

MINISTRY OF HEALTH  
CENTER FOR PREVENTIVE MEDICINE

REPUBLIC OF MOLDOVA

IDENTIFICATION																
LOCALITY NAME _____	<table border="1" style="border-collapse: collapse; width: 40px; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> </table>															
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER .....																
HOUSEHOLD NUMBER .....																
MUNICIPIUL/RAIONUL _____																
RESIDENCE (URB=1, RUR=2) .....																
HOUSEHOLD SELECTED FOR <u>MALE SURVEY</u> ..... (YES=1, . NO=2)	<input type="checkbox"/>															

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	2	0	0	5				
2	0	0	5									
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>								
TIME	_____	_____										
<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p>								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____	NAME _____	_____	_____										
DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>		

1A	RECORD THE TIME.	HOUR ..... MINUTES .....	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				

**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY			LINE NO.	SURVIVAL OF BIRTH	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CHECK IF HH IS SELECTED FOR MALE SURVEY	Is (NAME)'s natural mother alive?		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	
(1)	(2)	(3)	M F	YES NO	YES NO	IN YEARS	(8)	(9)	(9A)	(10)	(11)		
01			1 2	1 2	1 2		01	01	01	01	1 2 8 GO TO 12		
02			1 2	1 2	1 2		02	02	02	02	1 2 8 GO TO 12		
03			1 2	1 2	1 2		03	03	03	03	1 2 8 GO TO 12		
04			1 2	1 2	1 2		04	04	04	04	1 2 8 GO TO 12		
05			1 2	1 2	1 2		05	05	05	05	1 2 8 GO TO 12		
06			1 2	1 2	1 2		06	06	06	06	1 2 8 GO TO 12		
07			1 2	1 2	1 2		07	07	07	07	1 2 8 GO TO 12		
08			1 2	1 2	1 2		08	08	08	08	1 2 8 GO TO 12		

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

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE		ELIGIBILITY			LINE NO.	SURVIVAL OF B	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	CHECK IF HH IS SELECTED FOR MALE SURVEY	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	Is (NAME)'s natural mother alive?		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)			
09			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	09	11	09	09	Y N DK 1 2 8 GO TO 12 NO ...00			
10			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	10	12	10	10	Y N DK 1 2 8 GO TO 12 NO ...00			
11			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	11	13	11	11	Y N DK 1 2 8 GO TO 12 NO ...00			
12			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	12	14	12	12	Y N DK 1 2 8 GO TO 12 NO ...00			
13			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	13	15	13	13	Y N DK 1 2 8 GO TO 12 NO ...00			
14			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	14	16	14	14	Y N DK 1 2 8 GO TO 12 NO ...00			
15			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	15	17	15	15	Y N DK 1 2 8 GO TO 12 NO ...00			
16			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [ ][ ]	16	18	16	16	Y N DK 1 2 8 GO TO 12 NO ...00			

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

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

ORSHIP AND RESIDENCE BIOLOGICAL PARENTS				LINE NO.	EDUCATION						BIRTH REGISTRATION
IF AGE 0-17 YEARS					IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4
Where does (NAME)'s natural mother live?*	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Where does (NAME)'s natural father live?*		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?****	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?*	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004) ?	During that school year, what level and grade did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? ****
(11A)	(12)	(13)	(13A)		(14)	(15)	(16)	(17)	(18)	(19)	(20)
A O I DK	Y N DK		A O I DK		YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	C R N DK
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	01	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	02	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	03	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	04	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	05	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	06	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	07	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="text"/> GO TO 14 NO .....00	1 2 3 8	08	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 18	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 3 8

\*\* CODES FOR Qs 11A AND 13A  
A = ABROAD  
O = OTHER HH  
I = INSTITUTION  
DK = DON'T KNOW

2ND INCOMPLETE  
2ND COMPLETE  
2ND COMPLETE  
2ND +  
2ND +  
2ND +

\*\*\* CODES FOR Qs. 15, 17 AND 19  
EDUCATION LEVEL:  
0 = PRESCHOOL, NURSERY SCHOOL  
1 = PRIMARY (GR 1-4)  
2 = GYMNASIUM (GR 5-9)  
3 = LYCEUM/MIDDLE SCHOOL (GR 10-12)  
4 = POLIVALENT/SPT/MESERII  
5 = COLLEGE/TECHNICAL SCHOOL  
6 = UNIVERSITY/POST-GRAD  
8 = DONT KNOW

