

2014 GHANA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH, GHANA

GHANA STATISTICAL SERVICE

IDENTIFICATION																																	
LOCALITY NAME _____						<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																											
NAME OF HOUSEHOLD HEAD _____																																	
CLUSTER NUMBER																																	
STRUCTURE NUMBER																																	
HOUSEHOLD NUMBER																																	
REGION																																	
DISTRICT																																	
URBAN/RURAL (URBAN = 1; RURAL = 2)																																	
HOUSEHOLD SELECTED FOR MEN SURVEY (YES = 1; NO = 2)																																	
INTERVIEWER VISITS																																	
		1	2	3	FINAL VISIT																												
DATE	_____		_____		_____		DAY																										
	_____		_____		_____		MONTH																										
	_____		_____		_____		YEAR			2	0	1	4																				
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 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>										TOTAL PERSONS IN HOUSEHOLD																							
										TOTAL ELIGIBLE WOMEN																							
										TOTAL ELIGIBLE MEN																							
										LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE																							
LANGUAGE OF QUESTIONNAIRE: 1		LANGUAGE OF INTERVIEW: 		LANGUAGE OF RESPONDENT: 		TRANSLATOR USED: (YES = 1, NO = 2) 																											
LANGUAGE OF QUESTIONNAIRE: English																																	
LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY)																																	
SUPERVISOR				FIELD EDITOR				OFFICE EDITOR		KEYED BY																							
NAME _____				NAME _____																													
DATE _____				DATE _____																													

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about health all over Ghana. 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
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		7	8	9	10
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
1		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	1	1	1
2		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	2	2	2
3		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	3	3	3
4		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	4	4	4
5		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	5	5	5
6		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	6	6	6
7		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	7	7	7
8		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	8	8	8
9		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	9	9	9
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

- 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?
- 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?
- 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

YES ☐ → ADD TO TABLE

YES ☐ → ADD TO TABLE

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- NO ☐ 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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or pre-school?	What is the highest level of school or pre-school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or pre-school at any time during the (2014-2015) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
1	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
3	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
5	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
6	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
7	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
8	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
9	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRE- PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = MIDDLE	THIS CODE IS NOT ALLOWED
3 = JSS/JHS	FOR Q. 19)
4 = SECONDARY	98 = DON'T KNOW
5 = SSS/SHS	
6 = HIGHER	
8 = DON'T KNOW	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	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?	How old is (NAME)? IF 95 OR MORE RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

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
 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 = OTHER RELATIVE
 10 = ADOPTED/FOSTER/STEPCHILD
 11 = NOT RELATED
 98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school or pre-school?	What is the highest level of school or pre-school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school or pre-school at any time during the (2014-2015) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL		GRADE
0 = PRE- PRIMARY	4 = SECONDARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	5 = SSS/SHS	(USE '00' FOR Q. 17 ONLY.
2 = MIDDLE	6 = HIGHER	THIS CODE IS NOT ALLOWED
3 = JSS/JHS	8 = DON'T KNOW	FOR Q. 19)
		98 = DON'T KNOW

TABLE FOR SELECTION OF ONE CHILD FOR THE CHILD EDUCATION QUESTIONS

31	CHECK COLUMN 7: <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div> <div> ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> MORE THAN ONE CHILD AGE 4-15: ONLY ONE CHILD AGE 4-15 </div> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> → 32 <input style="width: 40px; height: 20px;" type="text"/> → 101 </div> </div>	
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INSTRUCTIONS HOW TO USE THE SELECTION TABLE

LOOK AT THE LAST DIGIT OF THE EA (CLUSTER) NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IN THE TABLE. LOOK AT THE COLUMN 7 AND COUNT THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 4-15. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. 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 CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD EDUCATION. THEN, GO TO COLUMN (1) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S NAME AND HOUSEHOLD LINE NUMBER IN Q.32, AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.33.

FOR EXAMPLE, IF THE CLUSTER NUMBER IS '316', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN AGE 4-15 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 EDUCATION 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 (1) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.32. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST, OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.33.

LAST DIGIT OF THE EA (CLUSTER) NUMBER	TOTAL NUMBER OF CHILDREN AGE 4-15 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

CHILD EDUCATION FOR SELECTED CHILD AGE 4-15

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
32	CHECK COLUMN 1 AND RECORD LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 4-15 YEARS.	LINE NUMBER OF SELECTED CHILD <table border="1"><tr><td></td><td></td></tr></table> NAME OF SELECTED CHILD _____			
33	CHECK COLUMNS 1, 13 AND 15 AND RECORD LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER CARETAKER.	LINE NUMBER OF PARENT/CARETAKER..... <table border="1"><tr><td></td><td></td></tr></table> NAME OF PARENT/CARETAKER _____ IF MOTHER, FATHER OR CARETAKER OF SELECTED CHILD IS NOT LISTED IN HH RECORD "00" AND SKIP TO Q. 101			

