

2012 TAJIKISTAN DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

TAJIKISTAN  
THE STATISTICAL AGENCY UNDER PRESIDENT OF THE REPUBLIC OF TAJIKISTAN  
THE MINISTRY OF HEALTH

No 

--	--	--	--	--

IDENTIFICATION							
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER .....	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

INTERVIEWER VISITS																																
	1	2	3	FINAL VISIT																												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																												
INTERVIEWER'S NAME	_____	_____	_____																													
RESULT*	_____	_____	_____																													
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																												
TIME	_____	_____																														
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																												

LANGUAGE OF QUESTIONNAIRE: 

--

LANGUAGE OF INTERVIEW: 

--

NATIVE LANGUAGE OF RESPONDENT 

--

TRANSLATOR USED (YES = 1, NO = 2)

CODES: TAJIK-1; RUSSIAN-2 ; UZBEK-3; OTHER-6 (SPECIFY \_\_\_\_\_)



SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

THIS PAGE IS INTENTIONALLY BLANK

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Statistical Agency. Together with the Ministry of Health we are conducting a survey about health all over Tajikistan. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on this card.

## GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

# HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		IF AGE 0-4 YEARS
1	2	3	4	5	6	7	8	9	11	11A
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-19 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>	<p>Does (NAME) have a birth certificate?</p> <p>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil registrar?</p> <p>1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	<input type="text"/>

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

01 = HEAD

08 = BROTHER OR SISTER

02 = WIFE OR HUSBAND

09 = OTHER RELATIVE

03 = SON OR DAUGHTER

10 = ADOPTED/FOSTER/STEPCHILD

04 = SON-IN-LAW OR

11 = NOT RELATED

DAUGHTER-IN-LAW

98 = DON'T KNOW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER				IF AGE 3-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL OR PRE-SCHOOL				CURRENT/RECENT SCHOOL OR PRE-SCHOOL ATTENDANCE	
	12	13	14	15	16	16A	17	17A	18	19
	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'.	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'.	Has (NAME) ever attended school or pre-school?	What is the total number of years of schooling (NAME) has had?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	CHECK 17: IF GRADES 10-11 AT LEVEL 1, OR LEVEL "2" OR "3" PROFESSIONAL-PRIMARY OR MIDDLE LEVEL RECORDED, ASK:  Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school or pre-school at any time during the (2011-2012) school year?	During 2011-2012 school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	<input type="text"/>	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

**LEVEL**

0 = PRE-SCHOOL (1-4)  
 1 = GENERAL EDUCATION SCHOOL (1-11)  
 2 = PROFESSIONAL PRIMARY (1-3)  
 3 = PROF. MIDDLE (1-4)  
 4 = HIGHER (1-5+)  
 5 = POSTGRADUATE  
 8 = DON'T KNOW

**GRADE**

00 = LESS THAN 1 YEAR COMPLETED  
 (USE '00' FOR Q. 17 ONLY.  
 THIS CODE IS NOT ALLOWED  
 FOR Q. 19)  
 98 = DON'T KNOW

							IF AGE 15 OR OLDER			IF AGE 0-4 YEARS
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		BIRTH
1	2	3	4	5	6	7	8	9	11	11A
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-19 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil registrar?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	<input type="text"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	<input type="text"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	<input type="text"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	<input type="text"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	<input type="text"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	<input type="text"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

**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 ☐ → 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 ☐ → 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 ☐ → TABLE NO ☐

- |                                    |                               |
|------------------------------------|-------------------------------|
| 01 = HEAD                          | 08 = BROTHER OR SISTER        |
| 02 = WIFE OR HUSBAND               | 09 = OTHER RELATIVE           |
| 03 = SON OR DAUGHTER               | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED              |
| 05 = GRANDCHILD                    | 98 = DON'T KNOW               |
| 06 = PARENT                        |                               |
| 07 = PARENT-IN-LAW                 |                               |

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER				IF AGE 3-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL OR PRE-SCHOOL				CURRENT/RECENT SCHOOL OR PRE-SCHOOL ATTENDANCE	
	12	13	14	15	16	16A	17	17A	18	19
	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'.	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'.	Has (NAME) ever attended school or pre-school?	What is the total number of years of schooling (NAME) has had?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	CHECK 17: IF GRADES 10-11 AT LEVEL 1, OR LEVEL "2" OR "3" PROFESSIONAL-PRIMARY OR MIDDLE LEVEL RECORDED, ASK:  Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school or pre-school at any time during the (2011-2012) school year?	During 2011-2012 school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	<input type="text"/>	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

LEVEL	GRADE
0 = PRE-SCHOOL (1-4 )	00 = LESS THAN 1 YEAR COMPLETED
1 = GENERAL EDUCATION SCHOOL (1-11 )	(USE '00' FOR Q. 17 ONLY.
2 = PROFESSIONAL PRIMARY (1-3)	THIS CODE IS NOT ALLOWED
3 = PROF. MIDDLE (1-4)	FOR Q. 19)
4 = HIGHER (1-5+)	98 = DON'T KNOW
5 = POSTGRADUATE	
8 = DON'T KNOW	