\*\*\*\* CODES FOR Q.20  
C = CERTIFICATE (REGISTERED WITH CIVIL AUTHORITY)  
R = REGISTRATION (EX. CONSTATATOR DE NASTERE)  
N = NEITHER  
DK = DON'T KNOW  
EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED, OR PRE-SCHOOL  
(FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 17 AND 19)  
98 = DON'T KNOW

ORSHIP AND RESIDENCE BIOLOGICAL PARENTS				LINE NO.	EDUCATION						BIRTH REGISTRATION
IF AGE 0-17 YEARS					IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4
Where does (NAME)'s natural mother live?*	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Where does (NAME)'s natural father live?*		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?*	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004) ?	During that school year, what level and grade did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? ****
(11A)	(12)	(13)	(13A)		(14)	(15)	(16)	(17)	(18)	(19)	(20)
A O I DK	Y N DK		A O I DK		YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	C R N DK
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	09	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	10	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	11	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	12	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	13	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	14	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	15	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8
1 2 3 8	1 2 8 ↓ GO TO 14	<input type="checkbox"/> GO TO 14 NO .....00	1 2 3 8	16	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 18	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 8

\*\*\* CODES FOR Qs 11A AND 13A  
A = ABROAD  
O = OTHER HH  
I = INSTITUTION  
DK = DON'T KNOW

Just to make sure that I have a complete household listing:

- Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 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  ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES  ENTER EACH IN TABLE NO

20A Now please tell me if there is anyone who used to be a member of this household and now resides outside of Moldova?

YES       NON       SKIP TO 20K  
 If yes, how many? \_\_\_\_\_

(20B)	(20C)	(20D)	(20E)	(20F)	(20G)	(20H)	(20J)
RELATIONSHIP TO HH HEAD	SEX	CURRENT COUNTRY OF RESIDENCE	YEAR FIRST LEFT	REASON FOR LEAVING MOLDOVA	CHILDREN OF EMIGRANT IN HH	CHILDREN OF EMIGRANT ELSEWHERE IN MOLDOVA	
Please list the first names of the persons who used to reside in this household who are now living in another country.	What is the relationship of [NAME] to head of HH? *	Is [NAME] male or female?	In what country does [NAME] live now?	How old is [NAME] now?	In what year did NAME first leave Moldova to reside in another country?	What was his/her main motive for first leaving the country?	Does [NAME] have any (other) natural children age 0-17 who live in Moldova, but not in this household? IF YES, ASK: How many of his/her children live in Moldova?
(20B)	(20C)	(20D)	(20E)	(20F)	(20G)	(20H)	(20J)
01	<input type="checkbox"/> M <input type="checkbox"/> F 1 2	<input type="checkbox"/> (SPECIFY)	YEAR <input type="checkbox"/> <input type="checkbox"/>	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY ..... 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DONT' KNOW ..... 8	YES ..... 1 LINE NOS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	
02	<input type="checkbox"/> M <input type="checkbox"/> F 1 2	<input type="checkbox"/> (SPECIFY)	YEAR <input type="checkbox"/> <input type="checkbox"/>	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY ..... 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DONT' KNOW ..... 8	YES ..... 1 LINE NOS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	
03	<input type="checkbox"/> M <input type="checkbox"/> F 1 2	<input type="checkbox"/> (SPECIFY)	YEAR <input type="checkbox"/> <input type="checkbox"/>	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY ..... 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DONT' KNOW ..... 8	YES ..... 1 LINE NOS. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. <input type="checkbox"/>	

