

All information collected at this survey will be treated as strictly confidential. Individual information will not be released.

MDGIS - 1

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(For office use only)

**Survey to collect information
for selected
Millennium Development Goal Indicators
2006**

Department of Census & Statistics

Identification Information

Cluster Number :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household Number within Unique Cluster No.(SSU) :	<input type="text"/>	<input type="text"/>		
Province & District :	<input type="text"/>	<input type="text"/>		
Divisional Secretariat Division :	<input type="text"/>	<input type="text"/>		
Sector (Urban/Rural/Estate) :			<input type="text"/>	
Grama Niladhari Division :	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ward/Village/Estate :	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Census Block Number (PSU) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Housing Unit Number (SSU) :	<input type="text"/>	<input type="text"/>		
Listing was done using (F1=1, RF1=2, Camps=3) :				<input type="text"/>
Tsunami affected Housing Unit or not (affected = 1, not affected = 2) :				<input type="text"/>
No. of Households within the Housing Unit :				<input type="text"/>
Household Number within the Housing Unit :				<input type="text"/>
Name of the Head of the Household :				
Address of the Housing Unit :				
.....				

	Interviewer	Supervisor																				
Name :																				
Signature :																				
Dates of interview :	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Date</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">*Results</td> </tr> <tr> <td>(1)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(2)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>(3)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Date	Month	Year	*Results	(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Office use only</p> <p>Result <input style="width: 30px; height: 20px;" type="text"/></p> </div>
	Date	Month	Year	*Results																		
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																		

- * Result codes**
- | | |
|---|---|
| 1. Completed | 6. Dwelling vacant / address has no reference to a dwelling |
| 2. HH exists, but no competent respondent at home | 7. Dwelling destroyed |
| 3. Nobody at home (Temporarily closed) | 8. Dwelling not found |
| 4. Postponed | 9. Other (specify) |
| 5. Refused | |

- * If age is 96 or more put '96'
- ** If date of birth is unknown put '99'

First three digits of the year of birth	Age Determination Table									
	Last digit of the year of birth									
	0	1	2	3	4	5	6	7	8	9
190...	96*									
191...	96 95	95 94	94 93	93 92	92 91	91 90	90 89	89 88	88 87	87 86
192...	86 85	85 84	84 83	83 82	82 81	81 80	80 79	79 78	78 77	77 76
193...	76 75	75 74	74 73	73 72	72 71	71 70	70 69	69 68	68 67	67 66
194...	66 65	65 64	64 63	63 62	62 61	61 60	60 59	59 58	58 57	57 56
195...	56 55	55 54	54 53	53 52	52 51	51 50	50 49	49 48	48 47	47 46
196...	46 45	45 44	44 43	43 42	42 41	41 40	40 39	39 38	38 37	37 36
197...	36 35	35 34	34 33	33 32	32 31	31 30	30 29	29 28	28 27	27 26
198...	26 25	25 24	24 23	23 22	22 21	21 20	20 19	19 18	18 17	17 16
199...	16 15	15 14	14 13	13 12	12 11	11 10	10 09	09 08	08 07	07 06
200...	06 05	05 04	04 03	03 02	02 01	01 00	00			

