

## Africa Centre Demographic Information System (ACDIS)

### Analytical Dataset Documentation

#### Change History

| <u>Who</u>                         | <u>When</u>     | <u>What</u>  |
|------------------------------------|-----------------|--|
| Colin Newell                       | 17 January 2008 | Original   |
| Colin Newell and Makandwe Nyirenda | 18 June 2009    | Added <i>AssetIndexQuintile</i> derived in <b>Stata</b> from the various asset variables. Stata code added at end of document. |

|                               |   |
|-------------------------------|---|
| <b>Dataset name</b>           | HSE5 (2007) Households  |
| <b>Description</b>            | <p>Round 5 of the HSE (Household Socio-Economic) survey, conducted during Jul – Dec 2007, is defined as having occurred during <i>DSRound</i> 17. Hence variable <i>DSRound</i> in this dataset is a constant 17. There are no duplications of Household in the dataset, so <i>HHIntId</i> is a unique identifier.</p> <p>The survey was much shorter than in HSE 3 and HSE4 in an attempt to improve response and data quality.</p> <p>All households with a current Residency in a Bounded Structure are eligible for the HSE questionnaires. The allocations are done at printing time (generally two weeks before the field visit) so there is no real 'Eligibility List' generated before the start of the survey. It is also difficult, therefore, to distinguish cases where a household had moved, or could not be contacted, or where the head was ill, from refusals.</p> |
| <b>Rows/Units of analysis</b> | Households  |
| <b>Unique identifier(s)</b>   | HHIntId (i.e Household)   |

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|                               |               |
|-------------------------------|---------------|
| <b>Approx. number of rows</b> | 10,290 approx |
|-------------------------------|---------------|

Batch ID:

Bundle ID:

