The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2012

| Department of Statistics |
| Household Survey Directorate |

HOUSEHOLD QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION

QUESTIONNAIRE No.: ....

GOVERNORATE: _____

DISTRICT: _____

SUB-DISTRICT: _____

LOCALITY: _____

AREA: _____

SUB-AREA: _____

STRATUM: _____

URBAN/RURAL (Urban=1; Rural=2)

BLOCK No.: ....

BUILDING No.: _____

HOUSING UNIT No.: _____

CLUSTER No.: ....

HOUSEHOLD No.: ....

TELEPHONE/
MOBILE No.
(if available)

HOUSEHOLD SELECTED FOR ANTHROPOMETRY, ANEMIA TESTING, CHILD DISCIPLINE AND DOMESTIC VIOLENCE MODULE ? (YES = 1; NO = 2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 1
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:
1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   HOUSING UNIT VACANT OR ADDRESS NO MORE A DWELLING
7   HOUSING UNIT DESTROYED
8   HOUSING UNIT NOT FOUND
9   OTHER _____
                        (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

LINE NO. OF RESPONDENT HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HH-1

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Department of Statistics. We are conducting a survey about health all over Jordan. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . .   1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . .   2 → END
                                            ↓

HH-2

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY		
									IF AGE 15 OR OLDER	INDIVIDUAL INTERVIEW	ELIGIBILITY	
											CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY AND ANEMIA	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH, RECORD 98' FOR MONTH. IF DON'T KNOW YEAR, RECORD 9998' FOR YEAR.	How old is (NAME)? IF AGE =95+, RECORD 95. COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.	What is (NAME'S) nationality? 1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4= IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8= DON'T KNOW	What is (NAME'S) current marital status? 1 = NEVER-MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL SURVEY (EVER-MARRIED WOMEN AGE 15-49).	ANTHROPOMETRY AND ANEMIA MEASUREMENTS CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2007 OR LATER, OR CHILDREN AGE 0-5 YEARS (IF DATE OF BIRTH NOT KNOWN).
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	MONTH YEAR	IN YEARS					
01			1 2	1 2	1 2					01	01	01
02			1 2	1 2	1 2					02	02	02
03			1 2	1 2	1 2					03	03	03
04			1 2	1 2	1 2					04	04	04
05			1 2	1 2	1 2					05	05	05
06			1 2	1 2	1 2					06	06	06
07			1 2	1 2	1 2					07	07	07

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = STEPSON OR STEPDAUGHTER
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRAND FATHER/MOTHER
10 = OTHER RELATIVE
11 = ADOPTED/ FOSTERED CHILD
12 = NOT RELATED
98 = DON'T KNOW

HH-3

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS	IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL					BIRTH REGIS-TRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended? SEE CODES.	What is the highest grade (NAME) completed at that level? SEE CODES.	Did (NAME) attend school at any time during the current (2012-13) school year?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(1)	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)	(20)
	Y N DK		Y N DK		Y N	Y N	LEVEL	GRADE	Y N	
01	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
02	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
03	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
04	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
05	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
06	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	
07	1 2 ⎯ 8 GO TO 14		1 2 ⎯ 8 GO TO 16		1 ↓ 2 GO TO 17	1 ⎯ 2 NEXT LINE			1 2	

CODES FOR EDUCATION LEVEL (Q.17)

OLD SYSTEM
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY
NEW SYSTEM
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Q.17A)
00 = LESS THAN ONE YEAR COMPLETED
98 = DON'T KNOW

HH-4

										IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	MARITAL STATUS	ELIGIBILITY		
										INDIVIDUAL INTERVIEW	CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY AND ANEMIA	
											ANTHROPOMETRY AND ANEMIA MEASUREMENTS	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH, RECORD 98' FOR MONTH. IF DON'T KNOW YEAR, RECORD 9998' FOR YEAR.	How old is (NAME)? IF AGE =95+, RECORD 95. COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.	What is (NAME'S) nationality? 1 = JORDANIAN 2 = EGYPTIAN 3 = SYRIAN 4= IRAQI 5 = OTHER ARAB 6 = NOT ARAB 8= DON'T KNOW	What is (NAME'S) current marital status? 1 = NEVER-MARRIED 2 = MARRIED 3 = DIVORCED 4 = WIDOWED 5 = SEPARATED	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL SURVEY (EVER-MARRIED WOMEN AGE 15-49).	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49.	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2007 OR LATER, OR CHILDREN AGE 0-5 YEARS (IF DATE OF BIRTH NOT KNOWN).
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
			M F 1 2	Y N 1 2	Y N 1 2	MONTH YEAR	IN YEARS					
08		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	09	09	9
10		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	10	10	10
11		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	11	11	11
12		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	12	12	12
13		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	13	13	13
14		☐☐	1 2	1 2	1 2	☐☐☐☐☐	☐☐	☐	☐	14	14	14