Section 1 - Information on Household

Respondent : Head of the household / Responsible member		Coding Categories
101	What is the major source of drinking water for members of your household?	Pipeborewater 1 Tubewell..... 2 Protectedwell 3 Unprotectedwell 4 Protectedspringwater..... 5 Protectedrainwater 6 River/Tanks/Streams/Ponds 7 Bowser / Cart distributing water . . . 8 <p style="text-align: center;">Go to 103</p> Other(Specify) 9
102	Where is the major source of drinking water located?	Withinunit/premises 1 <p style="text-align: center;">Go to 106</p> Outsidepremises 2
103	How far is the major source of drinking water from your home?	Metre <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	Usually how many times per day do you bring drinking water?	No. of times <input type="text"/>
105	How do you transport drinking water?	Byfoot 1 Bybicycle..... 2 By motor cycle / Three wheeler 3 Bytractor/Landmaster 4 Bycart 5 Other(specify) 6 Notrelevant 7
106	Do you use any method to purify drinking water?	Yes 1 No 2 Don'tknow 3 <p style="text-align: center;">Go to 108</p>
107	What is the main method you use to purify drinking water? Interviewer : If water is boiled and then filtered circle 'code 1'	Boil 1 Addchlorine 2 Strainusingacloth 3 Useawaterfilter 4 Other(specify) 5 Don'tknow 6
108	What type of latrine is available for the members of the household?	Waterseal 1 Pourflush (notwaterseal) 2 Improved pit latrine (with a ventilationtube) 3 Pit..... 4 Other(Specify) 5 None 6 <p style="text-align: center;">Go to 111</p>

Respondent : Head of the household / Responsible member		Coding Categories	
109	Where is the latrine located?	Within unit/premises	1
		Outside premises	2
110	Do you share your latrine with other household/s or is it exclusively for the use of your household?	Exclusively for the household	1
		Share with other households	2
		Public/Common latrine	3
111	Do you have following amenities / items in your household? Interviewer : 1. Read all the answers to the respondent and circle the relevant answers. 2. When one or more connections are taken from a single phone line (one telephone number) only the direct line should be counted and recorded.	Yes	No
		Electricity	1 2
		Television	1 2
		Radio	1 2
		Refrigerator	1 2
		Computer	1 2
		Landphone	1 2
		Mobilephone	1 2
		Number of Land phones (Direct lines only)	<input type="text"/>
112	Does any member of your household own any of these vehicles? Interviewer : Read all the answers to the respondent and circle the relevant answers.	Yes	No
		Bicycle	1 2
		Motorcycle	1 2
		Three wheeler	1 2
		Car	1 2
		Van	1 2
		Tractor	1 2
		Bus/Lorry/Canter	1 2
		Other(specify)	1 2
		
113	What is the main fuel you use for cooking?	Electricity	1
		Gas(LP/BioGas)	2
		Kerosene	3
		Firewood	4
		Sawdust/Paddyhusk	5
		Other(Specify)	6
		
114	What is the main roofing material?	Tile	1
		Asbestos	2
		Tin sheets /Tar sheets	3
		Cadjan/Palmyra	4
		Straw	5
		Other(Specify)	6
		
115	What is the main material used for walls?	Brick / Cement block / Granite/Cabook	1
		Mud	2
		Timber	3
		Cadjan/Palmyra	4
		Other(Specify)	5
		

Respondent : Head of the household / Responsible member		Coding Categories
116	What is the main material used for the floor?	Floortile/Terrazzo 1 Cement/Concrete 2 Mud/Cow-dung 3 Sand/Not properly made 4 Other(Specify) 5
117	Do you anticipate to face any hazards or disasters due to the location of the household? If yes, please describe. Interviewer : Read all answers one by one to the respondent and circle all relevant answers (use your observations to check the answers)	Landslide 1 Floods 2 Drought 3 Storm 4 Lightening 5 Garbagepile 6 Industrial pollution 7 Railway/Road accidents 8 Powerplant accidents 9 Overflowing of drainages and / canals 10 Hazards caused by the sea 11 Attacks from wild animals 12 Other(Specify) 13 None 14
<p>Interviewer : Read the following description carefully, and after considering your observations on the structure of house, circle the relevant code for question 118.</p> <p>Slums : Permanent dwellings situated very closely or as attached houses (more common in urban areas), popularly known as “watta”. These dwellings are usually densely populated with very poor sanitary facilities.</p> <p>Shanty : These are not permanent dwellings, commonly seen as a large number of houses in a limited space. Do not have proper access roads and poor in sanitation. Normally these dwellings could be seen along railway reservations, beaches, along banks of canals and near bridges as clusters of houses.</p>		
118	Interviewer : Observe and record the type of housing unit	Singlehouse 1 Attached house/Annex 2 Flat 3 <p style="text-align: center;">Go to Section 3</p> Rowhouse 4 Lineroom 5 Slums/Shanty 6 Other(Specify) 7 <p style="text-align: center;">Go to Section 2</p>