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS THAN MONTHLY ..... 4 NEVER ..... 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING 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)	<div style="text-align: right;">→ 105</div>          <div style="text-align: right;">→ 105</div>
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="text-align: right;">→ 105</div>
104	How long does it take to go there, get water, and come back?	MINUTES ..... <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> DON'T KNOW ..... 998	
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div style="text-align: right;">→ 107</div>
106	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	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																							
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 OTHER ..... 96 (SPECIFY)	→ 110																																																																																							
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																																																																																							
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																																																																								
110	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>B&amp;W TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>COLOR TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>VACUUM CLEANER</td><td>1</td><td>2</td></tr> <tr><td>COMPUTER</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>CAMERA</td><td>1</td><td>2</td></tr> <tr><td>VIDEOCAMERA</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>BUFFET</td><td>1</td><td>2</td></tr> <tr><td>AIRCONDITIONER</td><td>1</td><td>2</td></tr> <tr><td>DVD</td><td>1</td><td>2</td></tr> <tr><td>DISH</td><td>1</td><td>2</td></tr> <tr><td>FREEZER</td><td>1</td><td>2</td></tr> <tr><td>FAN</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>BURZHUIKA</td><td>1</td><td>2</td></tr> <tr><td>DVIZHOK</td><td>1</td><td>2</td></tr> <tr><td>WOOD/FUEL</td><td>1</td><td>2</td></tr> <tr><td>CARPET</td><td>1</td><td>2</td></tr> <tr><td>INTERNET CONNECTION</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	B&W TELEVISION	1	2	COLOR TELEVISION	1	2	WASHING MACHINE	1	2	VACUUM CLEANER	1	2	COMPUTER	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	CAMERA	1	2	VIDEOCAMERA	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	BED	1	2	BUFFET	1	2	AIRCONDITIONER	1	2	DVD	1	2	DISH	1	2	FREEZER	1	2	FAN	1	2	SEWING MACHINE	1	2	BURZHUIKA	1	2	DVIZHOK	1	2	WOOD/FUEL	1	2	CARPET	1	2	INTERNET CONNECTION	1	2	
	YES	NO																																																																																								
ELECTRICITY	1	2																																																																																								
RADIO	1	2																																																																																								
B&W TELEVISION	1	2																																																																																								
COLOR TELEVISION	1	2																																																																																								
WASHING MACHINE	1	2																																																																																								
VACUUM CLEANER	1	2																																																																																								
COMPUTER	1	2																																																																																								
MOBILE TELEPHONE	1	2																																																																																								
NON-MOBILE TELEPHONE	1	2																																																																																								
REFRIGERATOR	1	2																																																																																								
CAMERA	1	2																																																																																								
VIDEOCAMERA	1	2																																																																																								
TABLE	1	2																																																																																								
CHAIR	1	2																																																																																								
SOFA	1	2																																																																																								
BED	1	2																																																																																								
BUFFET	1	2																																																																																								
AIRCONDITIONER	1	2																																																																																								
DVD	1	2																																																																																								
DISH	1	2																																																																																								
FREEZER	1	2																																																																																								
FAN	1	2																																																																																								
SEWING MACHINE	1	2																																																																																								
BURZHUIKA	1	2																																																																																								
DVIZHOK	1	2																																																																																								
WOOD/FUEL	1	2																																																																																								
CARPET	1	2																																																																																								
INTERNET CONNECTION	1	2																																																																																								







**INSTRUCTIONS**

- LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE.
- THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IN THE TABLE BELOW.
- RECORD HERE \_\_\_\_\_ THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE:
- THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE IN THE TABLE BELOW.
- FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX.
- THIS IS THE ORDER (RANK) NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS.
- RECORD THE LINE NUMBER OF THE SELECTED WOMAN IN THE BOX BELOW IN Q321

**FOR EXAMPLE:**

- IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716',
- GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6').
- IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, RECORD IN THE BOX "03" AND GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3').
- DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2').
- THIS IS THE ORDER/RANK NUMBER OF THE SELECTED WOMEN IN THE HOUSEHOLD SCHEDULE AND IT MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN.
- SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'.
- RECORD THE LINE NUMBER OF THE SELECTED WOMAN IN THE BOX BELOW IN Q321

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

321

RECORD HERE LINE NUMBER OF THE WOMAN SELECTED FOR THE DV MODULE

--	--

→ 401

WEIGHT AND HEIGHT MEASUREMENTS FOR CHILDREN AGE 0-5

401	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 402. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
402	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	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 .....
403	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s 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"/>
404	CHECK 403: CHILD BORN IN JANUARY 2007 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 414)	YES ..... 1 NO ..... 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 414)	YES ..... 1 NO ..... 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 414)
405	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
406	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
413	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 414.			

		CHILD 4	CHILD 5	CHILD 6
402	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	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 _____
403	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s 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"/>
404	CHECK 403: CHILD BORN IN JANUARY 2007 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 414)	YES ..... 1 NO ..... 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 414)	YES ..... 1 NO ..... 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 414)
405	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT..... 9994 REFUSED ..... 9995 OTHER ..... 9996
406	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
413	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 414.			

WEIGHT AND HEIGHT MEASUREMENTS FOR WOMEN AGE 15-49

414	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 415. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
		WOMAN 1		WOMAN 2		WOMAN 3	
415	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	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 .....
416	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
417	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
442	GO BACK TO 416 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW						



WEIGHT AND HEIGHT MEASUREMENTS FOR WOMEN AGE 15-49

414	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 415. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 4	WOMAN 5	WOMAN 6
415	LINE NUMBER FROM COLUMN 9  NAME FROM COLUMN 2	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 .....
416	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
417	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
442	GO BACK TO 416 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW			

