

**DEMOGRAPHIC AND HEALTH SURVEY 2006/7
HOUSEHOLD QUESTIONNAIRE**

Name of Country : **Sri Lanka**

Name of Organization : **Department Of Census & Statistics.**

| IDENTIFICATION | |
|---|--|
| Cluster No : | |
| Unique Household Number within the Cluster: | |
| Province & District : | |
| D.S. Division : | |
| Sector (Urban/ Rural/ Estate) : | |
| G.N. Division : | |
| Ward/Village/Estate : | |
| Census Block Number (PSU) : | |
| Housing Unit Number (SSU): | |
| Listing was done using (F1=1, RF1=2, Camps=3): | |
| Tsunami affected housing unit or not (Affected = 1, Not affected = 2) | |
| Household Number Within the Housing Unit : | |
| Name of Household Head : | |

(* For office use only)

| INTERVIEWER VISITS | | | | |
|--|--------------------------|--------------------------|--------------------------|---|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | DAY MONTH YEAR INT. NUMBER FINAL RESULT |
| INTERVIEWER'S NAME | | | | |
| RESULT* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NEXT VISIT: DATE | | | | TOTAL NUMBER OF VISITS |
| 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 TOTAL ELIGIBLE WOMEN IN HOUSEHOLD LINE NO. OF RESPONDENT QUESTIONNAIRE |
| COUNTRY-SPECIFIC INFORMATION: Language of Questionnaire : Native language of Respondent : Language of Interview : Sinhala =1 Tamil =2 English =3 Translator used : Yes 1 No 2 | | | | NOW RECORD THE TIME IN 24 HOURS TIME. HOURS MINUTES |

| | | |
|-------------------------------------|---|-------------|
| GIS Information | | No. |
| GIS 1 Operator name and number | : | |
| GIS 2 Day/Month/Year of measurement | : | |
| GIS 3 Waypoint name | : | |
| GIS 4 Latitude | : | (N) Degrees |
| GIS 5 Longitude | : | (E) Degrees |

| | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|---------------------------------|
| SUPERVISOR NAME DATE | FIELD EDITOR NAME DATE | OFFICE EDITOR NAME DATE | KEYED BY NAME DATE |
|-----------------------------------|-------------------------------------|--------------------------------------|---------------------------------|

SECTION A - HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | DEMOGRAPHIC CHARACTERISTICS | | | | | | | ALL PERSONS | | ELIGIBILITY | |
|----------|------------------------------|-----------------------------------|------------|---------------------------|--------------------------------|----------------------------------|---|----------------|---|--|---|---|
| | | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | DATE OF BIRTH & AGE | | MARITAL STATUS | NON COMMUNICABLE DISEASES | | Circle line number of all eligible women (Code 1 in col. 5 or 6 & code 1,2,3 in col. 9 & age 15-49) | Circle line number of all eligible children born after January 2001 |
| | | | | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | Record the year and month of birth (If does not know estimate only the year and put '00' for the month) | | Age as at last birthday If less than 1 year record '00' | What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER 5 = MARRIED BUT NOT IN UNION | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10A) | (10B) | (11) | (12) |
| 01 | | | M F 1 2 | Y N 1 2 | Y N 1 2 | YEAR MONTH [][] [][] | YEARS [][] | [] | Y N DK 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 01 | 01 |
| 02 | | | 1 2 | 1 2 | 1 2 | [][][][][][] | [][][][] | [] | 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 02 | 02 |
| 03 | | | 1 2 | 1 2 | 1 2 | [][][][][][] | [][][][] | [] | 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 03 | 03 |
| 04 | | | 1 2 | 1 2 | 1 2 | [][][][][][] | [][][][] | [] | 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 04 | 04 |
| 05 | | | 1 2 | 1 2 | 1 2 | [][][][][][] | [][][][] | [] | 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 05 | 05 |
| 06 | | | 1 2 | 1 2 | 1 2 | [][][][][][] | [][][][] | [] | 1 2 8 GO TO 11 | A B C D E F [][][][][][] | 06 | 06 |