Section 2 - Information related to row house, line rooms, slums and shanty dwellers

Respondent : Head of the household / Responsible member		Coding Categories		
201	No. of usual residents in the household (slums / shanties / row house / line rooms) Interviewer : Record as in section A	No.	<input type="text"/> <input type="text"/>	
202	How long have you been living here?	Years	<input type="text"/> <input type="text"/>	
		Don't know	98	
		Can't remember	99	
203	What are the main reasons for you to reside here? Record all relevant answers	No other place to go	1	
		Owned this house/land	2	
		Land was allocated by the government	3	
		Land/house was cheap	4	
		Easy access to employment / business	5	
		Easy access for schooling	6	
		Kith and kin live close by	7	
		Availability of common utilities (water, electricity, telephone..)	8	
		Other (specify)	9	
			
204	Are these places situated at a walking distance from your household? Interviewer : Circle the relevant code according to the given answer		Yes	No
		Nearest school	1	2
		Hospital	1	2
		Post office	1	2
		Main road	1	2
205	What is the area of the house? (Approximately)	Length (feet)	<input type="text"/> <input type="text"/>	
		Breadth (feet)	<input type="text"/> <input type="text"/>	
206	Number of rooms in each of these categories?	Living rooms	<input type="text"/>	
		Kitchen	<input type="text"/>	
		Other rooms	<input type="text"/>	
		Total no.	<input type="text"/>	
207	Is this house owned by you / a family member?	Yes	1	
		No	2	
		Go to 210		
208	Do you have any document/s to prove ownership of this property? Interviewer : Circle the code for the most important document, if more than one document is available.	Land registration certificate/ Title deed	1	
		Purchase agreement for land	2	
		Permission letter (card) issued by the government	3	
		Property tax certificate	4	
		Utility bills (Water, Electricity, Tel.)	5	
		None	6	
209	Was it constructed according to a plan approved by the local authority?	Yes	1	
		No	2	
		Not relevant	3	
		Don't know	4	
		Go to 212		
210	Then what is the tenure of your house?	On lease	1	
		On rent	2	
		Relative's / Friends's home	3	
		Encroachment	4	
		Other (specify)	5	
			

Respondent : Head of the household / Responsible member		Coding Categories
211	What is your entitlement to occupy this house?	Lease agreement for land 1 Rent agreement 2 Informal agreement / Verbal agreement 3 Rent free with knowledge of owner . 4 Rent free without knowledge of owner 5 Other (specify) 6 None 7
212	During your tenure did you do any improvements to the house?	Yes 1 No 2 <p style="text-align: right;">Go to 214</p>
213	If 'yes' what kind of constructions have you done?	Addition / Improvement to the structure 1 Temporary repair 2 <p style="text-align: right;">Go to 215</p>
214	If not, what are the reasons for not improving? Interviewer : Cover all relevant codes	Poor finances 1 No ownership 2 Space is not adequate 3 Own a land / house elsewhere 4 Dislike the neighbourhood 5 Temporary shelter provided by the government 6 Other (specify) 7
215	Do you feel secure in this house?	Yes 1 No 2 Don't know 3
216	In the past 5 years have you ever been evicted?	Yes 1 No 2 <p style="text-align: right;">Go to 218</p>
217	What is the main reason for eviction? Note : Highways, Railways, Electricity etc... are included in infrastructure	To improve infrastructure 1 Security reasons 2 Problems in tenure 3 Removing illegal constructions 4 Other (specify) 5
218	If you are given a better spacious house with water, electricity and sanitary facilities, do you like to shift to the new location? Interviewer : If '2' is coded then go to 219	Yes 1 No 2 Not sure 3 <p style="text-align: right;">Go to 220</p>
219	If not, what are the reasons? Interviewer : Circle all relevant codes.	Obstruction to occupation / business 1 Obstruction to schooling 2 Obstruction to daily activities (Market, Hospital) 3 Reluctance to live away from kith & kin 4 Moving away from the place of worship 5 Reluctance to move away from familiar environment 6 Other (specify) 7