### Household Socio-economic Form

DSRound

HSE

Version 2, 24 July 2007  
2008-01-10 16:08:52

| <p align="center"><b>Section 1. Household Identification</b></p> <p>BSID: _____ Visit Ref.#: _____ WeekblockName: _____</p> <p>HH ID: _____ Visit Type: _____</p> <p>Informant DSID: _____ Staff Member: _____</p> <p>Visit Date: <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>M</u> <u>M</u> <u>D</u> <u>D</u>      Supervised? Yes <input type="checkbox"/> No <input type="checkbox"/></p>   | <p align="center"><b>Section 2. Operational Information</b></p> <p>Refused Form? Yes <input type="checkbox"/> &gt; FORM COMPLETE</p> <p>Reason for premature completion</p> <p>Outmigrated outside DSA <input type="checkbox"/> &gt; FORM COMPLETE      Very sick <input type="checkbox"/> &gt; FORM COMPLETE</p> <p>Mentally Disabled <input type="checkbox"/> &gt; FORM COMPLETE      Broken down/non-functional BS <input type="checkbox"/> &gt; FORM COMPLETE</p> <p>Not found after 4 attempts <input type="checkbox"/> &gt; FORM COMPLETE</p> <p>Other <input type="checkbox"/> &gt; Specify _____ &gt; FORM COMPLETE</p> |                            |                           |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
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| <p align="center"><b>Section 3. Household Information</b></p>   |   |                            |                           |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| <p>1. What is the most often used source of drinking water in the household? (Tick one only)</p> <table style="width:100%; border: none;"> <tr><td>Piped - internal</td><td><input type="checkbox"/></td><td>Well non-borehole</td><td><input type="checkbox"/></td></tr> <tr><td>Piped - Public tap/kiosk (free)</td><td><input type="checkbox"/></td><td>Protected spring</td><td><input type="checkbox"/></td></tr> <tr><td>Piped - Public tap/kiosk (paid)</td><td><input type="checkbox"/></td><td>Water carrier or tanker</td><td><input type="checkbox"/></td></tr> <tr><td>Borehole</td><td><input type="checkbox"/></td><td>Other</td><td><input type="checkbox"/></td></tr> <tr><td>Rainwater</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td></tr> <tr><td>Flowing river/stream</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> <tr><td>Dam/stagnant water</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> <p>2. What kind of toilet does the household use? (Tick one only)</p> <table style="width:100%; border: none;"> <tr><td>Flush toilet</td><td><input type="checkbox"/></td><td>Other</td><td><input type="checkbox"/></td></tr> <tr><td>VIP</td><td><input type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td></tr> <tr><td>Other pit latrine</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td></tr> <tr><td>Bucket toilet</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> <tr><td>Chemical toilet</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> <p>3. Is the household connected to an electricity supply? (Tick one only)</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> </table> <p>4. What is the main fuel used for cooking? (Tick one only)</p> <table style="width:100%; border: none;"> <tr><td>Wood</td><td><input type="checkbox"/></td><td>Electricity from generator</td><td><input type="checkbox"/></td></tr> <tr><td>Gas (LPG)</td><td><input type="checkbox"/></td><td>Other</td><td><input type="checkbox"/></td></tr> <tr><td>Coal</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td></tr> <tr><td>Electricity from solar energy</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> <tr><td>Electricity from grid</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> | Piped - internal  | <input type="checkbox"/>   | Well non-borehole         | <input type="checkbox"/> | Piped - Public tap/kiosk (free) | <input type="checkbox"/>       | Protected spring         | <input type="checkbox"/> | Piped - Public tap/kiosk (paid) | <input type="checkbox"/> | Water carrier or tanker | <input type="checkbox"/> | Borehole | <input type="checkbox"/> | Other | <input type="checkbox"/> | Rainwater | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | Flowing river/stream | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Dam/stagnant water | <input type="checkbox"/> |  |  | Flush toilet | <input type="checkbox"/> | Other | <input type="checkbox"/> | VIP | <input type="checkbox"/> | None | <input type="checkbox"/> | Other pit latrine | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | Bucket toilet | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Chemical toilet | <input type="checkbox"/> |  |  | Yes | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | No | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Wood | <input type="checkbox"/> | Electricity from generator | <input type="checkbox"/> | Gas (LPG) | <input type="checkbox"/> | Other | <input type="checkbox"/> | Coal | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | Electricity from solar energy | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Electricity from grid | <input type="checkbox"/> |  |  | <p>5. Is the owner of this Bounded Structure a member of this household? (Tick one only)</p> <table style="width:100%; border: none;"> <tr><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> </table> <p>6. Does the household have any of the following items in good working order? (Tick Yes or No for each item)</p> <table style="width:100%; border: none;"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th></th><th>Yes</th><th>No</th><th></th><th>Yes</th><th>No</th> </tr> </thead> <tbody> <tr><td>Telephone</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Video recorder/DVD player</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Table and chairs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cellphone</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Radio/stereo</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sofa or sofa set</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Primus Cooker, Sikeni</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sewing machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kitchen sink</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Electric hot plate</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Block maker</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Car battery for electricity</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Electric stove with oven</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Car or bakkie</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wheelbarrow</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Gas cooker</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Motorcycle or scooter</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hoe, spade or garden fork</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Frige or freezer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bicycle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bed nets</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Electric kettle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kombi, lorry or tractor</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cattle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Television</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other livestock (chickens etc)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>7. Has any resident member of the household been a victim of any of these crimes during the past 12 months? [Tick all that apply]</p> <table style="width:100%; border: none;"> <tr><td>Theft</td><td><input type="checkbox"/></td><td>Murder</td><td><input type="checkbox"/></td><td>None</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> <tr><td>Assault (incl. Sexual assault)</td><td><input type="checkbox"/></td><td>Other crime</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> <p>8. How would this household classify its financial situation these days? Would you say it is very comfortable, comfortable, just getting by, poor, or extremely poor? [Tick only one]</p> <table style="width:100%; border: none;"> <tr><td>Very Comfortable</td><td><input type="checkbox"/></td><td>Just getting by</td><td><input type="checkbox"/></td><td>Extremely poor</td><td><input type="checkbox"/></td><td>Refused</td><td><input type="checkbox"/></td></tr> <tr><td>Comfortable</td><td><input type="checkbox"/></td><td>Poor</td><td><input type="checkbox"/></td><td>Don't know</td><td><input type="checkbox"/></td><td></td><td></td></tr> </table> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | Refused | <input type="checkbox"/> |  | Yes | No |  | Yes | No |  | Yes | No | Telephone | <input type="checkbox"/> | <input type="checkbox"/> | Video recorder/DVD player | <input type="checkbox"/> | <input type="checkbox"/> | Table and chairs | <input type="checkbox"/> | <input type="checkbox"/> | Cellphone | <input type="checkbox"/> | <input type="checkbox"/> | Radio/stereo | <input type="checkbox"/> | <input type="checkbox"/> | Sofa or sofa set | <input type="checkbox"/> | <input type="checkbox"/> | Primus Cooker, Sikeni | <input type="checkbox"/> | <input type="checkbox"/> | Sewing machine | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen sink | <input type="checkbox"/> | <input type="checkbox"/> | Electric hot plate | <input type="checkbox"/> | <input type="checkbox"/> | Block maker | <input type="checkbox"/> | <input type="checkbox"/> | Car battery for electricity | <input type="checkbox"/> | <input type="checkbox"/> | Electric stove with oven | <input type="checkbox"/> | <input type="checkbox"/> | Car or bakkie | <input type="checkbox"/> | <input type="checkbox"/> | Wheelbarrow | <input type="checkbox"/> | <input type="checkbox"/> | Gas cooker | <input type="checkbox"/> | <input type="checkbox"/> | Motorcycle or scooter | <input type="checkbox"/> | <input type="checkbox"/> | Hoe, spade or garden fork | <input type="checkbox"/> | <input type="checkbox"/> | Frige or freezer | <input type="checkbox"/> | <input type="checkbox"/> | Bicycle | <input type="checkbox"/> | <input type="checkbox"/> | Bed nets | <input type="checkbox"/> | <input type="checkbox"/> | Electric kettle | <input type="checkbox"/> | <input type="checkbox"/> | Kombi, lorry or tractor | <input type="checkbox"/> | <input type="checkbox"/> | Cattle | <input type="checkbox"/> | <input type="checkbox"/> | Television | <input type="checkbox"/> | <input type="checkbox"/> | Bed | <input type="checkbox"/> | <input type="checkbox"/> | Other livestock (chickens etc) | <input type="checkbox"/> | <input type="checkbox"/> | Theft | <input type="checkbox"/> | Murder | <input type="checkbox"/> | None | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Assault (incl. Sexual assault) | <input type="checkbox"/> | Other crime | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |  |  | Very Comfortable | <input type="checkbox"/> | Just getting by | <input type="checkbox"/> | Extremely poor | <input type="checkbox"/> | Refused | <input type="checkbox"/> | Comfortable | <input type="checkbox"/> | Poor | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |  |  |
| Piped - internal  | <input type="checkbox"/>  | Well non-borehole          | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Piped - Public tap/kiosk (free)   | <input type="checkbox"/>  | Protected spring           | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Piped - Public tap/kiosk (paid)   | <input type="checkbox"/>  | Water carrier or tanker    | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Borehole  | <input type="checkbox"/>  | Other                      | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Rainwater   | <input type="checkbox"/>  | Don't know                 | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Flowing river/stream  | <input type="checkbox"/>  | Refused                    | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Dam/stagnant water  | <input type="checkbox"/>  |                            |                           |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Flush toilet  | <input type="checkbox"/>  | Other                      | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| VIP   | <input type="checkbox"/>  | None                       | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Other pit latrine   | <input type="checkbox"/>  | Don't know                 | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Bucket toilet   | <input type="checkbox"/>  | Refused                    | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Chemical toilet   | <input type="checkbox"/>  |                            |                           |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Yes   | <input type="checkbox"/>  | Don't know                 | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| No  | <input type="checkbox"/>  | Refused                    | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Wood  | <input type="checkbox"/>  | Electricity from generator | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Gas (LPG)   | <input type="checkbox"/>  | Other                      | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Coal  | <input type="checkbox"/>  | Don't know                 | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Electricity from solar energy   | <input type="checkbox"/>  | Refused                    | <input type="checkbox"/>  |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Electricity from grid   | <input type="checkbox"/>  |                            |                           |                          |                                 |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Yes   | <input type="checkbox"/>  | No                         | <input type="checkbox"/>  | Don't know               | <input type="checkbox"/>        | Refused                        | <input type="checkbox"/> |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
|   | Yes   | No                         |                           | Yes                      | No                              |                                | Yes                      | No                       |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Telephone   | <input type="checkbox"/>  | <input type="checkbox"/>   | Video recorder/DVD player | <input type="checkbox"/> | <input type="checkbox"/>        | Table and chairs               | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Cellphone   | <input type="checkbox"/>  | <input type="checkbox"/>   | Radio/stereo              | <input type="checkbox"/> | <input type="checkbox"/>        | Sofa or sofa set               | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Primus Cooker, Sikeni   | <input type="checkbox"/>  | <input type="checkbox"/>   | Sewing machine            | <input type="checkbox"/> | <input type="checkbox"/>        | Kitchen sink                   | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Electric hot plate  | <input type="checkbox"/>  | <input type="checkbox"/>   | Block maker               | <input type="checkbox"/> | <input type="checkbox"/>        | Car battery for electricity    | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Electric stove with oven  | <input type="checkbox"/>  | <input type="checkbox"/>   | Car or bakkie             | <input type="checkbox"/> | <input type="checkbox"/>        | Wheelbarrow                    | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Gas cooker  | <input type="checkbox"/>  | <input type="checkbox"/>   | Motorcycle or scooter     | <input type="checkbox"/> | <input type="checkbox"/>        | Hoe, spade or garden fork      | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Frige or freezer  | <input type="checkbox"/>  | <input type="checkbox"/>   | Bicycle                   | <input type="checkbox"/> | <input type="checkbox"/>        | Bed nets                       | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Electric kettle   | <input type="checkbox"/>  | <input type="checkbox"/>   | Kombi, lorry or tractor   | <input type="checkbox"/> | <input type="checkbox"/>        | Cattle                         | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Television  | <input type="checkbox"/>  | <input type="checkbox"/>   | Bed                       | <input type="checkbox"/> | <input type="checkbox"/>        | Other livestock (chickens etc) | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Theft   | <input type="checkbox"/>  | Murder                     | <input type="checkbox"/>  | None                     | <input type="checkbox"/>        | Refused                        | <input type="checkbox"/> |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Assault (incl. Sexual assault)  | <input type="checkbox"/>  | Other crime                | <input type="checkbox"/>  | Don't know               | <input type="checkbox"/>        |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Very Comfortable  | <input type="checkbox"/>  | Just getting by            | <input type="checkbox"/>  | Extremely poor           | <input type="checkbox"/>        | Refused                        | <input type="checkbox"/> |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |
| Comfortable   | <input type="checkbox"/>  | Poor                       | <input type="checkbox"/>  | Don't know               | <input type="checkbox"/>        |                                |                          |                          |                                 |                          |                         |                          |          |                          |       |                          |           |                          |            |                          |                      |                          |         |                          |                    |                          |  |  |              |                          |       |                          |     |                          |      |                          |                   |                          |            |                          |               |                          |         |                          |                 |                          |  |  |     |                          |            |                          |    |                          |         |                          |      |                          |                            |                          |           |                          |       |                          |      |                          |            |                          |                               |                          |         |                          |                       |                          |  |  |  |     |                          |    |                          |            |                          |         |                          |  |     |    |  |     |    |  |     |    |           |                          |                          |                           |                          |                          |                  |                          |                          |           |                          |                          |              |                          |                          |                  |                          |                          |                       |                          |                          |                |                          |                          |              |                          |                          |                    |                          |                          |             |                          |                          |                             |                          |                          |                          |                          |                          |               |                          |                          |             |                          |                          |            |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |         |                          |                          |          |                          |                          |                 |                          |                          |                         |                          |                          |        |                          |                          |            |                          |                          |     |                          |                          |                                |                          |                          |       |                          |        |                          |      |                          |         |                          |                                |                          |             |                          |            |                          |  |  |                  |                          |                 |                          |                |                          |         |                          |             |                          |      |                          |            |                          |  |  |