SECTION B - HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--------------------------------------|
| B1 | <p>What is the main source of drinking water for members of your household?</p> <p>CIRCLE THE RELEVANT CODE</p> | <p>PIPED WATER</p> <p style="padding-left: 20px;">PIPED INTO DWELLING 11</p> <p style="padding-left: 20px;">PIPED TO YARD/PLOT 12</p> <p style="padding-left: 20px;">PUBLIC TAP 13</p> <p>TUBE WELL 21</p> <p>DUG WELL</p> <p style="padding-left: 20px;">PROTECTED WELL 31</p> <p style="padding-left: 20px;">UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p style="padding-left: 20px;">PROTECTED SPRING 41</p> <p style="padding-left: 20px;">UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>BOWSER 61</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p> | |
| B2 | <p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p>CIRCLE THE RELEVANT CODE</p> | <p>PIPED WATER</p> <p style="padding-left: 20px;">PIPED INTO DWELLING 11</p> <p style="padding-left: 20px;">PIPED TO YARD/PLOT 12</p> <p style="padding-left: 20px;">PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p style="padding-left: 20px;">PROTECTED WELL 31</p> <p style="padding-left: 20px;">UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p style="padding-left: 20px;">PROTECTED SPRING 41</p> <p style="padding-left: 20px;">UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>BOWSER 61</p> <p>SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p> | |
| B3 | Where is that source of drinking water located? | <p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p> | <input type="checkbox"/> → B6 |
| B4 | How long does it take to go there, get water, and come back? | <p>MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW 998</p> | |
| B5 | <p>Who usually goes to this source to fetch the water for your household?</p> <p>CIRCLE THE RELEVANT CODE</p> | <p>FEMALE CHILD /ADULT WOMEN</p> <p style="padding-left: 20px;">15 YEARS OR OVER 15 YEARS 1</p> <p>MALE CHILD /ADULT MAN</p> <p style="padding-left: 20px;">15 YEARS OR OVER 15 YEARS 2</p> <p>FEMALE CHILD</p> <p style="padding-left: 20px;">UNDER 15 YEARS 3</p> <p>MALE CHILD</p> <p style="padding-left: 20px;">UNDER 15 YEARS 4</p> | |
| B6 | Do you do anything to the water to make it safer to drink? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <input type="checkbox"/> → B8 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------------------|
| B15 | Is the cooking usually done in the home, in the separate building, temporary hut or out doors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 TEMPORARILY HUT 3 OUT DOORS 4 OTHER 6 (SPECIFY) | <div>→ B17</div> |
| B16 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| B17 | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. CIRCLE THE RELEVANT CODE. | NATURAL FLOOR SAND 11 DUNG/EARTH 12 RUDIMENTARY FLOOR WOOD PLANKS 21 BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES/TERASO 33 CEMENT/CONCRETE 34 OTHER 96 (SPECIFY) | |
| B18 | MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. CIRCLE THE RELEVANT CODE. | NATURAL ROOFING STRAW/PALM LEAF/CADJAN/ILUCK ... 12 RUDIMENTARY ROOFING CARDBOARD/CARTON 24 FINISHED ROOFING METAL/TINSHEET/TAR SHEETS 31 TILES 34 CEMENT/CONCRETE 35 ASBESTOS 37 OTHER 96 (SPECIFY) | |
| B19 | MAIN MATERIAL OF THE EXTERIOR WALLS. CIRCLE THE RELEVANT CODE. | NATURAL WALLS CADJAN/PALM/TRUNKS 12 RUDIMENTARY WALLS BAMBOO WITH MUD 21 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS BRICKS WITH LIME/CEMENT BRICKS 32 CEMENT BLOCKS 34 COVERED ADOBE 35 OTHER 96 (SPECIFY) | |
| B20 | How many rooms in this household are used for sleeping? | ROOMS <div><div></div><div></div></div> | |
| B21 | Does any member of this household own: (For the member who have <u>permanent residence</u> in this house hold) A bicycle? A motorcycle or motor scooter? A trishow ? A tractor or land master ? A motor car/Van/Bus/Lorry ? A boat with a motor? | <div>YES NO</div> BICYCLE 1 2 MOTORCYCLE/SCOOTER ... 1 2 TRISHOW 1 2 TRACTOR/LAND MASTER 1 2 MOTOR CAR/VAN/BUS/LORRY ... 1 2 BOAT WITH MOTOR 1 2 | |
| B22 | Does any member of this household own any agricultural land? (For the member who have <u>permanent residence</u> in this house hold) | YES 1 NO 2 | → B24 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|----------------|
| B23 | How many hectares of agricultural land do members of this household own? | <div> <div>ACRES</div> <div> <div></div><div></div> </div> </div> <div> <div>RUDE</div> <div> <div></div> </div> </div> <div> <div>PURCHES</div> <div> <div></div><div></div> </div> </div> <div> 95 OR MORE ACRES 95 DON'T KNOW 98 </div> | |
