

**GUYANA DEMOGRAPHIC AND HEALTH SURVEY 2009  
HOUSEHOLD QUESTIONNAIRE**

**MINISTRY OF HEALTH**

**BUREAU OF STATISTICS**

IDENTIFICATION																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER .....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																			
GDHS HOUSEHOLD NUMBER .....																				
VILLAGE/WARD NUMBER .....																				
REGION .....																				
TYPE OF PLACE (GEORGETOWN=1, OTHER URBAN=2, RURAL=3) .....																				
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> MONTH ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td>2</td><td>0</td></tr></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td>0</td><td>9</td></tr></table>					2	0	0	9								
2	0																			
0	9																			
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESULT .....																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																
TIME	_____	_____																		
<p><b>*RESULT CODES:</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">4 POSTPONED</td> </tr> <tr> <td>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</td> <td>5 REFUSED</td> </tr> <tr> <td>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</td> <td>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</td> </tr> <tr> <td></td> <td>7 DWELLING DESTROYED</td> </tr> <tr> <td>9 OTHER _____ (SPECIFY)</td> <td>8 DWELLING NOT FOUND</td> </tr> </table>				1 COMPLETED	4 POSTPONED	2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	5 REFUSED	3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	6 DWELLING VACANT OR ADDRESS NOT A DWELLING		7 DWELLING DESTROYED	9 OTHER _____ (SPECIFY)	8 DWELLING NOT FOUND	TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>						
1 COMPLETED	4 POSTPONED																			
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	7 DWELLING DESTROYED																			
9 OTHER _____ (SPECIFY)	8 DWELLING NOT FOUND																			
LANGUAGE																				
LANGUAGE OF INTERVIEW _____ LANGUAGE CODES: 1=ENGLISH, 2=OTHER <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>						LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>														
LANGUAGE OF RESPONDENT _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																				
WAS A TRANSLATOR USED? (1=YES; 2=NO) ..... <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																	
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DATE _____	DATE _____																			
INTRODUCTION AND CONSENT																				
<p>Hello. My name is _____ and I am working with the Bureau of Statistics of Guyana. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The interview usually takes between 20 and 30 minutes to complete.</p> <p>As part of the survey we would first like to ask some questions about your household. All the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? <span style="float: right;">May I begin the interview now?</span></p> <p>SIGNATURE OF INTERVIEWER: _____ DATE: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>																				

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY			IF AGE 18-59 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?				CIRCLE LINE NUMBER IF WOMAN AGE IS 15-49	CIRCLE LINE NUMBER IF MEN AGE IS 15-49	CIRCLE LINE NUMBER IF CHILD AGE IS 0-5	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  <b>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</b>  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?			How old is (NAME)?	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER  2 = DIVORCED/SEPARATED  3 = WIDOWED  4 = NEVER-MARRIED AND NEVER LIVED TOGETHER				Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01	Y N DK 1 2 8	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	1 2 8	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	1 2 8	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	1 2 8	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	1 2 8	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	1 2 8	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	1 2 8	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	1 2 8	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	1 2 8	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	1 2 8	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	11	11	11	1 2 8	

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

**2A)** Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES  → ADD TO TABLE      NO

**2B)** Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES  → ADD TO TABLE      NO

**2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES  → ADD TO TABLE      NO

- |                                    |                               |
|------------------------------------|-------------------------------|
| 01 = HEAD                          | 08 = BROTHER OR SISTER        |
| 02 = WIFE OR HUSBAND               | 09 = NIECE/NEPHEW BY BLOOD    |
| 03 = SON OR DAUGHTER               | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE           |
| 05 = GRANDCHILD                    | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT                        | 13 = NOT RELATED              |
| 07 = PARENT-IN-LAW                 | 98 = DONT KNOW                |

	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	<b>ASK ONLY, IF MOTHER NOT LISTED IN HOUSEHOLD COL. (14)='00'</b>  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is, she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	<b>ASK ONLY, IF FATHER NOT LISTED IN HOUSEHOLD COL. (17)='00'</b>  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is, he was too sick to work or do normal activities?	<b>MOTHER AND/ OR FATHER DEAD/ SICK</b>  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	<b>BOTH PARENTS ALIVE</b>  IF YES TO Q.13 AND Q. 16 (BOTH ALIVE), CIRCLE '1'.  FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 <u>not</u> live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
01	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	01	1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2
02	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	02	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
03	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	03	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
04	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	04	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
05	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	05	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
06	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	06	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
07	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	07	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
08	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	08	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
09	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	09	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
10	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	10	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
11	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	11	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Has (NAME) ever attended school?	What is the highest level of education (NAME) has attended?  SEE CODES BELOW.  What is the highest year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2008-2009) school year?	During this school year, what level and year is/was (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2007-2008)?	During that school year, what level and year did (NAME) attend?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  CODES: 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(1)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
01	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
02	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
03	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
04	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
05	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
06	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
07	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
08	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
09	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
10	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□
11	1 2 ↓ GO TO 32	□ □ □ □	1 2 ↓ GO TO 27	□ □ □ □	1 2 ↓ GO TO 32	□ □ □ □	□