**Section 3. Household Information (Continue)**

|   |  |   |
|---|--|---|
| <p>9. In the last 12 months (since month/year) did you or any other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/><br/>         Don't know <input type="checkbox"/> Refused <input type="checkbox"/></p> <p style="text-align: right;">Skip to section 4</p> <p>9a. How often did this happen?</p> <p>Almost every month <input type="checkbox"/><br/>         Some months, but not every month <input type="checkbox"/><br/>         Only one or two months <input type="checkbox"/><br/>         Refused <input type="checkbox"/></p> | <p>10. In the last 12 months (since month/year) did you or any other adults in your household ever not eat for a whole day because there wasn't enough money for food?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/><br/>         Don't know <input type="checkbox"/> Refused <input type="checkbox"/></p> <p style="text-align: right;">Skip to section 4</p> <p>10a. How often did this happen?</p> <p>Almost every month <input type="checkbox"/><br/>         Some months, but not every month <input type="checkbox"/><br/>         Only one or two months <input type="checkbox"/><br/>         Refused <input type="checkbox"/></p> | <p>11. In the last 12 months (since month/year) did you ever cut the size of the children's meal or did the children ever skip a meal because there wasn't enough money for food?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/><br/>         Don't know <input type="checkbox"/> Refused <input type="checkbox"/></p> <p style="text-align: right;">Skip to section 4</p> <p>11a. How often did this happen?</p> <p>Almost every month <input type="checkbox"/><br/>         Some months, but not every month <input type="checkbox"/><br/>         Only one or two months <input type="checkbox"/><br/>         Refused <input type="checkbox"/></p> |
|---|--|---|