\* SEE CODES FOR Q. 3

	RELATIONSHIP TO HH HEAD	SEX	CURRENT COUNTRY OF RESIDENCE	YEAR FIRST LEFT	REASON FOR LEAVING MOLDOVA	CHILDREN OF EMIGRANT IN HH	CHILDREN OF EMIGRANT ELSEWHERE IN MOLDOVA
(20B)	(20C)	(20D)	(20E)	(20F)	(20H)	(20J)	(20J)
Please list the first names of the persons who used to reside in this household who are now living in another country.	What is the relationship of [NAME] to head of HH? *	Is [NAME] male or female?	In what country does [NAME] live now?	How old is [NAME] now?	In what year did NAME first leave Moldova to reside in another country?	Does [NAME] have any natural children age 0-17 who live in this household?  IF YES, LIST LINE NOS OF CHILDREN AGE 0-17.	Does [NAME] have any (other) natural children age 0-17 who live in Moldova, but not in this household?  IF YES, ASK: How many of his/her children live in Moldova?
04	M F 1 2	M F 1 2	(SPECIFY)	YEAR	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DON'T KNOW ..... 8	YES ..... 1 LINE NOS. [ ][ ] [ ][ ] NO CHILDREN IN HH ..... 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. 2
05	M F 1 2	M F 1 2	(SPECIFY)	YEAR	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DON'T KNOW ..... 8	YES ..... 1 LINE NOS. [ ][ ] [ ][ ] NO CHILDREN IN HH ..... 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. 2
06	M F 1 2	M F 1 2	(SPECIFY)	YEAR	WORK ..... 1 STUDY ..... 2 ACCOM.SPOUSE/FAMILY 3 MARRY FOREIGN ..... 4 OTHER ..... 6 DON'T KNOW ..... 8	YES ..... 1 LINE NOS. [ ][ ] [ ][ ] NO CHILDREN IN HH ..... 2	NO CHILDREN ELSEWHERE IN MOLDOVA 1 CHILDREN ELSEWHERE IN MOLDOVA NR. 2

\* SEE CODES FOR Q. 3

TICK HERE IF CONTINUATION SHEET USED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20K	Now I would like to talk to you about the water you drink. In the last year, have you been able to obtain sufficient quantities of potable water?	YES ..... 1 NO ..... 2	→ 21
20L	For what reasons have you not been able to obtain sufficient potable water?	WATER SOURCE TOO FAR ..... 1 COSTS TOO MUCH ..... 2 LIMITED QUANTITY AVAILABLE/ WATER RATIONED ..... 3 DROUGHT ..... 4 OTHER ..... 6	
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 ARTESIAN/TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CISTERN ..... 62 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)	→ 26 → 23 → 26 → 23
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CISTERN ..... 62 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 OTHER _____ 96 (SPECIFY)	→ 26 → 26
23	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
26	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 28

