

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEYS 2010  
HOUSEHOLD QUESTIONNAIRE

MINISTRY OF PLANNING  
NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH  
DIRECTORATE FOR GENERAL HEALTH

IDENTIFICATION			
DOMAIN .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
PROVINCE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
COMMUNE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
VILLAGE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
CLUSTER NUMBER .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		
HOUSEHOLD NUMBER .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>		

HOUSEHOLD SELECTED FOR MALE INTERVIEW, ANEMIA TEST AND ANTHROPOMETRIC MEASUREMENTS	YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>
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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>
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="width: 20px; height: 20px;"></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table>  TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 20px; height: 20px;"></table>	NAME _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the ministry of health and ministry of planning. We are conducting a survey about health all over Cambodia. 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		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<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 5-20 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 MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</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	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

**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		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	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?	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.	Did (NAME) attend school at any time during the (2009-2010) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
03	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
04	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
05	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
06	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
07	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
08	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
09	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
10	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE	
1 = PRIMARY	(01-06 FOR GRADE 1-6)	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19) 98 = DON'T KNOW
2 = LOWER SECONDARY	(07-09 FOR GRADE 7-9)	
3 = UPPER SECONDARY	(10-12 FOR GRADE 10-12)	
4 = HIGHER	(01-08 FOR YEAR 1-8)	
5 = PRE-PRIMARY	(00 FOR ANY YEAR)	
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LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
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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	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

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

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

- |                                    |                               |
|------------------------------------|-------------------------------|
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12	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
13	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
14	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
15	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
16	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
17	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
18	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
19	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
20	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 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>

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3 = UPPER SECONDARY	(10-12 FOR GRADE 10-12)	
4 = HIGHER	(01-08 FOR YEAR 1-8)	
5 = PRE-PRIMARY	(00 FOR ANY YEAR)	
8 = DON'T KNOW		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
50	Was any person of your household injured or killed in an accident in the past 12 months?	YES ..... 1 NO ..... 2 (GO TO 59) ←	
51	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.		
52	NAME INJURED/KILLED	NAME _____	NAME _____
53	Could you tell me in what type of accident (NAME) was injured or killed?	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE/ASSULT ..... 09 OTHER ..... 96 SPECIFY DON'T KNOW ..... 98	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE/ASSULT ..... 09 OTHER ..... 96 SPECIFY DON'T KNOW ..... 98
54	Is (NAME) still alive?	YES ..... 1 NO ..... 2 (GO TO 57) ←	YES ..... 1 NO ..... 2 (GO TO 57) ←
55	In your opinion, was (NAME)'s injury serious, moderate, or slight?	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8
56	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1).	LINE NUMBER ..... <input type="text"/> <input type="text"/> (GO TO 58) ←	LINE NUMBER ..... <input type="text"/> <input type="text"/> (GO TO 58) ←
57	Was (NAME)'s death due to the accident?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
58	GO BACK TO 52 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 59.		GO TO 52 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 59.

