

QUESTIONNAIRE NUMBER:

UGANDA BUREAU OF STATISTICS
2006 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - ENGLISH

IDENTIFICATION				
REGION _____ DISTRICT _____ COUNTY _____ SUBCOUNTY/TOWN _____ PARISH/LC2 NAME _____ EA NAME _____ UDHS NUMBER LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4 NAME OF HEAD OF HOUSEHOLD _____ HOUSEHOLD NUMBER HOUSEHOLD SELECTED FOR MALE SURVEY, HEIGHT, WEIGHT, ANEMIA, VITAMIN A (YES=1, NO=2) HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO=0, FEMALE=1, MALE=2) HOUSEHOLD SELECTED FOR UNHS III (IF YES RECORD HH CODE) YES <input type="checkbox"/> NO <input type="checkbox"/>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____ INTERVIEWER'S NAME _____ RESULT* _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY _____ MONTH _____ YEAR _____ INT. NUMBER _____ RESULT _____
NEXT VISIT: DATE _____ TIME _____	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <input style="width: 40px;" type="text"/>
*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; font-size: small;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <input style="width: 40px;" type="text"/> TOTAL ELIGIBLE WOMEN <input style="width: 40px;" type="text"/> TOTAL ELIGIBLE MEN <input style="width: 40px;" type="text"/> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 40px;" type="text"/>
LANGUAGE OF THE QUESTIONNAIRE <input style="width: 20px;" type="text"/> 7 LANGUAGE USED IN THE INTERVIEW <input style="width: 20px;" type="text"/> NATIVE LANGUAGE OF RESPONDENT <input style="width: 20px;" type="text"/> TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <input style="width: 20px;" type="text"/> LANGUAGE USED: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKORE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR _____	KEYED BY _____

Introduction and Consent

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes 30 to 45 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.

At this time, do you want to ask me anything about the survey?

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			IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY			IF AGE 18-59 YEARS
				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 MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	YEARS <input type="text"/>	<input type="text"/>	01	01	01	Y N DK 1 2 8	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	1 2 8	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	1 2 8	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	1 2 8	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	1 2 8	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	1 2 8	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	1 2 8	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	1 2 8	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	1 2 8	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	1 2 8	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	1 2 8	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	1 2 8	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	1 2 8	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	1 2 8	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	1 2 8	

(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 ☐ 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 ☐ 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 ☐ NO ☐

ADD TO TABLE NO ☐
 ADD TO TABLE NO ☐
 ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = CO-WIFE
 12 = OTHER RELATIVE
 13 = ADOPTED/FOSTER/STEPCHILD
 14 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS									IF AGE 5 YEARS OR OLDER		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS AND SISTERS		EVER ATTENDED SCHOOL	
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother 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	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father 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	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	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? SEE CODES BELOW.
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
01	Y N DK 1 2 8 GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 GO TO 19	<input type="text"/>	Y N DK 1 2 8	01	1 2 GO TO 23	Y N DK 1 2 8 GO TO 23	Y N 1 2	Y N 1 2 GO TO 29	LEVEL GRADE <input type="text"/>
02	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	02	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
03	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	03	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
04	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	04	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
05	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	05	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
06	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	06	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
07	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	07	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
08	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	08	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
09	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	09	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
10	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	10	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
11	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	11	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
12	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	12	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
13	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	13	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
14	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	14	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>
15	1 2 8 GO TO 16	<input type="text"/>	1 2 8	1 2 8 GO TO 19	<input type="text"/>	1 2 8	15	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	<input type="text"/>

CODES FOR Q. 24

LEVEL	GRADE
0=PRESCHOOL	00 = LESS THAN 1 YEAR
1= PRIMARY	COMPLETED AT THAT LEVEL
2= 'O' LEVEL	
3= 'A' LEVEL	98 = DONT KNOW
4= TERTIARY	
5= UNIVERSITY	
8= DONT KNOW	