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

01 = HEAD	06 = PARENT	11 = ADOPTED/ FOSTERED CHILD
02 = WIFE OR HUSBAND	07 = PARENT-IN-LAW	12 = NOT RELATED
03 = SON OR DAUGHTER	08 = BROTHER OR SISTER	98 = DON'T KNOW
04 = STEPSON OR STEPDAUGHTER	09 = GRAND FATHER/MOTHER	
05 = GRANDCHILD	10 = OTHER RELATIVE	

HH-5

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS	IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL					BIRTH REGIS-TRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended? SEE CODES.	What is the highest grade (NAME) completed at that level? SEE CODES.	Did (NAME) attend school at any time during the current (2012-13) school year?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(1)	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)	(20)
	Y N DK		Y N DK		Y N	Y N	LEVEL	GRADE	Y N	
08	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
09	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
10	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
11	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
12	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
13	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐
14	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 ↓ 2 GO TO 17	1 — 2 NEXT LINE	☐☐	☐☐	1 2	☐

CODES FOR EDUCATION LEVEL (Qs.17)

OLD SYSTEM
01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

NEW SYSTEM
04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Qs.17A)
00 = LESS THAN ONE YEAR COMPLETED
98 = DON'T KNOW

HH-6

HOUSING UNIT AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	TYPE OF HOUSING UNIT. RECORD OBSERVATION.	APARTMENT .... 1 DAR .... 2 VILLA .... 3 HUT/BARRACK .... 4 OTHER _____ 6 (SPECIFY)	
101	How often does anyone smoke cigarette/nargila inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY .... 1 WEEKLY .... 2 MONTHLY .... 3 LESS THAN MONTHLY .... 4 NEVER 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSING UNIT .... 11 PIPED TO YARD .... 12 SPRING .... 21 RAINWATER .... 31 TANKER TRUCK .... 41 BOTTLED WATER .... 51 OTHER _____ 96 (SPECIFY)	
105	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 107
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL .... A ADD BLEACH/CHLORINE .... B USE WATER FILTER ... . C OTHER _____ X (SPECIFY) DON'T KNOW .... Z	
107	What kind of toilet facility do members of your household usually use? IF FLUSH TOILET: Is your toilet connected to a public sewer system, a septic tank, a pit latrine or somewhere else?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM .... 11 FLUSH TO PIT LATRINE .... 12 FLUSH TO SOMEWHERE ELSE ... 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .... 21 PIT LATRINE WITH SLAB .... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT .... 23 NO FACILITY/BUSH/FIELD .... 61 OTHER _____ 96 (SPECIFY)	→ 109A
108	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 109A
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... [0][ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	

HH-7

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109A	Is your house connected with electricity?	YES . . . . 1 NO 2	
109B	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS . . . . ☐	
110	Does your household have: A radio/tape recorder? A television? Satellite? A land telephone? A refrigerator? A freezer? A washing machine? A dish washer? Solar heater? Air conditioner? Fan? Water cooler? Microwave? Digital camera?	YES NO RADIO/TAPE RECORDER . 1 2 TELEVISION . . . . 1 2 SATELLITE . . . . 1 2 LAND TELEPHONE . . . . 1 2 REFRIGERATOR . . . . 1 2 FREEZER . . . . 1 2 WASHING MACHINE . . . . . 1 2 DISH WASHER . . . . 1 2 SOLAR HEATER . . . . 1 2 AIR CONDITIONER . . . . 1 2 FAN . . . . 1 2 WATER COOLER . . . . 1 2 MICROWAVE . . . . 1 2 DIGITAL CAMERA 1 2	
110A	Does your household have a computer? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF COMPUTERS . . . . ☐	
110B	Does your household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILES . . . . ☐	
110C	CHECK 110A and 110B: 110A OR 110B = 1 OR MORE ☐ 110A AND 110B = 0 ☐		→ 111
110D	Do you have internet access at home?	YES . . . . 1 NO 2	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . 1 NATURAL GAS . . . . 2 KEROSENE . . . . 3 COAL/WOOD . . . . 4 OTHER _____ 6 (SPECIFY)	
113	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	
113A	Do you have an independent bathroom?	YES . . . . 1 NO 2	

