

2012 TAJIKISTAN DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

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

No 

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IDENTIFICATION							
PLACE NAME _____	<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>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER .....							
HOUSEHOLD NUMBER .....							

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>																		
INTERVIEWER'S NAME	_____	_____	_____	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></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>																		
RESULT*	_____	_____	_____	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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
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 _____ (SPECIFY)				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: 

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      LANGUAGE OF INTERVIEW: 

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      NATIVE LANGUAGE OF RESPONDENT 

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

TRANSLATOR USED (YES = 1, NO = 2)

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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>		

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**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
				5	6		MARITAL STATUS	9	11	BIRTH
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 ...</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 DAUGHTER-IN-LAW | 11 = NOT RELATED              |
| 05 = GRANDCHILD                    | 98 = DON'T KNOW               |
| 06 = PARENT                        |                               |
| 07 = PARENT-IN-LAW                 |                               |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER				IF AGE 3-24 YEARS	
	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	[ ] [ ]	Y N DK 1 2 8 ↓ GO TO 16	[ ] [ ]	Y N 1 2 ↓ NEXT LINE	[ ] [ ]	LEVEL GRADE [ ] [ ]	Y N 1 2	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [ ] [ ]
02	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
03	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
04	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
05	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
06	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
07	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
08	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
09	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]
10	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ]	Y N 1 2	1 2 ↓ NEXT LINE	[ ] [ ]

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

<b>LEVEL</b>	<b>GRADE</b>
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	

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
				5	6		MARITAL STATUS	9	11	BIRTH
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 ...</p> <p>1 = HAS CERTIFICATE            2 = REGISTERED            3 = NEITHER            8 = DON'T KNOW</p>
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  → 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
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER				IF AGE 3-24 YEARS	
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12	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
13	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
14	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
15	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
16	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
17	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
18	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
19	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
20	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ]	[ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	1 2 ↓ NEXT LINE	[ ] [ ] [ ]

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.)
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3 = PROF. MIDDLE (1-4)	FOR Q. 19)
4 = HIGHER (1-5+)	98 = DONT KNOW
5 = POSTGRADUATE	
8 = DONT KNOW	



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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0																																																																																							
0																																																																																										
110	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A radio?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A black and white television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A color television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A washing machine?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A vacuum cleaner?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A computer?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A non-mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A digital camera?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A video camera/camcorder?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A table/hon-tohta?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A chair?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A sofa/divan?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A bed?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A buffet/curio cabinet/wall unit?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>An air conditioner?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A DVD player?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A Satellite antenna/dish?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A freezer?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>An electric fan?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A sewing machine?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A wood/coal/gas stove (in-door heater "burzhuika")?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A mini-generator ("dvizhok")?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A fuel or wood stock</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A carpet (handmade or machine made)?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A connection to the Internet (world wide web)?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A black and white television?	1	2	A color television?	1	2	A washing machine?	1	2	A vacuum cleaner?	1	2	A computer?	1	2	A mobile telephone?	1	2	A non-mobile telephone?	1	2	A refrigerator?	1	2	A digital camera?	1	2	A video camera/camcorder?	1	2	A table/hon-tohta?	1	2	A chair?	1	2	A sofa/divan?	1	2	A bed?	1	2	A buffet/curio cabinet/wall unit?	1	2	An air conditioner?	1	2	A DVD player?	1	2	A Satellite antenna/dish?	1	2	A freezer?	1	2	An electric fan?	1	2	A sewing machine?	1	2	A wood/coal/gas stove (in-door heater "burzhuika")?	1	2	A mini-generator ("dvizhok")?	1	2	A fuel or wood stock	1	2	A carpet (handmade or machine made)?	1	2	A connection to the Internet (world wide web)?	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	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)	→ 114
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11  RUDIMENTARY FLOOR WOOD PLANKS ..... 21  FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR LINOLEUM ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH ..... 12 SOD ..... 13 RUDIMENTARY ROOFING WOOD PLANKS ..... 23 CARDBOARD ..... 24 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT/CEMENT BLOCKS ..... 35 ROOFING SHINGLES/SHIFER ..... 36 TAULE (TARRED ROOFING PAPER) ... 37  OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/TRUNKS ..... 12 DIRT ..... 13 RUDIMENTARY WALLS STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)																			
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																			
118	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	
	YES	NO																			
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MOTORCYCLE/SCOOTER ...	1	2																			
ANIMAL-DRAWN CART .....	1	2																			
CAR/TRUCK .....	1	2																			
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																		
120	How many hectares of agricultural land do members of this household own?   IF 99.5 OR MORE ARES, RECORD IN HECTARES. 100 ARES= 1 HECTAR  IF 95 OR MORE HECTARES, CIRCLE '9950'.	ARE (SOTKA) ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/>  HECTARES ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE HECTARES ..... 9950 DON'T KNOW ..... 9998																			
121	Does this household own any livestock, herds, other farm animals, beehives or poultry?	YES ..... 1 NO ..... 2	→ 123																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Pigs?</p> <p>Rabbits?</p> <p>Poultry?</p> <p>Beehive (number of units)?</p>	<p>CATTLE ..... <table border="1" data-bbox="1206 286 1305 784"> <tr><td></td><td></td></tr> </table></p> <p>COWS/BULLS .....</p> <p>HORSES/DONKEYS/MULES .....</p> <p>GOATS .....</p> <p>SHEEP .....</p> <p>PIGS .....</p> <p>RABBITS .....</p> <p>POULTRY .....</p> <p>BEEHIVE .....</p>																					
123	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p>																					
137	Please show me where members of your household most often wash their hands.	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2</p> <p>NOT OBSERVED, NO PERMISSION TO SEE ..... 3</p> <p>NOT OBSERVED, OTHER REASON ..... 4</p> <p>(SKIP TO 140) ←</p>																					
138	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p>	<p>WATER IS AVAILABLE ..... 1</p> <p>WATER IS NOT AVAILABLE ..... 2</p>																					
139	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ... A</p> <p>ASH, MUD, SAND ..... B</p> <p>NONE ..... C</p>																					
140	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</p> <p>TEST SALT FOR IODINE.</p>	<p>0 PPM (NO IODINE) ..... 1</p> <p>BELOW 15 PPM ..... 2</p> <p>15 PPM AND ABOVE ..... 3</p> <p>NO SALT IN HH ..... 4</p> <p>SALT NOT TESTED ..... 6</p> <p>(SPECIFY REASON)</p>																					

**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

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→ 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"/> . <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
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"/> <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
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 _____			
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			
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			
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"/> <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			
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						