**Section 4. Individual information**

|  |   |  |   |  |   |  |   |
|--|---|--|---|--|---|--|---|
| <p style="text-align: center;"><b>Education</b><br/>Ask all aged 6 years and over</p> <p>1 Highest Grade completed at school <input type="checkbox"/> Tick one</p> <p>2 Highest level of education completed after school <input type="checkbox"/> Tick one</p> <p>3 Is currently in full-time or part-time education? <input type="checkbox"/> Tick one</p>   | <p style="text-align: center;"><b>Employment</b><br/>Ask all aged 18 years and over</p> <p>4 In employment? <input type="checkbox"/> Tick one</p> <p>5 Is self-employed or an employee? <input type="checkbox"/> Tick one</p> <p>6 If not doing anything to earn money, then what is ___ doing? <input type="checkbox"/> Tick all that apply</p>  | <p style="text-align: center;"><b>Grants</b></p> <p>7 Does ___ receive any Government Grant? <input type="checkbox"/> Tick one</p>   |   |  |   |  |   |
| <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age <input type="checkbox"/> 0-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+</p>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">                 Grade <input type="checkbox"/> (1-12)<br/>                 or<br/>                 Never <input type="checkbox"/><br/>                 Less than 1 year <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> <td style="width: 33%;">                 None <input type="checkbox"/><br/>                 Certificate <input type="checkbox"/><br/>                 Diploma <input type="checkbox"/><br/>                 Bachelors degree <input type="checkbox"/><br/>                 Bachelors + Diploma <input type="checkbox"/><br/>                 Honours, Masters + <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> <td style="width: 33%;">                 Yes, Full-time <input type="checkbox"/><br/>                 Yes, Part-time <input type="checkbox"/><br/>                 No <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> </tr> </table> |  | Grade <input type="checkbox"/> (1-12)<br>or<br>Never <input type="checkbox"/><br>Less than 1 year <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/> | None <input type="checkbox"/><br>Certificate <input type="checkbox"/><br>Diploma <input type="checkbox"/><br>Bachelors degree <input type="checkbox"/><br>Bachelors + Diploma <input type="checkbox"/><br>Honours, Masters + <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/> | Yes, Full-time <input type="checkbox"/><br>Yes, Part-time <input type="checkbox"/><br>No <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>  |  |   |
| Grade <input type="checkbox"/> (1-12)<br>or<br>Never <input type="checkbox"/><br>Less than 1 year <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>  | None <input type="checkbox"/><br>Certificate <input type="checkbox"/><br>Diploma <input type="checkbox"/><br>Bachelors degree <input type="checkbox"/><br>Bachelors + Diploma <input type="checkbox"/><br>Honours, Masters + <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>  | Yes, Full-time <input type="checkbox"/><br>Yes, Part-time <input type="checkbox"/><br>No <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>   |   |  |   |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">                 Yes, Full-time <input type="checkbox"/><br/>                 Yes, Part-time <input type="checkbox"/><br/>                 No <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> <td style="width: 33%;">                 Self-employed <input type="checkbox"/><br/>                 Employee <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> <td style="width: 33%;">                 Studying <input type="checkbox"/><br/>                 Looking for work <input type="checkbox"/><br/>                 Retired <input type="checkbox"/><br/>                 Sick or injured <input type="checkbox"/><br/>                 Pregnant or caring for own children <input type="checkbox"/><br/>                 Caring for other children <input type="checkbox"/> </td> </tr> </table> |   | Yes, Full-time <input type="checkbox"/><br>Yes, Part-time <input type="checkbox"/><br>No <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>   | Self-employed <input type="checkbox"/><br>Employee <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>  | Studying <input type="checkbox"/><br>Looking for work <input type="checkbox"/><br>Retired <input type="checkbox"/><br>Sick or injured <input type="checkbox"/><br>Pregnant or caring for own children <input type="checkbox"/><br>Caring for other children <input type="checkbox"/>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">                 Caring for sick/injured <input type="checkbox"/><br/>                 Retrenched <input type="checkbox"/><br/>                 Nothing (not looking) <input type="checkbox"/><br/>                 Other <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> <td style="width: 33%;">                 Yes, Child support <input type="checkbox"/><br/>                 Yes, Foster Care <input type="checkbox"/><br/>                 Yes, Disability (Care Dependency) <input type="checkbox"/><br/>                 Yes, Old Age Pension <input type="checkbox"/><br/>                 No, none <input type="checkbox"/><br/>                 Don't know <input type="checkbox"/><br/>                 Refused <input type="checkbox"/> </td> </tr> </table> | Caring for sick/injured <input type="checkbox"/><br>Retrenched <input type="checkbox"/><br>Nothing (not looking) <input type="checkbox"/><br>Other <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/> | Yes, Child support <input type="checkbox"/><br>Yes, Foster Care <input type="checkbox"/><br>Yes, Disability (Care Dependency) <input type="checkbox"/><br>Yes, Old Age Pension <input type="checkbox"/><br>No, none <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/> |
| Yes, Full-time <input type="checkbox"/><br>Yes, Part-time <input type="checkbox"/><br>No <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>   | Self-employed <input type="checkbox"/><br>Employee <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>  | Studying <input type="checkbox"/><br>Looking for work <input type="checkbox"/><br>Retired <input type="checkbox"/><br>Sick or injured <input type="checkbox"/><br>Pregnant or caring for own children <input type="checkbox"/><br>Caring for other children <input type="checkbox"/> |   |  |   |  |   |
| Caring for sick/injured <input type="checkbox"/><br>Retrenched <input type="checkbox"/><br>Nothing (not looking) <input type="checkbox"/><br>Other <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>   | Yes, Child support <input type="checkbox"/><br>Yes, Foster Care <input type="checkbox"/><br>Yes, Disability (Care Dependency) <input type="checkbox"/><br>Yes, Old Age Pension <input type="checkbox"/><br>No, none <input type="checkbox"/><br>Don't know <input type="checkbox"/><br>Refused <input type="checkbox"/>   |  |   |  |   |  |   |

## HSE5 (2007) Households Dataset Variable List

| Variable Name         | Description  | Source in ACDIS database                      | Format/Codes/Special values   | Notes/comments  |
|-----------------------|--|---|---|---|
| HHIntId               | Household Internal Id  | <i>HHStatusObservations.Household</i>         | Integer   | Unique within this dataset.<br>Provides link to <i>Households</i> dataset |
| BSIntId               | Bounded Structure Internal Id  | <i>Visits.BoundedStructure</i>                | Integer 1 – 13,000+<br>No missing or blank values   | Provides link to <i>BoundedStructures</i> dataset                         |
| DSRound               | DS Round No.   | <i>Visits.DSRound</i>                         | Integer.  | Constant 17 here.   |
| VisitDate             | Date of HSE Visit  | <i>Events.AssignedDate</i> linked to Visit    | Date July – December 2007   |   |
| DrinkWaterSource1     | What is the most often used source of drinking water in the household? | <i>HHStatusObservations.DrinkWaterSource1</i> | 3-letter code. See next variable for full labels<br>WEL Well<br>FLR Flowing river<br>PPF Piped public (free)<br>etc |   |
| DrinkWaterSource1Name | Label associated with previous variable                                | <i>WaterSources.Name</i>                      | Text string   |   |
| ToiletType            | What kind of toilet does the HH use?                                   | <i>HHStatusObservations.ToiletType</i>        | 3-letter code. See next variable for full labels<br>BKT Bucket<br>FLT Flush toilet<br>OPL Other pit latrine<br>etc  |   |
| ToiletTypeName        | Label associated with previous variable                                | <i>ToiletTypes.Name</i>                       | Text string   |   |
| IsElectrified         | Is this household connected to an electricity supply?                  | <i>HHStatusObservations.IsElectrifiedI</i>    | Y Yes<br>N No<br>U Don't know<br>X Not applicable   |   |

