS 1 2 8 WORKPLACE 1 2 8 GIRLFRIEND/BOYFRIEND 1 2 8 JOBLESS 1 2 8 INCURABLE DISEASE ... 1 2 8 OTHER 1 2 8	
323	What assistance was provided to this person after his/her pre-suicidal attempt? <i>Kain jib an rot ko kar lilok nan armej in elkin an kar kajeon b ok mour eo an make?</i> Any other assistance? <i>Eb ar ke wor?</i>	NONE A TALKED TO HIM/HER B BROUGHT FOR COUNSELLING TO PSYCHOLOGIST C MEDICAL/HEALTH SPECIALIST D PRIEST/PASTOR/RELIGIOUS LEADER E ELDER/FAMILY MEMBER F OTHER (SPECIFY)(SPECIFY) X DONT KNOW Y	
324	Do you know where to go to seek help? <i>Kojela ke ia eo kwoj etal nane im kab ok jib an ie?</i>	YES 1 NO 2 DONT KNOW 8	
325	Where can you go to seek help? <i>Ia eo komaron etal im eb b ok jib an ie?</i> Anywhere else? <i>Eb ar ke wor?</i> RECORD ALL MENTIONED.	PSYCHOLOGIST A MEDICAL/HEALTH SPECIALIST B PRIEST/PASTOR/RELIGIOUS LEADER C ELDER/FAMILY MEMBER OTHER (SPECIFY)(SPECIFY) X DONT KNOW Y	
326	Do you personally know of a person who had committed suicide? <i>Ewor ke armej en kojela kaje in emoj an b ok mour eo an make?</i>	YES 1 NO 2 DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
327	What was this person's relationship to the household head? <i>Ta kadkad eo an amej in nan eo ejeban mwiiin?</i>	SPOUSE 01 CHILD 02 PARENT 03 BROTHERSISTER 04 NIECE/NEPHEW 05 OTHER RELATIVE BY BLOOD 06 OTHER RELATIVE BY MARRIAGE 07 NOT RELATED 08 DONT KNOW 98																																	
328	Was this person a male or female? <i>Emmaan ke kora?</i>	MALE 1 FEMALE 2																																	
329	Did this person had pre-suicidal attempts? <i>Ewor ke ien maanlok amej in ear kajeon bok mour eo an make?</i>	YES 1 NO 2 DONT KNOW 8	331																																
330	Have you or any household member ever talked or provided counselling to this person after the pre-suicidal attempt? <i>Kwe ak jabrewot ian ri-mwiiin rar ke kenaan ibben ak lelok jiban ak kokabiloklok nan amej in elkin ien eo/ko ear kajeon bok mour eo an make?</i>	YES 1 NO 2 DONT KNOW 8																																	
331	Do you think the following are the reasons for that person to have committed suicide? <i>Ilo am lemnak, un kein elajrak ilal rej un ko ke im rar komman bwe amej in en kajeon bok mour eo an make?</i>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. Problems at home (with food, money & others)? <i>Inebata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. Person was taking drugs including alcohol? <i>Amej eo ear kojermal uno ko rekajur im dren in kadrek?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. Workplace problems? <i>Inebata ko ilo jikin jermal eo?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. Girlfriend/boyfriend problems? <i>Inebata ibben jiron ak likao eo jeran?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e. Could not find work? <i>Ilo an jab maron elolo an jermal?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f. Person had incurable disease? <i>Amej eo ewor an nanimej eo ejellok unokan?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g. Other (stress, depression, worry, anxiety)? <i>Inebata ko jet (stress, mok)?</i></td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. Problems at home (with food, money & others)? <i>Inebata ko ilo mweo (ikijen mona, jaan ak ko jet)?</i>	1	2	8	b. Person was taking drugs including alcohol? <i>Amej eo ear kojermal uno ko rekajur im dren in kadrek?</i>	1	2	8	c. Workplace problems? <i>Inebata ko ilo jikin jermal eo?</i>	1	2	8	d. Girlfriend/boyfriend problems? <i>Inebata ibben jiron ak likao eo jeran?</i>	1	2	8	e. Could not find work? <i>Ilo an jab maron elolo an jermal?</i>	1	2	8	f. Person had incurable disease? <i>Amej eo ewor an nanimej eo ejellok unokan?</i>	1	2	8	g. Other (stress, depression, worry, anxiety)? <i>Inebata ko jet (stress, mok)?</i>	1	2	8	
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332	CHECK COLUMNS 8 AND 9 OF THE HOUSEHOLD SCHEDULE. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ANY EVER-MARRIED ELIGIBLE WOMAN <input type="checkbox"/></p> <p>ONLY NEVER-MARRIED ELIGIBLE WOMAN <input type="checkbox"/></p> <p>NO ELIGIBLE WOMAN <input type="checkbox"/> → END</p> </div> <div style="width: 45%;"> <p>SELECT AT RANDOM 1 OUT OF _____</p> <p>↓</p> <p>SUB-SAMPLE FOR DOMESTIC VIOLENCE <input type="checkbox"/></p> <p>NOT SUB-SAMPLE FOR DOMESTIC VIOLENCE <input type="checkbox"/></p> </div> </div> <p>INTERVIEW WITH SECTIONS 1-10 ONLY OF WOMAN'S QUESTIONNAIRE</p>																																		
333	COPY LINE NUMBER IN COLUMN 9 AND NAME IN COLUMN 2 OF HOUSEHOLD SCHEDULE	LINE NUMBER <input type="text"/> NAME _____																																	