LINE NO.	IF AGE 5-24 YEARS									IF AGE 5-17 YEARS					
	CURRENT SCHOOL ATTENDANCE			ABSENTISM			RECENT SCHOOL ATTENDANCE			BASIC MATERIAL NEEDS					
	At What age did (NAME) first attend primary school? DK=98 NA=95	Did (NAME) attend school at any time during the 2006 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	How many days was (NAME'S) school open last week? DON'T KNOW =8	How many days did (NAME) attend school last week? DON'T KNOW =8	What was the main reason for (NAME) being absent at school? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2005?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	IF STUDENT IS IN PRIMARY OR SECONDARY SCHOOL IN 2006 Did (NAME) change schools between the 2005 school year and the 2006 school year?	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?			
	24AA		26A 26B	26AA	26AB	26AC		28A 28B	28AA						
(1)	(24A)	(25)	(26)	(26A)	(26B)	(26C)	(27)	(28)	(28A)	(29)	(30)	(31)			
	YEARS	Y N	LEVEL GRADE	DAYS	DAYS	REASON	Y N	LEVEL GRADE	Y N	Y N	Y N	Y N			
01	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
02	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
03	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
04	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
05	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
06	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
07	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
08	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
09	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
10	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
11	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
12	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
13	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
14	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			
15	<input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/>	1 2	1 2	1 2	1 2			

CODES FOR Qs. 26 AND 28

LEVEL

0=PRESCHOOL
1 = PRIMARY
2 = 'O' LEVEL
3 = 'A' LEVEL
4= TERTIARY
5= UNIVERSITY
8 = DON'T KNOW

GRADE

(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED
FOR Qs. 26 AND 28)

98 = DON'T KNOW

CODES FOR Q.26C

REASONS FOR ABSENCE

10=DOMESTIC WORK
11=WORK FOR FAMILY FARM/BUSINESS
12=WORK FOR EMPLOYERS
13=ANY OTHER WORK
14=DID NOT WANT TO GO
15=MISTREATED AT SCHOOL

16=FUNERAL/WEDDING/CEREMONY/
FAMILY FUNCTION
17=ILLNESS
18=SCHOOL UNIFORM
19=NO STATIONERY
96=OTHER

COMPLETE COLUMNS 32-37 FOR ALL HH MEMBERS AGED 5 OR OLDER								0-14 YEARS	0-17 YEARS
LINE NO.	DISABILITY						DEWORMING	BIRTH REGISTRATION	
	Does (NAME) have difficulty seeing, even if he/she is wearing glasses?	Does (NAME) have difficulty hearing, even if he/she is using a hearing aid?	Does (NAME) have difficulty walking or climbing steps?	Does (NAME) have difficulty remembering or concentrating?	Does (NAME) have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc.?	Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition?	Has (NAME) been dewormed in the last 6 months?	Does (NAME) have a birth certificate? (IF YES, ASK RESPONDENT TO SHOW CERTIFICATE) IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HAS CERTIFICATE SEEN 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NEITHER 8 = DON'T KNOW	
(1)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	
	DISABILITY CODES BELOW						Y N DK		
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>	

CODES FOR Qs. 32, 33, 34, 35, 36 AND 37: DISABILITY

1. NO - NO DIFFICULTY
2. YES - SOME DIFFICULTY
3. YES - A LOT OF DIFFICULTY
4. CANNOT DO AT ALL
8. DON'T KNOW

TABLE FOR SELECTION OF RESPONDENT FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV



HOUSEHOLD IS NOT SELECTED FOR DV



101

INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN(9) IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR (10) IF THE HH IS SELECTED FOR **MALE** RESPONDENT, AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE DV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