## HSE5 (2007) Households Dataset Variable List

| Variable Name        | Description   | Source in ACDIS database                                   | Format/Codes/Special values  | Notes/comments |
|----------------------|---|--|--|----------------|
| MainCookingFuel      | What s the main fuel used for cooking?  | <i>HHStatusObservations.<br/>MainCookingFuel</i>           | 3-letter code. See next variable for full labels.<br>GRI Electricity from grid<br>WOO Wood<br>LPG Bottled gas<br>Etc |                |
| MainCookingFuelName  | Label associated with previous variable   | <i>EnergySources.Name</i>                                  | Text string  |                |
| IsHouseOwnedByMember | Is the owner of the BS a member of this Household?                                | <i>HHStatusObservations.<br/>IsHHOwnedByMember</i>         | Y Yes<br>N No<br>U Don't know<br>X Not applicable  |                |
| BDN                  | Does the household have any of the following items in good working order? Bed net | <i>HHOwnedItems where<br/>HouseholdItem = 'BDN' exists</i> | 0 No or No answer<br>1 Yes   |                |
| BED                  | Doe HH have ... Bed   | <i>HHOwnedItems where<br/>HouseholdItem = 'BED' exists</i> | As above   |                |
| BIC                  | Doe HH have ... Bicycle   | <i>HHOwnedItems where<br/>HouseholdItem = 'BIC' exists</i> | As above   |                |
| BLM                  | Doe HH have ... Blockmaker  | <i>HHOwnedItems where<br/>HouseholdItem = 'BLM' exists</i> | As above   |                |
| CAR                  | Doe HH have ... Car   | <i>HHOwnedItems where<br/>HouseholdItem = 'CAR' exists</i> | As above   |                |
| CBE                  | Doe HH have ... Car battery   | <i>HHOwnedItems where<br/>HouseholdItem = 'CBE' exists</i> | As above   |                |
| CTL                  | Doe HH have ... Cattle  | <i>HHOwnedItems where<br/>HouseholdItem = 'CTL' exists</i> | As above   |                |
| ECO                  | Doe HH have ... Electric cooker with oven   | <i>HHOwnedItems where<br/>HouseholdItem = 'ECO' exists</i> | As above   |                |

## HSE5 (2007) Households Dataset Variable List

| Variable Name | Description                                       | Source in ACDIS database                                      | Format/Codes/Special values | Notes/comments |
|---------------|---|---|-----------------------------|----------------|
| EHP           | Doe HH have ... Electric hotplate                 | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'EHP' exists | As above                    |                |
| EKT           | Doe HH have ... Electric kettle                   | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'EKT' exists | As above                    |                |
| FRG           | Doe HH have ... Fridge                            | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'FRG' exists | As above                    |                |
| GCK           | Doe HH have ... Gas cooker                        | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'GCK' exists | As above                    |                |
| HSF           | Doe HH have ... Hoe/Spade/Fork                    | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'HSF' exists | As above                    |                |
| KLT           | Doe HH have ... Kombi/Lorry/Tractor               | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'KLT' exists | As above                    |                |
| KTS           | Doe HH have ... Kitchen sink                      | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'KTS' exists | As above                    |                |
| MCS           | Doe HH have ... Motorcycle                        | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'MCS' exists | As above                    |                |
| OLS           | Doe HH have ... Other livestock (i.e. not cattle) | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'OLS' exists | As above                    |                |
| PMC           | Doe HH have ... Primus cooker                     | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'PMC' exists | As above                    |                |
| RAD           | Doe HH have ... Radio                             | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'RAD' exists | As above                    |                |
| SOF           | Doe HH have ... Sofa                              | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'SOF' exists | As above                    |                |

## HSE5 (2007) Households Dataset Variable List

| Variable Name      | Description  | Source in ACDIS database   | Format/Codes/Special values                | Notes/comments                                |
|--------------------|--|--|--|---|
| SWM                | Doe HH have ... Sewing machine   | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'SWM' exists  | As above                                   |   |
| TBC                | Doe HH have ... Table & Chairs   | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'TBC' exists  | As above                                   |   |
| TLL                | Doe HH have ... Telephone  | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'TLL' exists  | As above                                   |   |
| TMB                | Doe HH have ... Cellphone  | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'TMB' exists  | As above                                   |   |
| TVS                | Doe HH have ... TV   | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'TVS' exists  | As above                                   |   |
| VCR                | Doe HH have ... Video  | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'VCR' exists  | As above                                   |   |
| WBR                | Doe HH have ... Wheelbarrow  | <i>HHOwnedItems</i> where <i>HouseholdItem</i> = 'WBR' exists  | As above                                   |   |
| AssetIndexQuintile | Wealth index as developed for use with Demographic & Health Survey data (Rutstein & Johnson, 2004)               | <i>Derived from Assets BDN thru WBR plus DrinkWaterSource1, MainCookingFuel, ToiletType and IsElectrified using the PCA command in Stata</i> | Integer from 1 (poorest) to 5 (wealthiest) | See code at end of document for more details. |
| VictimOfTHF        | Has any resident member of the household been a victim of any of these crimes during the past 12 months ...Theft | <i>HHStatusObservations.VictimOfTHF</i>  | Y Yes<br>N No /No answer                   |   |
| VictimOfASA        | Victim of Assault  | <i>HHStatusObservations.VictimOfASA</i>  | As above                                   |   |

## HSE5 (2007) Households Dataset Variable List

| Variable Name                | Description   | Source in ACDIS database                                      | Format/Codes/Special values   | Notes/comments  |
|------------------------------|---|---|---|---|
| VictimOfMUR                  | Victim of Murder  | <i>HHStatusObservations.<br/>VictimOfMUR</i>                  | As above  |   |
| VictimOfNOO                  | Victim of No crime  | <i>HHStatusObservations.<br/>VictimOfNOO</i>                  | As above  | /* (Cally recodes to 'Y' if 'N' _and_ the others are all not 'Y' */ |
| VictimOfOTH                  | Victim of Other   | <i>HHStatusObservations.<br/>VictimOfOTH</i>                  | As above  |   |
| VictimOfDKN                  | Victim of Don't know  | <i>HHStatusObservations.<br/>VictimOfDKN</i>                  | As above  |   |
| VictimOfRFS                  | Victim of Refused   | <i>HHStatusObservations.<br/>VictimOfRFS</i>                  | As above  |   |
| PerceivedFinancialStatus     | How would this Household classify its financial situation these days?   | <i>HHStatusObservations.<br/>PerceivedFinancialStatus</i>     | 3-letter code. See next variable for full labels<br>VCO Very comfortable<br>...<br>JGB Just getting by<br>...<br>POO Poor |   |
| PerceivedFinancialStatusName | Label associated with previous variable   | <i>FinancialSituations.Name</i>                               | Text String   |   |
| AdultMissedMealForFinReasons | 7.2Q3 In last 12m did you or other adults in the household cut the size of your meals, or skip meals, because there wasn't enough money for food? | <i>HHStatusObservations.<br/>AdultMissedMealForFinReasons</i> | Y Yes<br>N No<br>U Don't know<br>R Refused<br>X Not applicable  |   |