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES
59	Is there any person who usually lives in your household who has any type of physical impairment?		YES ..... 1 NO ..... 2 (GO TO 64A) ←
60	Please give me the name of each individual who has a physical impairment. ENTER THE LINE NUMBER AND NAME OF EACH PERSON WITH A PHYSICAL IMPAIRMENT. IF THERE ARE MORE THAN TWO PEOPLE WITH A PHYSICAL IMPAIRMENT, USE ADDITIONAL QUESTIONNAIRE.		
61	LINE NUMBER AND NAME FROM COL. (1) AND (2).	NAME _____ [ ] [ ] LINE NUMBER ..... [ ] [ ]	NAME _____ [ ] [ ] LINE NUMBER ..... [ ] [ ]
62	Has (NAME) been physically impaired since birth, or was (NAME)'s impairment due to an illness or accident?	SINCE BIRTH ..... 1 (SKIP TO 64) ← FROM ILLNESS ..... 2 ACCIDENT ..... 3 DON'T KNOW ..... 8	SINCE BIRTH ..... 1 (SKIP TO 64) ← FROM ILLNESS ..... 2 ACCIDENT ..... 3 DON'T KNOW ..... 8
63	What type of accident?	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE/ASSULT ..... 09 OTHER ..... 96 SPECIFY DON'T KNOW ..... 98	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE/ASSULT ..... 09 OTHER ..... 96 SPECIFY DON'T KNOW ..... 98
64	GO BACK TO 61 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 64A.		GO TO 61 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 64A.
64A	Is there any person who usually lives in your household who has any type of intellectual disability or mental impairment?		YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
65	Please tell me if any member of your household is sick, has an illness or an injury now or at any time in the last 30 days?	YES ..... 1 NO ..... 2 (GO TO 101) ←		
66	Now I would like to ask you some questions about each person who is sick/injured now or at any time in the last 30 days. Could you tell me his/her/their name(s)? Then we will talk about one person at a time.  ENTER THE LINE NUMBER AND NAME OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRE).			
67	LINE NUMBER AND NAME FROM COL. (1) AND (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 .....
68	In your opinion, was (NAME)'s illness/injury serious, moderate, or slight?	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DONT KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DONT KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DONT KNOW ..... 8
69	Was advice or treatment sought for (NAME)'s illness/injury?	YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN OR TO 101) ←	YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN OR TO 101) ←	YES ..... 1 NO ..... 2 (SKIP TO NEXT COLUMN OR TO 101) ←
70	Where was advice or treatment first sought for (NAME)'s illness/injury?  IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?  IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?  IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?  CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
71	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.70)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
72	<p>How much in total was spent on (NAME)'s treatment at the (NAME (NAME OF PLACE FROM Q.70)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
73	<p>After the first visit to (NAME OF PLACE FROM Q.70), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>
74	<p>For the second visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>

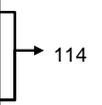
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
75	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.74)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
76	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.74)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
77	<p>After the second visit to (NAME OF PLACE FROM Q.74), was there a third visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 80A) ←</p>
78	<p>For the third visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/ NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OUTSIDE OF THE COUNTRY ... 41 OTHER ..... 96</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
79	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.78)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
80	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.78)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS. IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
80A		GO BACK TO 68 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 81.	GO BACK TO 68 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 81.	GO BACK TO 68 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 81.
81	<p>Where did the money come from to pay for transportation and treatment for the (two/three) member(s) of your household who had an illness/injury over the past 30 days?</p> <p>RECORD ALL MENTIONED</p>	<p>COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>HEALTH EQUITY FUND ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D</p> <p>WAGES/POCKET MONEY ..... E</p> <p>GIFT FROM RELATIVE/FRIEND ..... F</p> <p>SAVINGS ..... G</p> <p>BORROW FROM (NO INTEREST) ..... H</p> <p>LOAN (WITH INTEREST) ..... I</p> <p>SALE OF ASSETS ..... J</p> <p>NGO ..... K</p> <p>TONG TIN ..... L</p> <p>OTHER _____ X</p> <p>(Specify)</p>		