| B24 | Does this household own any livestock, herds, other farm animals, or poultry? (For the member who have <u>permanent residence</u> in this house hold) | YES 1 NO 2 | → B26 |
| B25 | How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. | <div> <div>NEAT CATTLE/BUFFALOE</div> <div> <div></div><div></div> </div> </div> <div> <div>COWS/BUFFALOE COWS</div> <div> <div></div><div></div> </div> </div> <div> <div>GOATS</div> <div> <div></div><div></div> </div> </div> <div> <div>CHICKENS</div> <div> <div></div><div></div> </div> </div> <div> <div>PIGS</div> <div> <div></div><div></div> </div> </div> | |
| B26 | Dose any member of this household have a bank account ? (For the member who have <u>permanent residence</u> in this house hold) | YES 1 NO 2 | |
| B27 | Does this household own this property, lease this property, rent this property or live rent free in this property ? If the information about the ownership of the property given by the respondent is not clear, writedown the description briefly. _____ _____ _____ | OWN SOLE 1 FAMILY/NOT DIVIDED 2 LEASE 3 RENT 4 LIVE RENT FREE 5 QUARTERS 6 | → B29 → B33 |
| B28 | What kind to documents can you show for the ownership or lease of this property ? Anything else ? Record all items mentioned. If circle more than one code follow the skip instruction for highest method on list. | LAND REGISTRATION CERTIFICATE A TITLE DEED TO DWELLING B PURCHASE AGREEMENT FOR LAND C LAEASE AGREEMENT FOR LAND D CERTIFICATE OF OCCUPATION (OR ADJUDICATION CERTIFICATE) E PROPERTY TAX CERTIFICATION F UTILITY BILLS G OTHER X (SPECIFY) NONE Z | → B33 → B30 |
| B29 | What kind of documents can you show for the rental of this property ? Anything else ? Record all items mentioned. | REGISTERED LEASE AGREEMENT A UNREGISTERED LEASE AGREEMENT ... B INFORMAL AGREEMENT (WRITTEN) ... C VERBAL AGREEMENT (NO DOCUMENT) ... D OCCUPIED RENT FREE WITH KNOWLEDGE OF OWNER E WITHOUT KNOWLEDGE OF OWNER F OTHER X (SPECIFY) NONE Z | → B33 |
| B30 | Do you feel secure from eviction in this property ? | YES 1 NO 2 DK 8 | → B33 |
| B31 | Now I would like to ask you how secure you feel about your occupancy of your home. Do you feel : CIRCLE THE MOST APPROPRIATE CODES | VERY SECURE, WON'T BE EVICTED ... 1 SOMEWHAT SECURE, EVICTION UNLIKELY 2 NEITHER SECURE NOR INSECURE 3 SOMEWHAT INSECURE, CHANCE OF EVICTION 4 NOT AT ALL SECURE, EVICTION LIKELY ... 5 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--------|--|---|----------|
| B32 | In the past 5 years, have you ever been evicted ? | YES 1 NO 2 | |
| B33 | Household located in a hazardous location. Record all that apply. After observation or probing, circle the code. | LANDSLIDE ZONE A FLOOD-PRONE AREA B RIVER BANK C STEEP HILL D GARBAGE MOUNTAIN/PILE E INDUSTRIAL POLLUTION AREA F RAILROAD G INSECURE AREA DUE TO OTHER ENVIRONMENTAL FACTORS X (SPECIFY) NONE Z | |
| B34 | Bad maintenance Record all that apply. After observation or probing, circle the code. | CRACKS/OPENINGS IN WALLS A NO WINDOWS B WINDOWS WITH BROKEN/NO GLASS ... C VISIBLE HOLES IN THE ROOF D DAMAGED FLOOR E OTHER X (SPECIFY) NONE Z | |
| B35 | Vulnerability to accidents and manmade disasters Record all that apply. After observation or probing, circle the code. | VERY NARROW PASSAGE BETWEEN HOUSE INSTEAD OF ROAD A ROOFS TOUCHING EACH OTHER B PHONE AND POWER CABLE EASILY ACCESSIBLE BY INHABITANT C TRANSFORMERS D TRANSMISSION POST E OTHER X (SPECIFY) NONE Z | |
| B36 | What are the methods of disposing the usual garbage in your house. Record all that apply. | JUST DUMPING EVERYTHING ON GROUND ON THE PREMISES A BURNING EVERYTHING B BURYING EVERYTHING C JUST DUMPING EVERYTHING BY THE SIDE OF ROAD D HANDING OVER TO THE MC/UC PRADESHIYASABA E SEGREGATING AND RECYCLING OF PAPER, BOTTLES AND POLYTHENE ETC F COMPOSTING OF ORGANIC REFUSE G OTHER X (SPECIFY) | |
| B37(A) | Have you been using any method to protect you and your family from mosquitoes ? | YES 1 NO 2 | → B50(A) |
| B37(B) | If "Yes" , state 3 main methods you adopt to protect yourself. Can circle upto 3 methods | BED NETS A LIGHTING COILS B USE MOSQUITO REPELENT CREAM C WINDOW NET D OTHER (SPECIFY) X | |
| B37(C) | Household has mosquito nets <input type="checkbox"/> House hold does not have mosquito nets <input type="checkbox"/> | → B50(A) | |
| B38 | How many mosquito nets does your household have? IF 6 OR MORE NETS, RECORD '6'. | NUMBER OF NETS <input type="text"/> | |