## HSE5 (2007) Households Dataset Variable List

| Variable Name                  | Description   | Source in ACDIS database  | Format/Codes/Special values  | Notes/comments                       |
|--------------------------------|---|---|--|--------------------------------------|
| AdultMissedMealOccurLevel      | 7.2Q4 Adults cut size of meals: How often?                                  | <i>HHStatusObservations.<br/>AdultMissedMealOccurLevel</i>      | 3-letter codes. See next variable for full labels<br>AEM Almost every month<br>SME Some, but not every month<br>OTM Only one or two months<br>NAD Not applicable | Only answered if 'Yes' to previous Q |
| AdultMissedMealOccurLevelName  | Label associated with previous variable                                     | <i>OccurrenceLevels.Name</i>                                    | Text String  |                                      |
| AdultMissedFoodForFinReasons   | 7.2Q5 In last 12m did you not eat for whole day ... not enough money...?    | <i>HHStatusObservations.<br/>AdultMissedFoodForFinReasons</i>   | Y Yes<br>N No<br>U Don't know<br>R Refused<br>X Not applicable   |                                      |
| AdultMissedFoodOccurrenceLevel | 7.2Q6 Adults not eat for whole day: How often?                              | <i>HHStatusObservations.<br/>AdultMissedFoodOccurrenceLevel</i> | 3-letter codes. See next variable for full labels<br>AEM Almost every month<br>SME Some, but not every month<br>OTM Only one or two months<br>NAD Not applicable | Only answered if 'Yes' to previous Q |
| AdultMissedFoodOccurLevelName  | Label associated with previous variable                                     | <i>OccurrenceLevels.Name</i>                                    | Text String  |                                      |
| ChildMissedMealForFinReasons   | 7.2Q7 In last 12m did you cut/skip children's meal ... not enough money...? | <i>HHStatusObservations.<br/>ChildMissedMealForFinReasons</i>   | Y Yes<br>N No<br>U Don't know<br>R Refused<br>X Not applicable   |                                      |

## HSE5 (2007) Households Dataset Variable List

| Variable Name                 | Description                                | Source in ACDIS database                                   | Format/Codes/Special values  | Notes/comments                       |
|-------------------------------|--|--|--|--------------------------------------|
| ChildMissedMealOccurLevel     | 7.2Q8 Children's meal cut/skip: how often? | <i>HHStatusObservations.<br/>ChildMissedMealOccurLevel</i> | 3-letter codes. See next variable for full labels<br>AEM Almost every month<br>SME Some, but not every month<br>OTM Only one or two months<br>NAD Not applicable | Only answered if 'Yes' to previous Q |
| ChildMissedMealOccurLevelName | Label associated with previous variable    | <i>OccurrenceLevels.Name</i>                               | Text String  |                                      |

## SQL

```
/*
<Author>Colin Newell</Author>
<Date>10 January 2008</Date>
<Category>HSE Survey Dataset</Category>
<Notes>
Requested by: Core HSE dataset

Request: View for main HSE dataset, Household data, Round 5 (DSRound 17, Jul-Dec 2007)
</Notes>
<ChangeHistory>
10 Jan 2008 Colin Newell Original coding

</ChangeHistory>
*/
ALTER VIEW vacHSE5_2007_Households
AS
SELECT
  hhso.Household AS HHIntId,
  v.BoundedStructure AS BSIntId,
  v.DSRound AS DSRound,          -- Useless? Omit?
  ve.AssignedDate AS VisitDate,

  hhso.DrinkWaterSource1 AS DrinkWaterSource1,
  ws.Name AS DrinkWaterSource1Name,

  hhso.ToiletType AS ToiletType,
  tt.Name AS ToiletTypeName,

  hhso.IsElectrified AS IsElectrified,

  hhso.MainCookingFuel AS MainCookingFuel,
  es.Name AS MainCookingFuelName,

  hhso.IsHouseOwnedByMember AS IsHouseOwnedByMember,

  CASE WHEN hhoibdn.HHownedItem IS NULL THEN 0 ELSE 1 END AS BDN, -- Bednet
  CASE WHEN hhoibed.HHownedItem IS NULL THEN 0 ELSE 1 END AS BED, -- Bed
```

```

CASE WHEN hhoibic.HHowndItem IS NULL THEN 0 ELSE 1 END AS BIC, -- Bicycle
CASE WHEN hhoiblm.HHowndItem IS NULL THEN 0 ELSE 1 END AS BLM, -- Blockmaker
CASE WHEN hhoicar.HHowndItem IS NULL THEN 0 ELSE 1 END AS CAR, -- Car
CASE WHEN hhoicbe.HHowndItem IS NULL THEN 0 ELSE 1 END AS CBE, -- Car Battery
CASE WHEN hhoictl.HHowndItem IS NULL THEN 0 ELSE 1 END AS CTL, -- Cattle
CASE WHEN hhoieco.HHowndItem IS NULL THEN 0 ELSE 1 END AS ECO, -- Electric cooker with oven
CASE WHEN hhoiehp.HHowndItem IS NULL THEN 0 ELSE 1 END AS EHP, -- Electric hotplate
CASE WHEN hhoiekt.HHowndItem IS NULL THEN 0 ELSE 1 END AS EKT, -- Electric kettle
CASE WHEN hhoifrg.HHowndItem IS NULL THEN 0 ELSE 1 END AS FRG, -- Fridge
CASE WHEN hhoigck.HHowndItem IS NULL THEN 0 ELSE 1 END AS GCK, -- Gas cooker
CASE WHEN hhoihsf.HHowndItem IS NULL THEN 0 ELSE 1 END AS HSF, -- Hoe/Spade/Fork
CASE WHEN hhoiklt.HHowndItem IS NULL THEN 0 ELSE 1 END AS KLT, -- Kombi/Lorry/Tractor
CASE WHEN hhoikts.HHowndItem IS NULL THEN 0 ELSE 1 END AS KTS, -- Kitchen sink
CASE WHEN hhoimcs.HHowndItem IS NULL THEN 0 ELSE 1 END AS MCS, -- Motorcycle
CASE WHEN hhoiols.HHowndItem IS NULL THEN 0 ELSE 1 END AS OLS, -- Other livestock (i.e. not cattle)
CASE WHEN hhoipmc.HHowndItem IS NULL THEN 0 ELSE 1 END AS PMC, -- Primus cooker
CASE WHEN hhoirad.HHowndItem IS NULL THEN 0 ELSE 1 END AS RAD, -- Radio
CASE WHEN hhoisof.HHowndItem IS NULL THEN 0 ELSE 1 END AS SOF, -- Sofa
CASE WHEN hhoiswm.HHowndItem IS NULL THEN 0 ELSE 1 END AS SWM, -- Sewing machine
CASE WHEN hhoitbc.HHowndItem IS NULL THEN 0 ELSE 1 END AS TBC, -- Table & Chairs
CASE WHEN hhoitll.HHowndItem IS NULL THEN 0 ELSE 1 END AS TLL, -- Telephone
CASE WHEN hhoitmb.HHowndItem IS NULL THEN 0 ELSE 1 END AS TMB, -- Cellphone
CASE WHEN hhoitvs.HHowndItem IS NULL THEN 0 ELSE 1 END AS TVS, -- TV
CASE WHEN hhoivcr.HHowndItem IS NULL THEN 0 ELSE 1 END AS VCR, -- Video
CASE WHEN hhoiwbr.HHowndItem IS NULL THEN 0 ELSE 1 END AS WBR, -- Wheelbarrow

hhso.VictimOfTHF AS VictimOfTHF, -- Theft
hhso.VictimOfASA AS VictimOfASA, -- Assault
hhso.VictimOfMUR AS VictimOfMUR, -- Murder
hhso.VictimOfNOO AS VictimOfNOO, -- No crime (Cally recodes this to 'Y' if it is 'N' and the others are all not
'Y'
hhso.VictimOfOTH AS VictimOfOTH, -- Other
hhso.VictimOfDKN AS VictimOfDKN, -- Don't know
hhso.VictimOfRFS AS VictimOfRFS, -- Refused

hhso.PerceivedFinancialStatus AS PerceivedFinancialStatus,
fs.Name AS PerceivedFinancialStatusName,

hhso.AdultMissedMealForFinReasons AS AdultMissedMealForFinReasons,