Interviewer should observe and cover the relevant codes

		Coding Categories
220	Where is the house situated? (cover all relevant codes)	In the heart of the city, densely populated 1 Along the banks of a canal or river . . . 2 In the railway reservations 3 Near a bridge 4 Marshy land 5 Along the beach 6 Land designated by government . . . 7 Squatter government property 8 Private property 9 In an estate (rubber, tea etc..) 10 Other (specify) 11
221	Are there any windows in the house?	Yes 1 No 2
222	Cleanliness of the environment	Clean 1 Not clean 2
223	Indicate the type of the house from the given list. If it is a different type describe under 'other'. (cover all relevant codes)	As a single unit in a row of houses 1 Back to Back attachment with the other house 2 As a single unit in a disorganized/ unplanned cluster 3 As a single unit in a large dilapidated house/mansion 4 Other (specify) 5
224	Is the house properly maintained?	Yes 1 No 2

Attitudes of women living in row houses, line rooms, slums and shanties

Questions & Filters			Name <input type="text" value="1"/>	Name <input type="text" value="2"/>	Name <input type="text" value="3"/>	Name <input type="text" value="4"/>
			Line No. <input type="text" value=""/> <input type="text" value=""/>	Line No. <input type="text" value=""/> <input type="text" value=""/>	Line No. <input type="text" value=""/> <input type="text" value=""/>	Line No. <input type="text" value=""/> <input type="text" value=""/>
Respondent : All women aged (18 - 60) yrs.			* Results <input type="text" value=""/>	* Results <input type="text" value=""/>	* Results <input type="text" value=""/>	* Results <input type="text" value=""/>
225	How long have you been living here?	Years..... Less than 1 year..... Don't know.....	<input type="text" value=""/> <input type="text" value=""/> 00 99	<input type="text" value=""/> <input type="text" value=""/> 00 99	<input type="text" value=""/> <input type="text" value=""/> 00 99	<input type="text" value=""/> <input type="text" value=""/> 00 99
226	Do you face any difficulties in carrying out the tasks given here? Interviewer : Read each and every task to the respondent and circle the relevant answers.	1. Bathing.....	Yes: 1 No: 2	Yes: 1 No: 2	Yes: 1 No: 2	Yes: 1 No: 2
		2. Washingcloths.....	1 2	1 2	1 2	1 2
		3. Usingtoilets.....	1 2	1 2	1 2	1 2
		4. Cooking.....	1 2	1 2	1 2	1 2
		5. Sleeping.....	1 2	1 2	1 2	1 2
		6. Other(specify).....	1 2	1 2	1 2	1 2
	
227	Do you get exposed to violance or acts of abuses in this environment? If so, from whom?	1. Spouse..... 2. Fromotherpersons..... 3. Nosuchproblem.....	1 2 3 <input type="text" value=""/> Go to next person	1 2 3 <input type="text" value=""/> Go to next person	1 2 3 <input type="text" value=""/> Go to next person	1 2 3 <input type="text" value=""/> Go to Section 3
228	Explain the nature of harassment Interviewer : Cilcle all relevant answers.	1. Beingteased..... 2. Verbleabuse..... 3. Physicalharassments..... 4. Frequentquarrelling..... 5. Sexualabuse..... 6. Other(specify).....	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