**CODES FOR Qs. 24, 26, AND 28: EDUCATION**

**LEVEL OF EDUCATION**

- 1 = NURSERY
- 2 = PRIMARY
- 3 = SECONDARY
- 4 = HIGHER
- 8 = DON'T KNOW

**YEARS COMPLETED**

- 00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)
- 98 = DON'T KNOW

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY			IF AGE 18-59 YEARS
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
12		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	12	12	12	Y N DK 1 2 8	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13	1 2 8	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14	1 2 8	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15	1 2 8	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16	1 2 8	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17	1 2 8	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18	1 2 8	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19	1 2 8	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	20	20	20	1 2 8	
21		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	21	21	21	1 2 8	
22		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	22	22	22	1 2 8	

TICK HERE IF CONTINUATION SHEET USED

### CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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- 2B)** Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
- 2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES  → ADD TO TABLE      NO

YES  → ADD TO TABLE      NO

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- |                                    |                               |
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LINE NO.	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	ASK ONLY, IF MOTHER NOT LISTED IN HOUSEHOLD COL. (14)='00'  Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is, she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	ASK ONLY, IF FATHER NOT LISTED IN HOUSEHOLD COL. (17)='00'  Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is, he was too sick to work or do normal activities?	MOTHER AND/ OR FATHER DEAD/ SICK  CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE  IF YES TO Q.13 AND Q. 16 (BOTH ALIVE), CIRCLE '1'.  FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 <u>not</u> live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK 1 2 8 ↓ GO TO 16		Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19		Y N DK 1 2 8		1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2
12	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	12	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
13	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	13	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
14	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	14	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
15	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	15	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
16	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	16	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
17	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	17	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
18	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	18	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
19	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	19	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
20	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	20	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
21	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	21	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2
22	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	22	1 2 ↓ GO TO 23	1 2 8 ↓ GO TO 23	1 2

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Has (NAME) ever attended school?	What is the highest level of education (NAME) has attended?  SEE CODES BELOW.  What is the highest year (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2008-2009) school year?	During this school year, what level and year is/was (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2007-2008)?	During that school year, what level and year did (NAME) attend?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  CODES: 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(1)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
12	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
13	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
14	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
15	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
16	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
17	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
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20	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
21	Y N 1 ↓ 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 ↓ 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 ↓ 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□
22	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL YEAR □ □ □ □	Y N 1 2 ↓ GO TO 32	LEVEL YEAR □ □ □ □	□