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

HOUSEHOLD LINE NUMBER OF PERSON SELECTED
FOR DOMESTIC VIOLENCE MODULE

--	--

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	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 WATER FROM OPEN WELL/SPRING OPEN WELL/SPRING IN YARD/PLOT . 21 OPEN PUBLIC WELL/SPRING 22 WATER FROM PROTECTED WELL/SPRING PROTECTED WELL/SPRING IN YARD/PLOT 31 PROTECTED PUBLIC WELL/SPRING . 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 41 PUBLIC BOREHOLE 42 SURFACE WATER (RIVER/DAM ETC) RIVER/STREAM 51 POND/LAKE 52 DAM 53 RAIN WATER 61 TANKER TRUCK 71 VENDOR 72 BOTTLED WATER 91 OTHER 96 (SPECIFY)	
102	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 WATER FROM OPEN WELL/SPRING OPEN WELL/SPRING IN YARD/PLOT . 21 OPEN PUBLIC WELL/SPRING 22 WATER FROM PROTECTED WELL/SPRING PROTECTED WELL/SPRING IN YARD/PLOT 31 PROTECTED PUBLIC WELL/SPRING . 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 41 PUBLIC BOREHOLE 42 SURFACE WATER (RIVER/DAM ETC) RIVER/STREAM 51 POND/LAKE 52 DAM 53 RAIN WATER 61 TANKER TRUCK 71 VENDOR 72 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 106 <input type="checkbox"/> → 106 <input type="checkbox"/> → 106 <input type="checkbox"/> → 106 <input type="checkbox"/> → 106
104	How long does it usually take to travel to the source of water which you use for cooking, washing, and so forth?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	 <input type="checkbox"/> → 106
104A	After arriving at the water source, how long is the waiting time to get water?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
104B	How long does it take to travel home from the water source?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
113	In this household, is food cooked on an open fire or a stove?	OPEN FIRE 1 STOVE 2 OTHER 6 (SPECIFY)																						
114	Is the cooking done under a chimney?	YES 1 NO 2																						
115	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)	→ 117																					
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																						
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 EARTH AND DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 MOSAIC OR TILES 33 BRICKS 34 CEMENT 35 STONES 36 OTHER 96 (SPECIFY)																						
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING THATCHED 11 MUD 12 FINISHED ROOFING WOOD/PLANKS 21 IRON SHEETS 22 ASBESTOS 23 TILES 24 TIN 25 CEMENT 26 OTHER 96 (SPECIFY)																						
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS THATCHED/STRAW 11 RUDIMENTARY WALLS MUD AND POLES 21 UN-BURNT BRICKS 22 UN-BURNT BRICKS WITH PLASTER 23 BURNT BRICKS WITH MUC 24 FINISHED WALLS CEMENT BLOCKS 31 STONE 32 TIMBER 33 BURNT BRICKS WITH CEMENT 34 OTHER 96 (SPECIFY)																						
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
121	Does any member of this household own:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH NO MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITH NO MOTOR	1	2	
	YES	NO																						
BICYCLE	1	2																						
MOTORCYCLE/SCOOTER	1	2																						
ANIMAL-DRAWN CART	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
BOAT WITH NO MOTOR	1	2																						
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 125																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many acres of agricultural land do members of this household own?	ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 95.0 DON'T KNOW 98.0	
125	How many of the following animals/birds does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. i) Local Cattle? ii) Exotic/Cross Cattle? iii) Horses, donkeys, or mules? iv) Goats? v) Sheep? vi) Pigs? vii) Chickens?	LOCAL CATTLE <input type="text"/> <input type="text"/> EXOTIC/CROSS CATTLE <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> PIGS <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/>	
125A	Were there any cases of measles in this HH in the last 3 months?	YES 1 NO 2	
126A	At any one time in the last 12 months, has anyone sprayed the interior walls of your dwelling unit with insecticide?	YES 1 NO 2 DK 8	→ 127
126B	How many months ago was the house last sprayed? (IF LESS THAN ONE MONTH, RECORD 00)	NO OF MONTHS <input type="text"/> <input type="text"/>	
127	Does your household have any mosquito nets?	YES 1 NO 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	