* Results code : Relevant person answered1, Not at home2, Refused3

Section 3 - Education

			Name & line no. of the Section A			
			1	2	3	4
Respondent : Mother/Father or Guardian of children aged (5-14)yrs.			Name Line no. <input type="text"/> <input type="text"/>	Name Line no. <input type="text"/> <input type="text"/>	Name Line no. <input type="text"/> <input type="text"/>	Name Line no. <input type="text"/> <input type="text"/>
301	Does (Name) attend school at present?	1 Yes..... 2 Stopped attending..... 3 Never attended..... 4 Not yet.....	1 2 <input type="text"/> Go to 304 ←	1 2 <input type="text"/> Go to 304 ←	1 2 <input type="text"/> Go to 304 ←	1 2 <input type="text"/> Go to 304 ←
302	What is his/her present grade?	Grade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
303	In which grade did (Name) study in 2005?	Grade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
304	In which year was (Name) admitted to grade 1?	year	<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"/> <input type="text"/>
305	Interviewer: Do not ask this question from those who coded '1' for 301 as it is not relevant. (Put code 98) Up to which grade did he/she study?	Grade	Notelevant..... 98 <input type="text"/> Go to next column ←	98 <input type="text"/> Go to next column ←	98 <input type="text"/> Go to next column ←	98 <input type="text"/> Go to Section 4 ←
306	In which year did (Name) stop attending school?	year	<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"/> <input type="text"/>
307	Why did the child stop schooling/never attended school? Interviewer: Record the main reason only	1 Economic problems..... 2 Child resented..... 3 Domestic work..... 4 Child sick..... 5 Child disabled..... 6 School is far away..... 7 Poor facilities in school..... 8 Other (specify).....	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 4 - Literacy

Respondent : All persons aged (15-24) yrs. in the household			Name & line no. of the Section A					
			Name 1	Name 2	Name 3	Name 4	Name 5	
			Line No. <input style="width: 40px; height: 20px;" type="text"/> *Result <input style="width: 20px; height: 20px;" type="text"/>	Line No. <input style="width: 40px; height: 20px;" type="text"/> *Result <input style="width: 20px; height: 20px;" type="text"/>	Line No. <input style="width: 40px; height: 20px;" type="text"/> *Result <input style="width: 20px; height: 20px;" type="text"/>	Line No. <input style="width: 40px; height: 20px;" type="text"/> *Result <input style="width: 20px; height: 20px;" type="text"/>	Line No. <input style="width: 40px; height: 20px;" type="text"/> *Result <input style="width: 20px; height: 20px;" type="text"/>	
401	Does (Name) attend school at present?	1 Yes..... 2 Stopped attending school . . 3 Never attended.....	1 2 Go to 403	1 2 Go to 403	1 2 Go to 403	1 2 Go to 403	1 2 Go to 403	1 2 Go to 403
402	What is your present grade?	Grade.....	<input style="width: 40px; height: 20px;" type="text"/> Go to 406	<input style="width: 40px; height: 20px;" type="text"/> Go to 406	<input style="width: 40px; height: 20px;" type="text"/> Go to 406	<input style="width: 40px; height: 20px;" type="text"/> Go to 406	<input style="width: 40px; height: 20px;" type="text"/> Go to 406	<input style="width: 40px; height: 20px;" type="text"/> Go to 406
403	Up to which grade did (Name) study?	Grade.....	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406	<input style="width: 40px; height: 20px;" type="text"/> If answer is 6 & above go to 406
404	Has (Name) ever participated in a literacy programme or any programme that involves learning to read or write? (Excluding formal school)	1 Yes..... 2 No.....	1 2 Go to 406	1 2 Go to 406	1 2 Go to 406	1 2 Go to 406	1 2 Go to 406	1 2 Go to 406
405	Did (Name) complete the programme?	1 Yes..... 2 No..... 3 Still following the course . .	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
406	In what language did (Name) first learn to read?	1 Sinhala..... 2 Tamil..... 3 English..... 4 Cannot read.....	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

* Results code : Relevant person answered1, Some other person answered2, Not at home3, Refused4