**CODES FOR Qs. 24, 26, AND 28: EDUCATION**

**LEVEL OF EDUCATION**

- 1 = NURSERY
- 2 = PRIMARY
- 3 = SECONDARY
- 4 = HIGHER
- 8 = DON'T KNOW

**YEARS COMPLETED**



- 00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)
- 98 = DON'T KNOW

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/LAKE/POND/ STREAM/CANAL/IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)	→ 105B → 103 → 105B → 103 → 102 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>TUBE WELL OR BOREHOLE</b> ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/LAKE/POND/ STREAM/CANAL/IRRIGATION CHANNEL) ..... 81 OTHER _____ 96 (SPECIFY)	→ 105A → 105B
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105A
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
105	Who is the main person who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT MAN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER _____ 6 (SPECIFY)	
105A	How would you describe the quality and color of water you obtain for cooking and handwashing?  Anything else?  RECORD ALL MENTIONED	CLEAR/NO SMELL ..... A BROWN/REDISH ..... B SMELLY ..... C YELLOW ..... D TURBID ..... E STALE ..... F COAGULATES LATER ..... G OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105B	Do you use anything to store the water? IF YES, ASK: What exactly do you use? RECORD ALL MENTIONED	NOTHING ..... A JAR ..... B BLACK TANK ..... C DRUM ..... D POT ..... E BUCKET ..... F BOTTLE ..... G OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
106	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 107A
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
107A	Do you think it is necessary to do anything to the water to make it safer (to drink)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
107B	Where does the waste water from the kitchen, sinks and bath flow?	SEPTIC TANK/CESSPIT ..... 1 PIPED SEWER SYSTEM ..... 2 YARD ..... 3 CANAL/RIVER/OCEAN ..... 4 TRENCH/DRAIN/GUTTER ..... 5 DON'T KNOW ..... 8	
108	What kind of toilet facility do members of your household usually use?	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT (LATRINE) ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 OTHER _____ 96 (SPECIFY)	→ 109 → 109 → 110A
108A	How do you get rid of toilet waste?	YARD ..... 1 CANAL/RIVER/OCEAN ..... 2 CESSPIT ..... 3 TRENCH/DRAIN/GUTTER ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
109	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110A
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... 0 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
110A	How does your household usually dispose of its garbage or rubbish?	COLLECTION BY PUBLIC SERVICE ..... 01 COLLECTION BY PRIVATE SERVICE ..... 02 BURYING/COMPOSTING GARBAGE ..... 03 DUMPING IN CANAL/RIVER ..... 04 BURNING THE GARBAGE ..... 05 DUMPING ON WASTE LAND ..... 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
110B	CHECK 110A: COLLECTION BY PUBLIC OR PRIVATE SERVICE CIRCLED  CODE '01' OR '02' CIRCLED  CODE '01' OR '02' NOT CIRCLED 		111																																																																		
110C	How often is garbage/rubbish collected?	ONCE A WEEK ..... 1 TWICE A WEEK ..... 2 ONCE EVERY TWO WEEKS ..... 3 MONTHLY ..... 4 NO SCHEDULE ..... 5 DON'T KNOW ..... 8																																																																			
110D	Do you pay anything for this service?  IF 'YES', ASK: Who do you pay to?	FREE/PUBLIC SERVICE ..... 1 PAID DIRECTLY TO COLLECTOR ..... 2 DON'T KNOW ..... 8																																																																			
111	Does your household have:  a) Electricity? b) A radio? c) A cell phone? d) A land-line telephone? e) A refrigerator? f) A clock? g) A black/white television? h) A color television? i) A freezer? j) An electric generator? k) A fan? l) An air-conditioner m) Washing machine? n) Computer? o) Digital photo-camera? p) Non-digital photo-camera? q) A VHS player? r) A DVD player? s) A bed? t) A vanity? u) A wall divider?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) RADIO ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) CELL TELEPHONE ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) LAND-LINE TELEPHONE ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) REFRIGERATOR ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) CLOCK ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) BLACK/WHITE TELEVISION ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) COLOR TELEVISION ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) FREEZER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) GENERATOR ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) FAN ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) AIR-CONDITIONER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) WASHING MACHINE ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>n) COMPUTER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>o) DIGITAL CAMERA ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>p) NON-DIGITAL CAMERA ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>q) VHS PLAYER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>r) DVD PLAYER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>s) BED ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>t) VANITY ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>u) WALL DIVIDER ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY ..... 1	1	2	b) RADIO ..... 1	1	2	c) CELL TELEPHONE ..... 1	1	2	d) LAND-LINE TELEPHONE ..... 1	1	2	e) REFRIGERATOR ..... 1	1	2	f) CLOCK ..... 1	1	2	g) BLACK/WHITE TELEVISION ..... 1	1	2	h) COLOR TELEVISION ..... 1	1	2	i) FREEZER ..... 1	1	2	j) GENERATOR ..... 1	1	2	k) FAN ..... 1	1	2	l) AIR-CONDITIONER ..... 1	1	2	m) WASHING MACHINE ..... 1	1	2	n) COMPUTER ..... 1	1	2	o) DIGITAL CAMERA ..... 1	1	2	p) NON-DIGITAL CAMERA ..... 1	1	2	q) VHS PLAYER ..... 1	1	2	r) DVD PLAYER ..... 1	1	2	s) BED ..... 1	1	2	t) VANITY ..... 1	1	2	u) WALL DIVIDER ..... 1	1	2	
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112	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96  (SPECIFY)	115              117																																																																		