		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. May I have a look at (all) the Net(s) to establish the brand? IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED .. 2	OBSERVED 1 NOT OBSERVED .. 2	OBSERVED 1 NOT OBSERVED .. 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 37 MONTHS (3 YRS) AGO OR MORE .. 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 MONTHS (3 YRS) AGO OR MORE .. 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 MONTHS (3 YRS) AGO OR MORE .. 95 NOT SURE 98
130A	From where did you get the mosquito net?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 (SPECIFY)
131	OBSERVE THE BRAND/ TYPE OF MOSQUITO NET. IF NOT OBSERVED ASK What brand is this net?	'LONGLASTING' NET PERMANET 11 SMARTNET 12 OLYSET 13 (SKIP TO 135) ← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 SMARTNET 12 OLYSET 13 (SKIP TO 135) ← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 SMARTNET 12 OLYSET 13 (SKIP TO 135) ← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98
133	Since you got the mosquito net, was it ever soaked or dipped in an insecticide to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8

		NET #1	NET #2	NET #3
134	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
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S 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"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 (SPECIFY REASON) _____		

PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP						
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES	1		→ 401						
		NO	2								
		DON'T KNOW	8								
302	How many household members died in the last 12 months?	NUMBER OF DEATHS									
303	ASK 304-306 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 6 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).										
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____							
305	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2							
306	How old was (NAME) when (he/she) died?	AGE <table border="1"><tr><td></td><td></td></tr></table>			AGE <table border="1"><tr><td></td><td></td></tr></table>			AGE <table border="1"><tr><td></td><td></td></tr></table>			
307	GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401										
304	What was the name of the person who died (most recently/before him/her)?	NAME 4TH DEATH _____	NAME 5TH DEATH _____	NAME 6TH DEATH _____							
305	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2							
306	How old was (NAME) when (he/she) died?	AGE <table border="1"><tr><td></td><td></td></tr></table>			AGE <table border="1"><tr><td></td><td></td></tr></table>			AGE <table border="1"><tr><td></td><td></td></tr></table>			
307	GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401										

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 YEARS <input type="checkbox"/> </p> <p>NO CHILD AGE 0-17 YEARS <input type="checkbox"/> </p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: ANY ADULT AGE 18-59 WHO IS VERY SICK?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> </p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> </p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> </p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> </p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> </p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> </p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	1ST CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> ◀ (SKIP TO 417) AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> ◀ (SKIP TO 417) AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> ◀ (SKIP TO 417) AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> ◀ (SKIP TO 417) AGE 5-17 <input type="text"/> ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				













		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8	YES 1 NO 2 (SKIP TO 411) ◀ DK 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8	YES 1 NO 2 (SKIP TO 413) ◀ DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8	YES 1 NO 2 (SKIP TO 415) ◀ DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ◀ AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ◀ AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ◀ AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ◀ AGE 5-17 <input type="checkbox"/> ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A FOR CHILDREN AGE 0-5

501	<p>CHECK COLUMN 11. RECORD THE LINE NUMBER, NAME AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTIONS 502-503. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE WOMAN.</p>	<p>IF NO ELIGIBLE CHILDREN, <input type="checkbox"/> TICK HERE AND SKIP TO Q. 515</p>		
		CHILD 1	CHILD 2	CHILD 3
502	<p>LINE NUMBER (COLUMN 11)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME <input type="text"/></p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME <input type="text"/></p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME <input type="text"/></p>
503	<p>What is (NAME'S) birth date?</p> <p>IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.</p>	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/></p>
504	<p>CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p>
505	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/></p>
506	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
507	<p>MEASURED LYING DOWN OR STANDING UP?</p>	<p>LYING DOWN 1</p> <p>STANDING UP 2</p>	<p>LYING DOWN 1</p> <p>STANDING UP 2</p>	<p>LYING DOWN 1</p> <p>STANDING UP 2</p>
508	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
509	<p>CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?</p>	<p>0-5 MONTHS 1</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER 2</p>	<p>0-5 MONTHS 1</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER 2</p>	<p>0-5 MONTHS 1</p> <p>(GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)</p> <p>OLDER 2</p>
510	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR CHILD (COLUMN 1). RECORD '00' IF NOT LISTED.</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>