| | NET #1 | NET #2 | NET #3 | NET #4 | NET #5 | NET #6 |
|-----|--|---|---|---|---|---|
| B39 | ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED 1 NOT OBSERVED . 2 | OBSERVED 1 NOT OBSERVED . 2 | OBSERVED 1 NOT OBSERVED . 2 | OBSERVED 1 NOT OBSERVED . 2 | OBSERVED 1 NOT OBSERVED . 2 |
| B40 | How did you get the mosquito net? | DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____ | DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____ | DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____ | DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____ | DONATION 1 BOUGHT 2 HOME MADE 3 OTHER 4 SPECIFY _____ |
| B41 | How many months ago did you receive/bought the net? IF LESS THAN ONE MONTH, RECORD '00'. | MONTHS _____ AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS _____ AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS _____ AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS _____ AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS _____ AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98 |
| B42 | What is the size of the net? | SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5 | SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5 | SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5 | SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5 | SINGLE 1 DOUBLE 2 FAMILY SIZE 3 RECTANGLE SMALL 4 RECTANGLE LARGE 5 |
| B43 | What is the type of the net? (ASK THIS QUESTION TO CHECK WHETHER THE NET IS TREATED OR NOT) | PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to B47) TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to B45) NORMAL NETS 3 | PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to 47) TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to 45) NORMAL NETS 3 | PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to 47) TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to 45) NORMAL NETS 3 | PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to 47) TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to 45) NORMAL NETS 3 | PERMANENTLY TREATED WITH MOSQUITO INSECTICIDES 1 (skip to 47) TEMPORARY TREATED WITH MOSQUITO INSECTICIDES 2 (skip to 45) NORMAL NETS 3 |
| B44 | When you received/bought the net was it treated with mosquito insecticides? | YES 1 (SKIP TO B47) NO 2 NOT SURE 8 | YES 1 (SKIP TO B47) NO 2 NOT SURE 8 | YES 1 (SKIP TO B47) NO 2 NOT SURE 8 | YES 1 (SKIP TO B47) NO 2 NOT SURE 8 | YES 1 (SKIP TO B47) NO 2 NOT SURE 8 |
| B45 | Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES 1 NO 2 (SKIP TO B47) NOT SURE 8 | YES 1 NO 2 (SKIP TO B47) NOT SURE 8 | YES 1 NO 2 (SKIP TO B47) NOT SURE 8 | YES 1 NO 2 (SKIP TO B47) NOT SURE 8 | YES 1 NO 2 (SKIP TO B47) NOT SURE 8 |