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
27	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F OTHER _____ X (SPECIFY) DONT KNOW ..... Z																																																				
28	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, DONT KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41  OTHER _____ 96 (SPECIFY)	→ 31																																																			
29	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 31																																																			
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS ... 95 DONT KNOW ..... 98																																																				
31	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY ..... 1</td><td>2</td></tr> <tr><td>A radio?</td><td>RADIO ..... 1</td><td>2</td></tr> <tr><td>A black-white television?</td><td>BLACK-WHITE TV ..... 1</td><td>2</td></tr> <tr><td>A color TV?</td><td>COLOR TV ..... 1</td><td>2</td></tr> <tr><td>A VCR/DVD?</td><td>VCR/DVC ..... 1</td><td>2</td></tr> <tr><td>A mobile telephone?</td><td>MOBILE TELEPHON ..... 1</td><td>2</td></tr> <tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPH ..... 1</td><td>2</td></tr> <tr><td>A refrigerator?</td><td>REFRIGERATC ..... 1</td><td>2</td></tr> <tr><td>A sofa?</td><td>SOFA ..... 1</td><td>2</td></tr> <tr><td>An armoire?</td><td>ARMOIRE ..... 1</td><td>2</td></tr> <tr><td>A washing machine?</td><td>WASHING MACH ..... 1</td><td>2</td></tr> <tr><td>A water heater?</td><td>WATER HEATI ..... 1</td><td>2</td></tr> <tr><td>A bathtub or shower?</td><td>BATHTUB/SHOW ..... 1</td><td>2</td></tr> <tr><td>A vacuum cleaner?</td><td>VACUUM CLEAN ..... 1</td><td>2</td></tr> <tr><td>A microwave?</td><td>MICROWAV ..... 1</td><td>2</td></tr> <tr><td>A computer?</td><td>COMPUTER ..... 1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY ..... 1	2	A radio?	RADIO ..... 1	2	A black-white television?	BLACK-WHITE TV ..... 1	2	A color TV?	COLOR TV ..... 1	2	A VCR/DVD?	VCR/DVC ..... 1	2	A mobile telephone?	MOBILE TELEPHON ..... 1	2	A non-mobile telephone?	NON-MOBILE TELEPH ..... 1	2	A refrigerator?	REFRIGERATC ..... 1	2	A sofa?	SOFA ..... 1	2	An armoire?	ARMOIRE ..... 1	2	A washing machine?	WASHING MACH ..... 1	2	A water heater?	WATER HEATI ..... 1	2	A bathtub or shower?	BATHTUB/SHOW ..... 1	2	A vacuum cleaner?	VACUUM CLEAN ..... 1	2	A microwave?	MICROWAV ..... 1	2	A computer?	COMPUTER ..... 1	2	
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32	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 PROPANE GAS TAP ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS/COAGE [ ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 OTHER _____ 96 (SPECIFY)	→ 34  → 34																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
33	In this household, is food cooked on a stove or an open fire?  PROBE FOR TYPE.	STOVE ..... 1 OPEN FIRE ..... 2 OTHER ..... 6 (SPECIFY)	34
33A	Does the stove have a chimney or hood?	YES ..... 1 NO ..... 2	
34	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)	36
35	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
36	MAIN MATERIAL ON THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21  FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
37	MAIN MATERIAL ON THE ROOF.  RECORD OBSERVATION.	METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 THATCHED ROO..... 37 OTHER ..... 96 (SPECIFY)	
38	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	CEMENT/CEMENT BLOCKS ..... 31 STONE WITH LIME/CEMI... . . . 32 BRICKS ..... 33 LUT PRELUCRAT (CA IN SI) ..... 34 WOOD PLANKS/SHINC..... 35 ADOBE WITH SOD ..... 36  OTHER ..... 96 (SPECIFY)	
40	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
41	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor?	<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 .....</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>ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	TRACTOR .....	1	2	
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CAR/TRUCK .....	1	2																						
TRACTOR .....	1	2																						
42	Does any member of this household own any land that can be used for agriculture?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 44																	
YES .....	1																							
NO .....	2																							
43	How many hectares of agricultural land do members of this household own?  IF MORE OR EQUAL TO 1 HA, RECORD HECTARES IF MORE THAN 95 HECTARES, ENTER '95'. IF LESS THAN 1 HA, RECORD ARI	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>HECTARES .....</td> <td style="text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>ARI .....</td> <td style="text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>DK .....</td> <td style="text-align: center;">998</td> <td colspan="2"></td> </tr> </tbody> </table>	HECTARES .....	1			ARI .....	2			DK .....	998												
HECTARES .....	1																							
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44	Does this household own any livestock, herds, or farm animals?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 46																	
YES .....	1																							
NO .....	2																							
45	How many of the following animals does this household own?  Cattle/milk cows/bulls?  Horses, donkeys, or mules?  Goats/ sheep?  Fowl (ex. Chickens, geese, ducks)?  Pigs?  Other (ex. Rabbits, guinea pigs)  IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CATTLE, ETC.</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>GOATS/SHEEP</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>FOWL .....</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>PIGS .....</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>OTHEF. ....</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </tbody> </table>	CATTLE, ETC.			HORSES/DONKEYS/MULES			GOATS/SHEEP			FOWL .....			PIGS .....			OTHEF. ....						
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46	Does any member of this household have a bank account?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2																		
YES .....	1																							
NO .....	2																							
49	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>0 PPM (NO IODINE) .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>7 PPM .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>15 PPM .....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>30 PPM .....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NO SALT IN HH .....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>SALT NOT TESTED .....</td> <td style="text-align: center;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY REASON)</td> </tr> </tbody> </table>	0 PPM (NO IODINE) .....	1	7 PPM .....	2	15 PPM .....	3	30 PPM .....	4	NO SALT IN HH .....	5	SALT NOT TESTED .....	6	(SPECIFY REASON)									
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49A	What kind of salt do you usually use for daily preparation of food?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>IODIZED</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NOT IODIZED</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	IODIZED	1	NOT IODIZED	2	DON'T KNOW	8																
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49B	What kind of salt do you usually use for pickling?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>IODIZED</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NON-IODIZED</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	IODIZED	1	NON-IODIZED	2	DON'T KNOW	8																
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49C	CHECK 49A AND 49B:  CODE '1' CIRCLED  IN EITHER 49A AND/OR 49B  CODE '1' NOT CIRCLED  NOR IN 49A NOR IN 49B		→ 49E																					
49D	The last time you bought salt, what kind of package was it in, a box, a bag or by the kilo (no package)?  IF BAG, ASK: Was it in an industrial bag with a label, or re-packaged in a bag with no label?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1 KG PACKAGE .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>INDUSTRIAL BAG 1-2KG .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PRE-PACKAGED SACS BY SELLER ..</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BY KILOGRAMS .....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	1 KG PACKAGE .....	1	INDUSTRIAL BAG 1-2KG .....	2	PRE-PACKAGED SACS BY SELLER ..	3	BY KILOGRAMS .....	4	OTHER .....	6												
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49E	The last time you bought salt, in what quantity did you buy it in?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>≤ 1 kg .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>2 kg .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4 - 5 kg .....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>10 - 25 kg .....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>&gt; 25 kg .....</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	≤ 1 kg .....	1	2 kg .....	2	4 - 5 kg .....	3	10 - 25 kg .....	4	> 25 kg .....	5												
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49F	The last time you bought salt, from where did you buy it?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>STORE .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>MARKET .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	STORE .....	1	MARKET .....	2	OTHER .....	6																
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**Q. 49G INSTRUCTIONS FOR THE RANDOM SELECTION OF A WOMAN TO WHOM QUESTIONS ON "RELATIONS IN THE HOUSEHOLD" WILL BE ASKED (SECTION 10 OF WOMAN'S Q.).**