```

```

hhso.AdultMissedMealOccurLevel AS AdultMissedMealOccurLevel,
ol1.Description AS AdultMissedMealOccurLevelName,

hhso.AdultMissedFoodForFinReasons AS AdultMissedFoodForFinReasons,
hhso.AdultMissedFoodOccuranceLevel AS AdultMissedFoodOccurLevel, -- Spelling corrections/abbr.
ol2.Description AS AdultMissedFoodOccurLevelName,

hhso.ChildMissedMealForFinReasons AS ChildMissedMealForFinReasons,
hhso.ChildMissedMealOccurLevel AS ChildMissedMealOccurLevel,
ol3.Description AS ChildMissedMealOccurLevelName
FROM HHStatusObservations hhso
LEFT JOIN Visits v ON hhso.Visit = v.IntId
LEFT JOIN Events ve ON hhso.Visit = ve.IntId

LEFT JOIN WaterSources ws ON hhso.DrinkWaterSource1 = ws.Code
LEFT JOIN ToiletTypes tt ON hhso.ToiletType = tt.Code
LEFT JOIN EnergySources es ON hhso.MainCookingFuel = es.Code
LEFT JOIN FinancialSituations fs ON hhso.PerceivedFinancialStatus = fs.Code

LEFT JOIN OccurrenceLevels ol1 ON hhso.AdultMissedMealOccurLevel = ol1.Code
LEFT JOIN OccurrenceLevels ol2 ON hhso.AdultMissedFoodOccuranceLevel = ol2.Code
LEFT JOIN OccurrenceLevels ol3 ON hhso.ChildMissedMealOccurLevel = ol3.Code

LEFT JOIN HHOwneItems hhoibdn ON hhso.Household = hhoibdn.Household
                                AND hhso.Visit = hhoibdn.Visit
                                AND hhoibdn.HouseholdItem = 'BDN' -- Bednet

LEFT JOIN HHOwneItems hhoibed ON hhso.Household = hhoibed.Household
                                AND hhso.Visit = hhoibed.Visit
                                AND hhoibed.HouseholdItem = 'BED' -- Bed

LEFT JOIN HHOwneItems hhoibic ON hhso.Household = hhoibic.Household
                                AND hhso.Visit = hhoibic.Visit
                                AND hhoibic.HouseholdItem = 'BIC' -- Bicycle

LEFT JOIN HHOwneItems hhoiblm ON hhso.Household = hhoiblm.Household
                                AND hhso.Visit = hhoiblm.Visit
                                AND hhoiblm.HouseholdItem = 'BLM' -- Blockmaker

```

```

LEFT JOIN HHOwnedItems hhoicar ON hhso.Household = hhoicar.Household
                                AND hhso.Visit = hhoicar.Visit
                                AND hhoicar.HouseholdItem = 'CAR' -- Car

LEFT JOIN HHOwnedItems hhoicbe ON hhso.Household = hhoicbe.Household
                                AND hhso.Visit = hhoicbe.Visit
                                AND hhoicbe.HouseholdItem = 'CBE' -- Car battery

LEFT JOIN HHOwnedItems hhoictl ON hhso.Household = hhoictl.Household
                                AND hhso.Visit = hhoictl.Visit
                                AND hhoictl.HouseholdItem = 'CTL' -- Cattle

LEFT JOIN HHOwnedItems hhoieco ON hhso.Household = hhoieco.Household
                                AND hhso.Visit = hhoieco.Visit
                                AND hhoibdn.HouseholdItem = 'ECO' -- Electric oven

LEFT JOIN HHOwnedItems hhoiehp ON hhso.Household = hhoiehp.Household
                                AND hhso.Visit = hhoiehp.Visit
                                AND hhoiehp.HouseholdItem = 'EHP' -- Electric hotplate

LEFT JOIN HHOwnedItems hhoiekt ON hhso.Household = hhoiekt.Household
                                AND hhso.Visit = hhoiekt.Visit
                                AND hhoiekt.HouseholdItem = 'EKT' -- Electric kettle

LEFT JOIN HHOwnedItems hhoifrg ON hhso.Household = hhoifrg.Household
                                AND hhso.Visit = hhoifrg.Visit
                                AND hhoifrg.HouseholdItem = 'FRG' -- Fridge

LEFT JOIN HHOwnedItems hhoigck ON hhso.Household = hhoigck.Household
                                AND hhso.Visit = hhoigck.Visit
                                AND hhoigck.HouseholdItem = 'GCK' -- Gas cooker

LEFT JOIN HHOwnedItems hhoihsf ON hhso.Household = hhoihsf.Household
                                AND hhso.Visit = hhoihsf.Visit
                                AND hhoigck.HouseholdItem = 'HSF' -- Hoe/spade/fork

LEFT JOIN HHOwnedItems hhoiklt ON hhso.Household = hhoiklt.Household
                                AND hhso.Visit = hhoiklt.Visit
                                AND hhoiklt.HouseholdItem = 'KLT' -- Kombi/Lorry/Tractor