| | NET #1 | NET #2 | NET #3 | NET #4 | NET #5 | NET #6 |
|-----|---|--|--|--|--|--|
| B46 | How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'. | MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98 |
| B47 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO B50A) <input type="text"/> <input type="text"/> NOT SURE 8 | YES 1 NO 2 (SKIP TO B50A) <input type="text"/> <input type="text"/> NOT SURE 8 | YES 1 NO 2 (SKIP TO B50A) <input type="text"/> <input type="text"/> NOT SURE 8 | YES 1 NO 2 (SKIP TO B50A) <input type="text"/> <input type="text"/> NOT SURE 8 | YES 1 NO 2 (SKIP TO B50A) <input type="text"/> <input type="text"/> NOT SURE 8 |
| B48 | Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| B49 | | GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A) | GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A) | GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A) | GO BACK TO B39 FOR NEXT NET; OR, IF NO MORE NETS, GO TO B50(A) | GO TO B39 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO B50(A) |

| NO. | QUESTIONS AND FILTERS | CODING CATAGORIES |
|--------|--|---|
| B50(A) | Is iodized salt available to buy in your area ? | YES 1 NO 2 NOT KNOWN 9 |
| B50(B) | Do you use idozed salt for cooking purposes ? | YES 1 NO 2 NO FOOD COOKED IN THE HOUSEHOLD 3 → B60 NO KNOWN 9 |
| B50(C) | What type of salt do you use for cooking purposes ? | CRYSTALS 1 POWDERED 2 NOT KNOWN 9 } → B51 |
| B50(D) | Do you wash salt before applying foods ? | YES 1 NO 2 NOT KNOWN 9 |
| B51 | Do the experiment by using the salt bought from the boutique for cooking purposes but not by salt taken from the salt pot that using day to day cooking. When the salt was tested for iodine, did the colour of the tested salt turn to blue / violet colour ? CIRCLE THE RELEVANT CODE. | COLOUR OF SALT CHANGED FROM THE SOLUTION 1 COLOUR OF SALT DID NOT CHANGE FROM THE SOLUTION 2 |

Go back to the identification section of the household schedule and complete any remaining questions of it.
 Next complete the individual schedule for the eligible respondent from page 18 onwards

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

| | | | | | |
|---|---|--|--|--|--|
| B60 | CHECK QUESTION 12 OF SECTION A. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE LIVING CHILDREN BORN SINCE JANUARY 2001 IN QUESTION B61. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL FORM (FORM 01) | | | | |
| | | LAST BIRTH | NEXT TO LAST BIRTH | SECOND FROM LAST BIRTH | THIRD FROM LAST BIRTH |
| B61 | LINE NUMBER (FROM COLUMN 12 OF SECTION A) NAME (FROM COLUMN 2 OF SECTION A) | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____ |
| B62 | What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR. | 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"/> | 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"/> |
| B63 | CHECK B62 CHILD BORN IN JANUARY 2001 OR LATER? | YES 1 NO 2 (GO TO B74) ← | YES 1 NO 2 (GO TO B74) ← | YES 1 NO 2 (GO TO B74) ← | YES 1 NO 2 (GO TO B74) ← |
| B64 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| B65 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> | KG. <input type="text"/> <input type="text"/> <input type="text"/> | KG. <input type="text"/> <input type="text"/> <input type="text"/> | KG. <input type="text"/> <input type="text"/> <input type="text"/> |
| B66 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| B67 | RESULT OF WEIGHT AND HEIGHT MEASUREMENT MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | Height Weight 1 1 2 2 3 3 6 6 | Height Weight 1 1 2 2 3 3 6 6 | Height Weight 1 1 2 2 3 3 6 6 | Height Weight 1 1 2 2 3 3 6 6 |
| B68 | CHECK B62 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 B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2 | 0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2 | 0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2 | 0-5 MONTHS 1 (GO TO B61 FOR NEXT CHILD OR, IF NO MORE, GO TO B74) ← OLDER 2 |
| B69 | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 OF SECTION A) 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"/> | LINE NUMBER ... <input type="text"/> <input type="text"/> |
| B70 | READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN. | GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72) | GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72) | GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72) | GRANTED 1 _____ (NAME) ← _____ (SIGN) REFUSED 2 (IF REFUSED, GO TO B72) |
| B71 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | G/DL . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| B72 | RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 |
| B73 | GO BACK TO B61 IN NEXT COLUMN IN THIS QUESTIONNAIRE. IF NO MORE CHILDREN FOR THE RESPONDENT GO TO B74. USE THE FORM 02 FOR THE CHILDREN LISTED IN SECTION A IN THE SAME AGE GROUP BUT WHO ARE NOT THE CHILDREN OF RESPONDENT. | | | | |
| IF ADDITIONAL FORMS WERE USED RECORD THE NO. OF FORMS HERE. IF NOT USED RECORD '0' IN THE BOX. | | FORM 01 <input type="text"/> | | FORM 02 <input type="text"/> | |