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" data-bbox="1221 831 1318 890"> <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 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>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 television? .....</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 wardrobe .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A sewing machine or loom .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A CD/DVD player? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A generator/battery/solar panel .....</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 television? .....	1	2	A mobile telephone? .....	1	2	A non-mobile telephone? .....	1	2	A refrigerator? .....	1	2	A wardrobe .....	1	2	A sewing machine or loom .....	1	2	A CD/DVD player? .....	1	2	A generator/battery/solar panel .....	1	2	
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A generator/battery/solar panel .....	1	2																																		
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 COAL, LIGNITE ..... 05 CHARCOAL ..... 06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 114																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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)	
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/CLAY ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT TILES ..... 34 CEMENT ..... 35 FLOATING HOUSE ..... 41 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 BAMBOO/THATCH/PALM LEAF ..... 12 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 22 CARDBOARD ..... 23 PLASTIC SHEET ..... 24 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CLAY TILES ..... 35 CEMENT ..... 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 PALM/BAMBOO/THACH ..... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STRAW WITH MUD ..... 22 STONE WITH MUD ..... 23 UNCOVERED ADOBE ..... 24 PLYWOOD ..... 25 CARDBOARD ..... 26 REUSED WOOD ..... 27 METAL ..... 28 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 or cyclo? A motorcycle or motor scooter? A motorcycle-cart A oxcart or horsecart? A car or truck or van? A boat with a motor? A boat without a motor?	<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>WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE/CYCLO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE-CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OXCART/HORSECART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK/VAN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE/CYCLO .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	MOTORCYCLE-CART .....	1	2	OXCART/HORSECART .....	1	2	CAR/TRUCK/VAN .....	1	2	BOAT WITH MOTOR .....	1	2	BOAT WITHOUT MOTOR ...	1	2																																		
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BOAT WITHOUT MOTOR ...	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?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 15%;">SQ. METER</td> <td style="width: 5%;">1</td> <td style="width: 15%;"><input type="text"/></td> </tr> <tr> <td>A</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>HECTARES</td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>RAY</td> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>KONG</td> <td>5</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">DON'T KNOW .....</td> <td colspan="8" style="text-align: right;">999998</td> </tr> </tbody> </table>	SQ. METER	1	<input type="text"/>	A	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HECTARES	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RAY	4	<input type="text"/>	KONG	5	<input type="text"/>	DON'T KNOW .....		999998																													
SQ. METER	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
A	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
HECTARES	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
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KONG	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
DON'T KNOW .....		999998																																																													
121	Does this household own any livestock, herds, other farm animals, 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>Water buffalo</p> <p>Cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats/sheep?</p> <p>Pigs?</p> <p>Chickens or ducks?</p> <p>Elephant?</p> <p>Other _____  specify</p>	<p>WATER BUFFALO .....</p> <p>COWS/BULLS .....</p> <p>HORSES/DONKEYS/MULES .....</p> <p>GOATS/SHEEPS .....</p> <p>PIGS .....</p> <p>CHICKENS/DUGS .....</p> <p>ELEPHANT .....</p> <p>OTHER .....</p> <table border="1" data-bbox="1221 285 1318 726"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			
123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4	→ 140
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... C	
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2  NO SALT IN HOUSEHOLD ..... 3  SALT NOT TESTED _____ 6 (SPECIFY REASON)	
141	ASK RESPONDENT TO SEE THE PACKAGE OR CAN OF THE COOKING SALT, AND CHECK THE LABEL.	LABELED IODIZED SALT ..... 1 NOT LABELED IODIZED SALT ..... 2  NO SALT PACKAGE/CAN IN HOUSEHOLD ..... 3	
142	Has this household been identified as poor through the Identification of Poor Households process conducted by village representatives, and been placed on the List of Poor Households or received an Equity Card or Priority Access Card?  ASK TO SEE THE EQUITY/PRIORITY ACCESS CARD	YES, EQUITY/PRIORITY ACCESS CARD SEEN ..... 1 YES, CARD NOT SEEN ..... 2 OTHER CARD (NOT EQUITY/PRIORITY ACCESS CARD) ..... 3 NO ..... 4	
143	Do members of this household receive free or subsidized health care that other people would normally have to pay for?	YES ..... NO .....	→ 201
144	What are free and/or subsidized health care that any member of this household received?	HEALTH EQUITY FUNDS ..... A COMMUNITY BASED HEALTH INSURANCE ..... B MATERNITY VOUCHER ..... C OTHER _____ D SPECIFY	

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

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> NAME _____
203	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"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	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
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.) RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>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.</p> <p>We ask that all children born in 2005 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 CHILD/NAMES OF CHILDREN) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (11).	G/DL <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	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 _____
203	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	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
206	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
207	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
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD 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"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>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.</p> <p>We ask that all children born in 2005 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (11).	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	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 _____
216	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
217	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
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. 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"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>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 to take 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 will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228)

		WOMAN 1	WOMAN 2	WOMAN 3
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>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 to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 take the anemia test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ ← (SIGN)  (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ ← (SIGN)  (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ ← (SIGN)  (IF REFUSED, GO TO 226)
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
240	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

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: \_\_\_\_\_