		CHILD 1	CHILD 2	CHILD 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
511	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
511A	READ VITAMIN A TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	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
<p align="center">CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN</p> <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 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.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?</p>				
<p align="center">CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST FOR CHILDREN</p> <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again 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.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN)) to take the vitamin A deficiency test?</p>				

		CHILD 1	CHILD 2	CHILD 3
	LINE NUMBER (COLUMN 11) NAME (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
513A	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.	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.	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.
513B	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514
513D	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 515.		
<p align="center">CONSENT STATEMENT FOR ADDITIONAL TESTS</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME(S) OF CHILD(REN)). You do not have to agree. If you do not want the blood sample stored for later use, (NAMES OF CHILD(REN)) can still participate in the vitamin A testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMN 11) NAME (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
503	What is (NAME'S) birth date? IF MOTHER INTER- VIEWED, COPY MONTH AND YEAR FROM BIRTH HIS- TORY AND ASK DAY; IF MOTHER NOT INTER- VIEWED, 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"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515)
505	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"/>
506	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"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT 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
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTER- VIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD.  OR, IF NO MORE, GO TO 515) OLDER 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD (COLUMN 1). 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"/>
511	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN)  REFUSED 2	GRANTED 1 (SIGN)  REFUSED 2	GRANTED 1 (SIGN)  REFUSED 2
511A	READ VITAMIN A TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN)  REFUSED 2	GRANTED 1 (SIGN)  REFUSED 2	GRANTED 1 (SIGN)  REFUSED 2

		CHILD 4	CHILD 5	CHILD 6
	LINE NUMBER (COLUMN 11) NAME (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
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
513	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	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
513A	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.	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.	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.
513B	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514
513D	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2	GRANTED 1 (SIGN) ← REFUSED 2
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. ☐

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A FOR WOMEN AGE 15-49

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN.	IF NO ELIGIBLE WOMEN, <input type="checkbox"/> TICK HERE AND SKIP TO Q. 531	
	WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
517	WEIGHT IN KILOGRAMS KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
518	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"/>
519	RESULT OF WEIGHT AND HEIGHT 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
520	AGE: CHECK COLUMN 7. 15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ←
521	MARITAL STATUS: CHECK COLUMN 8. CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ←
522	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"/>
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 525).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 525).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 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?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME	NAME	NAME
524	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
525	READ THE VITAMIN A TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ← _____ (SIGN)
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
528	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	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
529	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.	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.	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.
530	OUTCOME OF VITAMIN A TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
<p align="center">CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE VITAMIN A TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again 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.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the vitamin A deficiency test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
530A	CHECK 530: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN  BLOOD NOT TAKEN  GO TO NEXT WOMAN	BLOOD TAKEN  BLOOD NOT TAKEN  GO TO NEXT WOMAN	BLOOD TAKEN  BLOOD NOT TAKEN  GO TO NEXT WOMAN
530B	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	GRANTED 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)	GRANTED 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- RESPONDENT REFUSED 3- (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<p align="center">CONSENT STATEMENT FOR ADDITIONAL TESTS</p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530A IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, you/ NAME OF ADOLESCENT can still participate in the vitamin A testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 FOR EACH ELIGIBLE MAN.			IF NO ELIGIBLE MEN, TICK HERE <input type="checkbox"/>
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (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 _____
533	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
534	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"/>
535	RESULT OF WEIGHT AND HEIGHT 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
536	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 539) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 539) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 539) ←
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 539) ←
538	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"/>
539	READ ANEMIA TEST CONSENT STATEMENT, FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) _____	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) _____	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) _____

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 539 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 539 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 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?

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (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
541	<p>CHECK 539 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.</p> <p>A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.</p>			
542	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
543	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	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