Respondent : All persons aged (15-24) yrs. in the household			Name & line no. of the Section A				
			Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
			Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>
407	In what language did (Name) first learn to write?	1 Sinhala..... 2 Tamil..... 3 English..... 4 Cannotwrite.....	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
408	What is the language (Name) can speak well enough to conduct a conversation? (Please tick all that is applicable)	1 Sinhala..... 2 Tamil..... 3 English..... 4 Cannotspeak.....	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Code list for questions 409, 410, 411 : Fluently ...1, With some difficulty ...2, Not at all ...3							
5 409	Interviewer : Do not ask this question for those who coded '4' for question 406 Can (Name) read personnel letters, fluently, with some difficulty or not at all in the following languages?	1 Sinhala..... 2 Tamil..... 3 English..... 4 Other(specify)	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
410	Interviewer : Do not ask this question for those who coded '4' for question 406 Can (Name) read news papers, magazines, fluently, with some difficulty or not at all in the following languages?	1 Sinhala..... 2 Tamil..... 3 English..... 4 Other(specify)	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Respondent : All persons aged (15-24) yrs. in the household			Name & line no. of the Section A				
			Name 1	Name 2	Name 3	Name 4	Name 5
			Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>
413	Interviewer : Ask this question only from those who have coded 1, 2 or 3 for 4th, 5th or 6th items in question 412 How do you obtain the reading materials you need?	1 Libraries..... 2 Book/Paperstalls..... 3 Friends or relatives..... 4 Community centers..... 5 Other(specify).....	1	1	1	1	1
Code list for question 414 : Daily or, once or more per week ...1, Once or twice per month ...2, Rarely ...3, Never...4							
414	Do not ask this question for those who coded '4' for question 407 How often has (Name) done the following in this year? Interviewer : Read all these items to the respondent and insert the relevant codes in the given boxes	1 Written personnel letters or messages(E-mails)..... 2 Written an official letter to an authority for a organization..... 3 Filled forms by him/herself..... 4 Written reports or articles... 5 Produced bills, invoices or budgetables..... 6 Produced charts, diagrams or maps..... 7 Other(specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 - Tertiary Education

Respondent : All persons aged (15-24) yrs. in the household Ask this section from those who have coded "2" or "3" in question 401 in Section 4		Name & line no. of the Section A					
		Name 1	Name 2	Name 3	Name 4	Name 5	
		Line No. *Result 	Line No. *Result 	Line No. *Result 	Line No. *Result 	Line No. *Result 	
501	What are your present activities? Interviewer: If codes "2" or "3" coded with code "1" go to question 502. If codes "2" or "3" both applicable put the most relevant code.	1 Employed..... 2 Engaged in an educational activity..... 3 Following a professional / technical / vocational course . 4 Engaged in household work . . 5 Notdoinganything 6 Other(specify).....	1 Go to next column 2 3 4 5 6 Go to next column	1 Go to next column 2 3 4 5 6 Go to next column	1 Go to next column 2 3 4 5 6 Go to next column	1 Go to next column 2 3 4 5 6 Go to next column	1 Go to next column 2 3 4 5 6 Go to next column
502	What is the time duration of the course that (Name) is following?	1 Less than 6 months 2 6 months to less than 1 year . 3 1 year to less than 2 years . . . 4 2 years or above	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
503	What is the minimum educational requirement to follow this course?	1 Passed G.C.E.(A/L) 2 Passed G.C.E.(O/L) 3 Passed 8 th grade 4 Other(specify)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
504	Do you have to sit for an exam at the end of this course?	Yes..... No	1 2 Go to next column	1 2 Go to next column	1 2 Go to next column	1 2 Go to next column	1 2 Go to next Section
505	Do you get a degree, diploma or a certificate after passing the exam?	Degree..... Diploma Certificate Other(specify)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

* Results code : Relevant person answered1, Some other person answers2, Not at home3, Refused4

Section 6 – Knowledge about HIV/AIDS

Interviewer : Please read these instructions carefully and follow the steps as necessary

1. Copy down all the names with line numbers from Section 4
2. For respondents who could read and write, handover MDGIS - 2 and ask them to complete it themselves. Once they return the completed forms, you should transfer the data to MDGIS - 1, under relevant line numbers.
3. For respondents who could not read and/or write [(Q 406 = 4) and/or (Q 407 = 4)]; and others who find it difficult to read and understand the questions, you should interview the respondent and complete this section according to his / her answers.