113	In this household, is food cooked on an open fire, an open stove, closed stove, fireside or coal-pot?	OPEN FIRE ..... 1 OPEN STOVE ..... 2 CLOSED STOVE WITH CHIMNEY ..... 3 FIRE-SIDE ..... 4 COAL POT ..... 5 OTHER ..... 6  (SPECIFY)	115																																																																		
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY ..... 1 HOOD ..... 2 NEITHER ..... 3																																																																			
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3 OTHER ..... 6  (SPECIFY)	117																																																																		
116	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2																																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
117	<b>MAIN MATERIAL OF THE FLOOR.</b>  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER _____ 96 (SPECIFY)																									
118	<b>MAIN MATERIAL OF THE ROOF.</b>  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER _____ 96 (SPECIFY)																									
119	<b>MAIN MATERIAL OF THE EXTERIOR WALLS.</b>  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 OTHER _____ 96 (SPECIFY)																									
120	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																									
121	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car, truck or mini-van? f) A boat with a motor? g) A boat without a motor?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) MOTORCYCLE/SCOOTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CAR/TRUCK/MINI-VAN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) BOAT WITHOUT MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) WATCH .....	1	2	b) BICYCLE .....	1	2	c) MOTORCYCLE/SCOOTER .....	1	2	d) ANIMAL-DRAWN CART .....	1	2	e) CAR/TRUCK/MINI-VAN .....	1	2	f) BOAT WITH MOTOR .....	1	2	g) BOAT WITHOUT MOTOR .....	1	2	
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121A	Do mice or rats appear in the dwelling?  IF 'YES', ASK: How often?	NEVER ..... 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH ..... 3 ONCE IN A QUARTER ..... 4 AT LEAST ONCE A YEAR ..... 5 LESS THAN ONCE A YEAR ..... 6 DON'T KNOW ..... 8																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 124
123	How many acres of agricultural land do members of this household own?	ACRES ..... <input type="text"/> 95 OR MORE ACRES ..... 95 DON'T KNOW ..... 98	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cows or bulls? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Chickens, ducks, turkeys and other poultry?	a) COWS/BULLS ..... <input type="text"/> b) HORSES/DONKEYS/MULES ..... <input type="text"/> c) GOATS ..... <input type="text"/> d) SHEEP ..... <input type="text"/> e) POULTRY ..... <input type="text"/>	
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
126A	Have you or any member of this household received any information from anyone on what to do in the event of flood?	YES ..... 1 NO ..... 2	→ 126C
126B	Where did this information come from? Anywhere else? CIRCLE ALL MENTIONED	TV ..... A NEWSPAPERS ..... B LEAFLETS ..... C FIELDWORKERS ..... D RADIO ..... E OTHER ..... X (SPECIFY) DON'T KNOW/NOT SURE ..... Z	
126C	In the event of flood where would you and other household members go?	NEAREST EMERGENCY SHELTER ..... 11 FAMILY MEMBERS OUT OF AFFECTED AREA ..... 12 FRIENDS OUT OF AFFECTED AREA ..... 13 COMMUNITY CENTER ..... 14 HIGHER LANDS ..... 15 REMAIN IN THE HOUSE ..... 16 OTHER ..... 96 (SPECIFY)	
126D	Now I would like to ask you a few questions about persons in this household Has any member of your household ever been injured or died in a road traffic accident? IF YES, SPECIFY: INJURED OR DIED	YES, INJURED ..... 1 YES, DIED ..... 2 NO ..... 3 DON'T KNOW ..... 8	
126E	Has any member of your household ever attempted or committed suicide? IF YES, SPECIFY: ATTEMPTED OR COMMITTED.	YES, ATTEMPTED ..... 1 YES, COMMITTED ..... 2 NO ..... 3 DON'T KNOW ..... 8	→ 127 → 127
126F	Is/was this person a male or a female?	MALE ..... 1 FEMALE ..... 2	
126G	How old was this person when this happened?	AGE IN COMPLETED YEARS ..... <input type="text"/>	
127	Now I would like to ask you questions about mosquito nets. Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2
130	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98
131	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	<b>'PERMANENT' NET</b> DURANET . . . . . 11 OLYSET . . . . . 12 LONG LASTING INSECTICIDAL IMPREGNATED . . . 13 OTHER/DK BRAND . . 16 (SKIP TO 135) ←  <b>'PRETREATED' NET</b> MOH NET . . . . . 21 (SKIP TO 133) ← OTHER/DK BRAND . . 26  <b>OTHER</b> . . . . . 96 DK BRAND . . . . . 98	<b>'PERMANENT' NET</b> DURANET . . . . . 11 OLYSET . . . . . 12 LONG LASTING INSECTICIDAL IMPREGNATED . . . 13 OTHER/DK BRAND . . 16 (SKIP TO 135) ←  <b>'PRETREATED' NET</b> MOH NET . . . . . 21 (SKIP TO 133) ← OTHER/DK BRAND . . 26  <b>OTHER</b> . . . . . 96 DK BRAND . . . . . 98	<b>'PERMANENT' NET</b> DURANET . . . . . 11 OLYSET . . . . . 12 LONG LASTING INSECTICIDAL IMPREGNATED . . . 13 OTHER/DK BRAND . . 16 (SKIP TO 135) ←  <b>'PRETREATED' NET</b> MOH NET . . . . . 21 (SKIP TO 133) ← OTHER/DK BRAND . . 26  <b>OTHER</b> . . . . . 96 DK BRAND . . . . . 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES . . . . . 1 NO . . . . . 2 NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 NOT SURE . . . . . 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 135) ← NOT SURE . . . . . 8
134	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98	MONTHS AGO . . . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO . . . . . 95  NOT SURE . . . . . 98
135	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 137) ← NOT SURE . . . . . 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>
		NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>
		NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>
		NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE USING THE <b>IODATE</b> TEST KIT FIRST. IF THE RESULT IS NEGATIVE, TEST AGAIN USING THE <b>IODIDE</b> TEST KIT  RECORD PPM (PARTS PER MILLION)		0 PPM (NO IODINE) ..... 1 BELOW 15 PPM ..... 2 15 PPM AND ABOVE ..... 3 NO SALT IN HH ..... 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

**WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT  
CHILDREN AGE 0-5 YEARS**

501	CHECK COLUMN 11 IN THE HH SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA PROCEDURE IN 513			
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
502	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE  LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD SCHEDULE	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK:  What is (CHILD'S NAME) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2004 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 IN THE HH SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			

**CONSENT STATEMENT FOR ANEMIA FOR CHILDREN**

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2004 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

		CHILD 4	CHILD 5	CHILD 6
502	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE  LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD SCHEDULE	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK:  What is (CHILD'S NAME) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2004 OR LATER	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 IN THE HH SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 513)	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		



**WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT  
WOMEN 15-49**

515	CHECK COLUMN 9 IN THE HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).  A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519, AND FOR THE ANEMIA TEST PROCEDURE IN 528.			
		<b>WOMAN 1</b>	<b>WOMAN 2</b>	<b>WOMAN 3</b>
516	NAME FROM COLUMN 2 IN THE HH SCHEDULE  LINE NUMBER FROM COLUMN 9 IN THE HH SCHEDULE	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
517	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
520	AGE: CHECK COLUMN 7 IN THE HH SCHEDULE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←
521	MARITAL STATUS: CHECK COLUMN 8 IN THE HH SCHEDULE	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. (COLUMN 1 IN THE HOUSEHOLD SCHEDULE).  RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
523	READ ANEMIA TEST CONSENT STATEMENT.  FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN) <b>(IF REFUSED, GO TO 530D).</b>	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN) <b>(IF REFUSED, GO TO 530D).</b>	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN) <b>(IF REFUSED, GO TO 530D).</b>

**CONSENT STATEMENT FOR ANEMIA TEST**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM 516	NAME _____	NAME _____	NAME _____
	LINE NUMBER FROM 516	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
524	PREGNANCY STATUS: CHECK QUESTION 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
526	CHECK <b>523</b> AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.  A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN <b>528</b> FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
528	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
530D	GO BACK TO <b>517</b> IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRES. IF NO MORE WOMEN, <b>GO TO 531</b> .			

**WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT  
MEN 15-49**

531	CHECK COLUMN 10 IN THE HH SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).  A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 535, AND FOR THE ANEMIA TEST PROCEDURE IN 543.			
		<b>MAN 1</b>	<b>MAN 2</b>	<b>MAN 3</b>
532	NAME FROM COLUMN 2 IN THE HH SCHEDULE  LINE NUMBER FROM COLUMN 9 IN THE HH SCHEDULE	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
533	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
534	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
536	AGE: CHECK COLUMN 7 IN THE HH SCHEDULE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 539) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 539) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 539) ←
537	MARITAL STATUS: CHECK COLUMN 8 IN THE HH SCHEDULE	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 539) ←
538	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. (COLUMN 1 IN THE HOUSEHOLD SCHEDULE).  RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
539	READ ANEMIA TEST CONSENT STATEMENT.  FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ←  _____ (SIGN)  (IF REFUSED, GO TO 545D).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ←  _____ (SIGN)  (IF REFUSED, GO TO 545D).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ←  _____ (SIGN)  (IF REFUSED, GO TO 545D).

**CONSENT STATEMENT FOR ANEMIA TEST**

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 539 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 538) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 539 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		MAN 1	MAN 2	MAN 3
	NAME FROM 532	NAME _____	NAME _____	NAME _____
	LINE NUMBER FROM 532	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
541	<p>CHECK <b>539</b> AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.</p> <p>A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN <b>543</b> FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.</p>			
542	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
543	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
545D	<p>GO BACK TO <b>532</b> IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRES. IF NO MORE MEN, <b>END INTERVIEW.</b></p>			

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_