114	MAIN MATERIAL OF THE FLOOR.	NATURAL FLOOR
		    EARTH 11
		 FINISHED FLOOR
		    PARQUET OR POLISHED
		       WOOD 31
		    TILE 32
		    MARBLE/CERAMIC TILES 33
		    CEMENT 34
		
		 OTHER _____ 96
		                (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

115	MAIN MATERIAL OF THE ROOF
	
	RECORD OBSERVATION.
		RUDIMENTARY
		    MUD BRICKS 21
		    MUD BRICKS WITH STONES 22
		    ASBESTOS/WOOD/ZINC 23
		FINISHED
		    CONCRETE 31
		
		HAIR/WOOL/CLOTH 41
		
		OTHER _____ 96
		              (SPECIFY)	

116	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		RUDIMENTARY
		    MUD BRICKS 21
		    MUD BRICKS WITH STONES 22
		    ASBESTOS/WOOD/ZINC 23
		FINISHED
		    CEMENT BRICKS 31
		    CUT STONES 32
		    CUT STONES AND CONCRETE 33
		    CONCRETE 34
		HAIR/WOOL/CLOTH 41
		OTHER _____ 96
		              (SPECIFY)	

116A	How many rooms do you have in your house?	NUMBER OF ROOMS	
117	How many rooms in this household are used for sleeping?	ROOMS FOR SLEEPING . . .	
118	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF CARS/PICKUPS	
123A	Does any member of this household have a credit card?	YES . . . . 1 NO 2	

HH-9

CHILD DISCIPLINE

141	CHECK THE COVER PAGE:	
	THE HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY, ANEMIA, DOMESTIC VIOLENCE AND CHILD DISCIPLINE	**THE HOUSEHOLD IS NOT SELECTED FOR ANTHROPOMETRY, ANEMIA, DOMESTIC VIOLENCE AND CHILD DISCIPLINE**
	↓ **CONTINUE**	→ **END OF HOUSEHOLD QUESTIONNAIRE**

142	CHECK HOUSEHOLD SCHEDULE, COLUMN 6A:	
	AT LEAST ONE CHILD AGE 2-14 ☐ ↓	NO CHILDREN AGE 2-14 ☐ → 163

LIST EACH OF THE CHILDREN AGED 2-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 2-14 YEARS.

143 RANK NUMBER	144 LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	145 NAME OF THE CHILD FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE	146 CHILD'S AGE FROM COLUMN 6A	147 WRITE PARENT'S OR CARETAKER'S LINE NUMBER/NAME FROM COLUMN 13, 15 OR 1 IN THE HOUSEHOLD SCHEDULE
01	☐☐		☐☐	☐☐ _____
02	☐☐		☐☐	☐☐ _____
03	☐☐		☐☐	☐☐ _____
04	☐☐		☐☐	☐☐ _____
05	☐☐		☐☐	☐☐ _____
06	☐☐		☐☐	☐☐ _____
07	☐☐		☐☐	☐☐ _____
08	☐☐		☐☐	☐☐ _____

148	CHECK COLUMN 146:	
	MORE THAN ONE CHILD AGE 2-14: ☐ ↓	ONLY ONE CHILD AGE 2-14 ☐ → 149

HH-10

RANDOM NUMBER TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS

- LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE.
- LOOK AT COLUMN 146 AND RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 2-14_____. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE.
- IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE.
- FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE.
- THEN, GO TO COLUMN 144 AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER AND NAME IN Q.149 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.150.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '0716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6').
- IF THERE ARE THREE ELIGIBLE CHILDREN 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 CHILD.
- SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'.
- PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN 144 AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.149.
- THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.150.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF CHILDREN AGE 2-14 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

HH-11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
149	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 2-14 YEARS FROM COLUMNS 144 AND 145	LINE NUMBER . . . . [ ][ ] NAME _____	
150	LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER PRIMARY CARETAKER FROM COLUMN 147	MOTHER/CARETAKER NOT AVAILABLE . . . . 00 LINE NUMBER . . . . [ ][ ] NAME _____	→ 163

THE FOLLOWING QUESTIONS 150-161 ON CHILD DISCIPLINE ARE TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF A CHILD).