Respondent : All persons aged (15-24) yrs. in the household			Name & line no. of the Section A				
			Name 1	Name 2	Name 3	Name 4	Name 5
			Line No. *Result 	Line No. *Result 	Line No. *Result 	Line No. *Result 	Line No. *Result
17	601	Have you heard of an illness called AIDS? Yes No	1 2 Go to next column ← 	1 2 Go to next column ← 	1 2 Go to next column ← 	1 2 Go to next column ← 	1 2 Go to Section 7 ←
	602	Would you buy vegetables from a vendor if you knew that the person is infected with AIDS virus? Yes No Notsure	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	603	If a member of your family is infected with the AIDS virus, would you keep it as a secret? Yes No Notsure	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
	604	Would you refuse to learn under a teacher who is infected with AIDS virus? Yes No Notsure	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

*** Result codes :** Relevent person answered - 1, Not at home - 2, Refused - 3

Questions and filters			Name & line no. of the Section A				
			Name ¹	Name ²	Name ³	Name ⁴	Name ⁵
			Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>	Line No. <input type="text"/>
605	Is it shameful to be infected with AIDS virus?	Yes	1	1	1	1	1
		No	2	2	2	2	2
		Not sure	3	3	3	3	3
606	Is it possible for a healthy-looking person to be infected with AIDS virus?	Yes	1	1	1	1	1
		No	2	2	2	2	2
		Not sure	3	3	3	3	3
607	Can AIDS be transmitted from person to person?	Yes	1	1	1	1	1
		No	2	2	2	2	2
		Don't know	3	3	3	3	3
608	How does a person get infected with AIDS? Interviewer : Read all answers to the respondent and circle the relevant answers.	1. Living in the same house / Working together in the same office	1	1	1	1	1
		2. Sexual relationships not limited to one faithful partner	2	2	2	2	2
		3. Blood transfusions	3	3	3	3	3
		4. Through mosquitoes	4	4	4	4	4
		5. Homosexuality	5	5	5	5	5
		6. Kissing	6	6	6	6	6
		7. Sharing needles/syringes	7	7	7	7	7
		8. Sharing towels/ clothes/ plates and cups	8	8	8	8	8
		9. Using common toilets	9	9	9	9	9
		10. Sharing razors/blades	10	10	10	10	10
		11. Mother to child	11	11	11	11	11
		12. Other (specify)	12	12	12	12	12
		13. Don't know	13	13	13	13	13

Questions and filters		Name & line no. of the Section A				
		Name ¹	Name ²	Name ³	Name ⁴	Name ⁵
	 Line No. <input type="text"/> Line No. <input type="text"/> Line No. <input type="text"/> Line No. <input type="text"/> Line No. <input type="text"/>
609	How can you identify a person with HIV/AIDS? Interviewer : Read all answers to the respondent and circle the relevant answers.	1 Merely by looking at him 2 By medical examination 3 By blood test 4 Other (specify) 5 Don't know	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
610	Do you know the places where AIDS can be tested? Interviewer : Read all answers to the respondent and circle the relevant answers.	1 Government hospital/Clinic .. 2 Private hospital / doctor..... 3 STD/AIDS Clinic 4 Blood bank 5 Private laboratory 6 Family health worker 7 Other (specify) 8 Don't know	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
611	At which stage could mother infect her baby with AIDS virus? Interviewer : Read all answers to the respondent and circle the relevant answers.	1 During pregnancy 2 During delivery 3 By cuddling and kissing 4 During breast feeding 5 By bathing 6 Can not be transmitted 7 Don't know	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
612	Is there any special treatment for AIDS infection?	Yes No Don't know	1 2 3	1 2 3	1 2 3	1 2 3