```

```

LEFT JOIN HHOwnedItems hhoikts ON hhso.Household = hhoikts.Household
                                AND hhso.Visit = hhoikts.Visit
                                AND hhoikts.HouseholdItem = 'KTS' -- Kitchen sink

LEFT JOIN HHOwnedItems hhoimcs ON hhso.Household = hhoimcs.Household
                                AND hhso.Visit = hhoimcs.Visit
                                AND hhoimcs.HouseholdItem = 'MCS' -- Motorcycle

LEFT JOIN HHOwnedItems hhoiols ON hhso.Household = hhoiols.Household
                                AND hhso.Visit = hhoiols.Visit
                                AND hhoiols.HouseholdItem = 'OLS' -- Other livestock

LEFT JOIN HHOwnedItems hhoipmc ON hhso.Household = hhoipmc.Household
                                AND hhso.Visit = hhoipmc.Visit
                                AND hhoipmc.HouseholdItem = 'PMC' -- Primus cooker

LEFT JOIN HHOwnedItems hhoirad ON hhso.Household = hhoirad.Household
                                AND hhso.Visit = hhoirad.Visit
                                AND hhoirad.HouseholdItem = 'RAD' -- Radio

LEFT JOIN HHOwnedItems hhoisof ON hhso.Household = hhoisof.Household
                                AND hhso.Visit = hhoisof.Visit
                                AND hhoisof.HouseholdItem = 'SOF' -- sofa

LEFT JOIN HHOwnedItems hhoiswm ON hhso.Household = hhoiswm.Household
                                AND hhso.Visit = hhoiswm.Visit
                                AND hhoiswm.HouseholdItem = 'SWM' -- Sewing machine

LEFT JOIN HHOwnedItems hhoitbc ON hhso.Household = hhoitbc.Household
                                AND hhso.Visit = hhoitbc.Visit
                                AND hhoitbc.HouseholdItem = 'TBC' -- Table & chairs

LEFT JOIN HHOwnedItems hhoitll ON hhso.Household = hhoitll.Household
                                AND hhso.Visit = hhoitll.Visit
                                AND hhoitll.HouseholdItem = 'TLL' -- Telephone

LEFT JOIN HHOwnedItems hhoitmb ON hhso.Household = hhoitmb.Household
                                AND hhso.Visit = hhoitmb.Visit

```

```

        AND hhoitmb.HouseholdItem = 'TMB' -- Cellphone

LEFT JOIN HHOwneDItems hhoitvs ON hhso.Household = hhoitvs.Household
    AND hhso.Visit = hhoitvs.Visit
    AND hhoitvs.HouseholdItem = 'TVS' -- TV

LEFT JOIN HHOwneDItems hhoivcr ON hhso.Household = hhoivcr.Household
    AND hhso.Visit = hhoivcr.Visit
    AND hhoivcr.HouseholdItem = 'VCR' -- Video

LEFT JOIN HHOwneDItems hhoiwbr ON hhso.Household = hhoiwbr.Household
    AND hhso.Visit = hhoiwbr.Visit
    AND hhoiwbr.HouseholdItem = 'WBR' -- Wheelbarrow

WHERE v.DSRound = 17 -- I could have got almost same records by selecting visit dates Jul-Dec 2007
    -- This gives 10,305 rows on Dec07 local copy.

```

## Stata code for *AssetIndexQuintile*

The code below was written by Makandwe Nyirenda, June 2009

Household socio-economic status can be determined using a wealth index as developed for use with Demographic & Health Survey data (Rutstein & Johnson, 2004)

The index is constructed using a series of household assets owned. Each asset is stored as a dummy variable; 1 if the household owns that asset and 0 otherwise. Using these dummy variables the wealth score of each household can be estimated using Principal Component Analysis (PCA) in STATA. PCA is a statistical technique used for data reduction.

The distribution of these scores has mean zero and a standard deviation of one. The wealth scores can then be divided into quintiles, with the first (lowest) quintile representing the poorest households and the fifth (highest) quintile representing the richest households

For the Africa Centre HSE data we use a list of assets abbreviated below (you can add or remove any assets as required) and household access to amenities such as water, electricity, Toilet facilities and cooking energy

These amenities have too many categories. They are recategorised into a few as below:

```
*/
```

```
* Drinkwater source
```

```
gen water = 0 if DrinkWaterSource1=="BHO" | DrinkWaterSource1=="FLR" | DrinkWaterSource1=="RWT" /*  
*/| DrinkWaterSource1=="STG" | DrinkWaterSource1=="SPR" | DrinkWaterSource1=="WEL"
```

```
replace water = 1 if DrinkWaterSource1=="CAR" | DrinkWaterSource1=="OTH"  
replace water = 2 if DrinkWaterSource1=="PPF" | DrinkWaterSource1=="PPP"  
replace water = 3 if DrinkWaterSource1=="PIN" | DrinkWaterSource1=="PYA"
```

```
* Toilet Type
```

```
gen toilet = 0 if ToiletType=="NON"  
replace toilet = 1 if ToiletType=="OTH" | ToiletType=="BKT" | ToiletType=="CHT"  
replace toilet = 2 if ToiletType=="OPL"  
replace toilet = 3 if ToiletType=="VIP"  
replace toilet = 4 if ToiletType=="FLT"
```

```
** Electricity
```

```
gen electric = 0 if IsElectrified=="N"
```

```

replace electric =1 if IsElectrified=="Y"

** Energy
gen energy=0 if MainCookingFuel=="COA" | MainCookingFuel=="WOO"
replace energy = 1 if MainCookingFuel=="OTH"
replace energy = 2 if MainCookingFuel == "LPG" | MainCookingFuel == "PAR"
replace energy = 3 if MainCookingFuel == "GEN" | MainCookingFuel=="GRI" | MainCookingFuel=="SOL"

** Now we have all the assests and amenities properly defined simply run PCA in STATA.
** The general syntax is: pca varlist [if] [in] [weight][, options]
** The xi in front of the pca command is to ensure that we create dummy variables for the variables
** with more than two categories i.e energy, water, toilet

xi: pca BDN BED BIC BLM CAR CBE CTL ECO EHP EKT FRG GCK HSF KLT KTS MCS OLS PMC RAD /*
*/SOF SWM TBC TLL TMB TVS VCR WBR i.energy i.water i.toilet electric

** Now we have estimated the eigenvalues or wealth scores of the households, we categorise
** them into household wealth quintiles. The richest (most comfortable) will be households in the
** top 20% (fifth quintile) and the poorest those in the lowest 20% (first quintile)

predict pcfactor
xtile quintiles=pcfactor, nq(5)

drop energy _Ienergy_1 _Ienergy_2 _Ienergy_3
drop water _Iwater_1 _Iwater_2 _Iwater_3
drop toilet _Itoilet_1 _Itoilet_2 _Itoilet_3 _Itoilet_4
drop electric
drop pcfactor
rename quintiles AssetIndexQuintile
move AssetIndexQuintile VictimOfTHF
* tab quintiles

```