	All adults use certain ways to teach or to address a behavior problem. I will read various methods that are used. I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month.		
151	Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house (in the past month)?	YES . . . . 1 NO 2	
152	Explained why some behavior was wrong (in the past month)?	YES . . . . 1 NO 2	
153	Shook him/her (in the past month)?	YES . . . . 1 NO 2	
154	Shouted, yelled or screamed at (NAME) in the past month?	YES . . . . 1 NO 2	
155	Gave him/her something else to do (in the past month)?	YES . . . . 1 NO 2	
156	Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)?	YES . . . . 1 NO 2	
157	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other (in the past month) ?	YES . . . . 1 NO 2	
158	Called him/her dumb, lazy, or a similar name (in the past month)?	YES . . . . 1 NO 2	
159	Hit or slapped him/her on the face, head or ears (in the past month)?	YES . . . . 1 NO 2	
160	Hit or slapped him/her on the hand, arm or leg (in the past month)?	YES . . . . 1 NO 2	
161	Beat her/him up with an implement (hit over and over as hard as one could) (in the past month)?	YES . . . . 1 NO 2	
162	Do you believe that in order to bring up (raise, educate) (NAME) properly, you need to physically punish him/her?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

LIST OF EVER-MARRIED WOMEN AGE 15-49

163	CHECK HOUSEHOLD SCHEDULE, COLUMN 6A:		
		ONLY ONE EVER-MARRIED WOMEN AGE 15-49 ☐	→ 164
	MORE THAN ONE EVER-MARRIED WOMEN AGE 15-49 ☐ ↓	NO EVER-MARRIED WOMEN AGE 15-49 ☐	→ 201

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

- LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE.
- LOOK AT COLUMN 9 AND RECORD THE TOTAL NUMBER OF ELIGIBLE WOMEN_____. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE.
- IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE.
- FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE MODULE.
- N COLUMN 9 OF THE HOUSEHOLD SCHEDULE, PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED WOMAN IN THAT POSITION.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE DOMESTIC VIOLENCE MODULE (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE (Q.164).

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE EVER-MARRIED WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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

164	NAME OF SELECTED WOMAN _____
	HH LINE NUMBER OF SELECTED WOMAN . . . . ☐☐

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

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	**CHILD 2**	**CHILD 3**
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR **2 0** ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR **2 0** ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR **2 0** ☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2007 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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. We ask that all children born in 2007 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ ← (SIGN) REFUSED 2	GRANTED . . . . 1 _____ ← (SIGN) REFUSED 2	GRANTED . . . . 1 _____ ← (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____	LINE NUMBER ..... ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY .... ☐☐ MONTH ..... ☐☐ YEAR **2 0** ☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR **2 0** ☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR **2 0** ☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2007 OR LATER?	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES .... 1 NO .... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐ NOT PRESENT..... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT..... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT..... 9994 REFUSED .... 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... ☐☐	LINE NUMBER ..... ☐☐	LINE NUMBER ..... ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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. We ask that all children born in 2007 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ (SIGN) REFUSED 2	GRANTED .... 1 _____ (SIGN) REFUSED 2	GRANTED .... 1 _____ (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT....... 994 REFUSED .... 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT....... 994 REFUSED .... 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT....... 994 REFUSED .... 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

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

214	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		WOMAN 1	WOMAN 2	WOMAN 3

215	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
216	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996
218	AGE: CHECK COLUMN 6A.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 242)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 242)

HH-16

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 240)
225	PREGNANCY STATUS: FIRST CHECK COLUMN 8: IF EVER MARRIED (CODES 2-5), ASK: Are you pregnant? IF NEVER MARRIED (CODE 1), CIRCLE '3'	YES .... 1 NO/DK .... 2 NEVER MARRIED 3	YES .... 1 NO/DK .... 2 NEVER MARRIED 3	YES .... 1 NO/DK .... 2 NEVER MARRIED 3
239	CHECK 224 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.			
240	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.			