Section 7 - Information about Malaria

Respondent : Head of the household / Responsible member		Coding Categories
701	Are you aware of the method of mosquito breeding?	Yes..... 1 No 2
702	Do you think that mosquito breeding grounds exist around your house?	Yes.....1 No 2 Go to 704
703	How could you destroy such places? Interviewer : Circle all relevant answers	Spraying insecticide..... 1 Cleaning the surroundings 2 Remove the objects where water can collect into (coconut shells, tins, tyres, etc.) 3 By fumigation 4 Breeding fish like 'gappi' and 'nalahandaya' in water bodies . . .5 Other (Specify)6 Don't know 7
704	Have you been using any method to protect you and your family from mosquitoes?	Yes1 No2 Go to 714
705	What methods do you use to protect yourself/family from mosquitoes? Interviewer : Circle all relevant answers	Using bednets1 Lighting coils/mats 2 Burning substances which repel mosquitoes (nutshells) 3 Using mosquito repellent cream 4 Using fans5 Covering windows & doors with net6 Other (Specify)7 Go to 714
706	How many bed nets do you use in the household?	Number of nets <input type="text"/> <input type="text"/>
707	How did you receive bed nets? Please specify numbers according to source?	No. of bed nets
		Bought from the shop 1 <input type="text"/> <input type="text"/>
		Malaria Campaign 2 <input type="text"/> <input type="text"/>
		NGO's 3 <input type="text"/> <input type="text"/>
		Government 4 <input type="text"/> <input type="text"/>
		Private institution 5 <input type="text"/> <input type="text"/>
		Other (Specify) 6 <input type="text"/> <input type="text"/>
	
	

Respondent : Head of the household / Responsible member		Coding Categories
714	Have you heard of any person in your area who suffered from Malaria within the last 2 years?	Yes 1 No 2 Don't know 3 Go to Section 8
715	Did anyone get infected with malaria in your home in the year 2005?	Yes 1 No 2 Go to Section 8
716	If 'yes' how many persons?	No. infected <input type="text"/> <input type="text"/> No. dead <input type="text"/> <input type="text"/>

Interviewer : Questions given below should be asked only from those who suffered from Malaria in 2005

Questions & Filters			Name & line no. of Section A				
			Name ¹	Name ²	Name ³	Name ⁴	Name ⁵
			Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>
717	How many times were you infected with Malaria in year 2005?	No. of times	<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"/>
718	Did you get medical treatment for Malaria?	Yes No	1 2 Go to next column	1 2 Go to next column	1 2 Go to next column	1 2 Go to next column	1 2 Go to Section 8
719	From where did you get medical treatment? Interviewer: Circle all relevant answers.	Government hospital Private hospital/ Private dispensary..... Public Health Inspector/Family Health Worker . . Anti Malaria Unit..... Pharmacy Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

Section 8 - Maternal Mortality

Respondent :Head of the household /Responsible member		Coding Categories									
801	Did any female member in your household die during her pregnancy period or within a few days of delivery, in 2005?	Yes	1								
		No	2								
		Stop									
802	If yes, number died?	No. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>									
If answer for question number 801 is “yes” fill the following questionnaire											
Questions and filters		Name ¹	Name ²	Name ³							
								
803	At what stage of pregnancy did the death occur?	During pregnancy	1	1	1						
		At delivery	2	2	2						
		After delivery	3	3	3						
		Go to ←	Go to ←	Go to ←							
		805	805	805							
804	How many days since delivery?	No. of days	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
			If more than 42 days go to next column	If more than 42 days go to next column	If more than 42 days stop						
805	Reason for the death?	1 Abortion	1	1	1						
		2 Accident	2	2	2						
		3 High blood pressure	3	3	3						
		4 Excessive bleeding	4	4	4						
		5 Complications at delivery	5	5	5						
		6 Other (specify)	6	6	6						
							
								
806	How old was she at the time of death?	Years	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
807	Day and month when death occurred	Day	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
Month	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>				
808	Marital status?	Never married	1	1	1						
		Married	2	2	2						