**IF THERE IS ONLY ONE ELEGIBLE WOMAN IN THE HOUSEHOLD:**

In the first line (row) of the table below, write the name, age and line number of the eligible woman (see Column (8) of the Household Schedule) : this woman is selected to be interviewed with questions on Relations in the Household.

**IF THERE ARE SEVERAL ELEGIBLE WOMEN IN THE HOUSEHOLD:**

1. In the table below, write the name, the age and the line number of all eligible women (see Column (8) of the Household Questionnaire), beginning with the oldest and ending with the youngest.

2. Note the last digit of the household structure number recorded on the cover page of the questionnaire and circle that number on the first line of the table below. Descend down this column of this number until you reach the line of the last woman recorded. Circle the number that is at the intersection between the column descended and the line of the last woman recorded.

The number you circled (1,2,3 etc.) at this intersection tells you the order of the woman selected for Section 10 of the Women's Questionnaire (the 1st, 2nd, 3rd, etc...). In the table below, circle the LINE NUMBER of the woman selected.



Order of woman listed	Name of woman	Age of woman	Line number from household schedule	1	2	3	4	5	6	7	8	9	0
I				I	I	I	I	I	I	I	I	I	I
II				II	I	II	I	II	I	II	I	II	I
III				I	II	III	I	II	III	I	II	III	I
IV				I	II	III	IV	I	II	III	IV	I	II
V				IV	V	I	II	III	IV	V	I	II	III
VI				IV	V	VI	I	II	III	IV	V	VI	I
VII				III	IV	V	VI	VII	I	II	III	IV	V
VIII				III	IV	V	VI	VII	VIII	I	II	III	IV
IX				II	III	IV	V	VI	VII	VIII	IX	I	II
X				I	II	III	IV	V	VI	VII	VIII	IX	X

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT**

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN BORN IN 2000 OR LATER				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

\* COPY MONTH AND YEAR FROM 215 IN THE MOTHER'S PREGNANCY HISTORY AND ASK DAY OF BIRTH. FOR CHILDREN NOT INCLUDED IN ANY PREGNANCY HISTORY, ASK DAY, MONTH, AND YEAR.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (52):	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)**	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(58)	(59)	(60)	(61)	(62)	(63)
AGE 15-17    AGE 18-49 1                      2 GO TO 60 ← ↙	<input type="text"/>	GRANTED                      REFUSED 1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>	YES    NO/DK 1            2	<input type="text"/>
1                      2 GO TO 60 ← ↙	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>	1            2	<input type="text"/>
1                      2 GO TO 60 ← ↙	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>	1            2	<input type="text"/>
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1                      2 GO TO 60 ← ↙	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>	1            2	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER					
CHECK COLUMN (53): BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
1                      2 NEXT CHILD	<input type="text"/>	GRANTED                      REFUSED 1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>
1                      2 NEXT CHILD	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>
1                      2 NEXT CHILD	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>
1                      2 NEXT CHILD	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>
1                      2 NEXT CHILD	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>
1                      2 NEXT CHILD	<input type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input type="text"/> . <input type="text"/>		<input type="text"/>

**\* CONSENT STATEMENT**  
 As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 2000 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with modern, new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

Do you have any questions?

Now may I ask that you (and NAME OF CHILD[REN]) participate in the anemia test.  
 Now please tell me if you agree to have the test(s) done.