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

Read consent statement to each respondent.

Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The government need to develop programmes to prevent and treat Anemia and want to gather information needed for the purpose, through this survey. This survey will assist the government for the purpose. Therefore we take a blood sample for testing Anemia as a part of this survey. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

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

Do you have any questions?

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

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

Record the response in Q. No B70

SECTION BII - WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN 15-49

| B74 | CHECK QUESTION 11 OF SECTION A.. RECORD THE LINE NUMBER AND NAME OF ELIGIBLE WOMEN IN QUESTION B75. A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN QUESTION B83 FOR EACH ELIGIBLE WOMAN. | | | | | | | | | | | |
|--------|--|--|--------|--------|---|---|---|---|---|---|---|---|
| | | MOTHER OF THE CHILD/REN-ELIGIBLE WOMAN | | | | | | | | | | |
| B75 | LINE NUMBER (FROM COLUMN 11 OF SECTION A) NAME (FROM COLUMN 2 OF SECTION A) | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | | | | | | | | | | |
| B76 | AGE AS AT LAST BIRTHDAY (FROM COLUMN 8 OF SECTION A) | AGE (IN YEARS) <input type="text"/> <input type="text"/> | | | | | | | | | | |
| B77 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | | | | | | | | | | |
| B78 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | | | | | | | | | | |
| B79 | RESULT OF WEIGHT AND HEIGHT MEASUREMENT MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | <table> <tr> <th>Height</th> <th>Weight</th> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>6</td> <td>6</td> </tr> </table> | Height | Weight | 1 | 1 | 2 | 2 | 3 | 3 | 6 | 6 |
| Height | Weight | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | |
| B80 | READ ANEMIA TEST CONSENT STATEMENT TO THE RESPONDENT. | <div> <div>GRANTED</div> <div>1</div> <div>_____</div> <div>(NAME)</div> <div>_____</div> <div>(SIGN)</div> <div>RESPONDENT</div> <div>REFUSED</div> <div>2</div> <div>(IF REFUSED, GO TO B84).</div> </div> | | | | | | | | | | |
| B81 | PREGNANCY STATUS: CHECK Q.226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DK 8 | | | | | | | | | | |
| B82 | CHECK QUESTION B80 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. | | | | | | | | | | | |
| B83 | RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> _____ _____ _____ | | | | | | | | | | |
| B84 | RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT | MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 | | | | | | | | | | |
| B85 | BAR CODE LABEL | PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | | | | | | | | | | |

CONSENT STATEMENT FOR ANEMIA TEST

Read consent statement to each respondent.

Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The government need to develop programmes to prevent and treat Anemia and want to gather information needed for the purpose, through this survey. This survey will assist the government for the purpose. Therefore we take a blood sample for testing Anemia as a part of this survey. This survey will assist the government to develop programs to prevent and treat anemia.

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

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

Do you have any questions?

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

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

Record the response in Q. No B80