CHILD EDUCATION MODULE
ASK MOTHER/FATHER OR CARETAKER QUESTIONS 34 THROUGH 41 ABOUT SELECTED

34	How often do you or someone in your household read to (NAME)? Would you say that you or someone in your household read to (NAME) a few times a week, about once a week, about once a month, about every six months or not at all?	FEW TIMES A WEEK 1 ONCE A WEEK 2 ONCE A MONTH 3 EVERY SIX MONTHS 4 NOBODY READS 5 OTHER 6 SPECIFY DON'T KNOW 8	
35	During the past seven days, did you or someone in your household help (NAME) learn in the following ways: a) Help (NAME) with homework? b) Buy or borrow books for (NAME) to read? c) Take (NAME) to the library? d) Take (NAME) to a reading event? e) Talk with (NAME) teacher or head teacher about the (NAME) learning progress? f) Participate in the Parent Teacher Association? g) Participate in the School Management Committee? h) Regularly read to (NAME)? i) Encourage (NAME) to read? j) Communicate to (NAME) that you have high expectations for him/her? k) Provide (NAME) with a lantern/torch/lamp? l) Relieve (NAME) of some household chores? x) Other?	YES NO DK/NA HOMEWORK 1 2 8 BUY BOOKS 1 2 8 LIBRARY 1 2 8 READING EVENT 1 2 8 TALK TO TEACHER ... 1 2 8 PT ASSOCIATION ... 1 2 8 COMMITTEE 1 2 8 READ REGULARLY . 1 2 8 ENCOURAGE READ . 1 2 8 EXPECTATIONS 1 2 8 LANTERN 1 2 8 RELIEVE OF CHORES . 1 2 8 OTHER 1 2 8	
36	How many children's books and reading materials do you have in the house today?	1 TO 10 BOOKS 1 11 TO 20 BOOKS 2 21 OR MORE 3 NONE 4 DON'T KNOW 8	
37	Do you want (NAME) to be taught in their home language or in English?	HOME LANGUAGE OTHER THAN ENGLISH 1 ENGLISH 2 BOTH LANGUAGES 3 DON'T KNOW 8	

CHILD EDUCATION FOR SELECTED CHILD AGE 4-15

38	<p>CHECK 18: CHILD EVER ATTENDED SCHOOL:</p> <p>YES, CHILD IS <input type="checkbox"/> ATTENDING SCHOOL</p> <p>NO <input type="checkbox"/> → 101</p>	
39	<p>How often does (NAME) bring textbooks and other reading materials home from school?</p>	<p>ALWAYS 1</p> <p>OFTEN 2</p> <p>SOMETIMES 3</p> <p>NEVER 4</p> <p>DON'T KNOW 8</p>
40	<p>How does (NAME) usually get to school?</p>	<p>BY FOOT 1</p> <p>BY BICYCLE 2</p> <p>BY BUS/ CAR 3</p> <p>BY MOTORBIKE 4</p> <p>OTHER _____ 6</p> <p align="center">SPECIFY</p>
41	<p>How long does it take (NAME) to get to school?</p>	<p>0 TO 20 MINUTES 1</p> <p>21 TO 40 MINUTES 2</p> <p>41 TO 60 MINUTES 3</p> <p>61 TO 90 MINUTES (1.5 HOURS) ... 4</p> <p>1.5 TO 3 HOURS 5</p> <p>MORE THAN 3 HOURS 6</p> <p>DON'T KNOW 8</p>

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke 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 DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 SACHET WATER 92 OTHER 96 (SPECIFY)	<div>→ 105</div> <div>→ 105</div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div>→ 105</div>
104	How long does it take to go there, get water, and come back?	MINUTES <div><div></div><div></div><div></div></div> DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<div>→ 106A</div>
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/ALUM B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F CAMPBOR/ NAPHTHALENE G PURIFICATION TABLET H OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Does your household have:	YES NO	
	a) Electricity?	ELECTRICITY 1 2	
	b) A wall clock?	WALL CLOCK 1 2	
	c) A radio?	RADIO 1 2	
	d) A black/white television?	BLACK/WHITE TELEVISION . 1 2	
	e) A color television?	COLOR TELEVISION 1 2	
	f) A mobile telephone?	MOBILE TELEPHONE 1 2	
	g) A land-line telephone?	LAND-LINE TELEPHONE 1 2	
	h) A refrigerator?	REFRIGERATOR 1 2	
	i) A freezer?	FREEZER 1 2	
	j) Electric generator/Invertor(s)?	GENERATOR/INVERTOR ... 1 2	
	k) Washing machine?	WASHING MACHINE 1 2	
	l) Computer/Tablet computer?	COMPUTER/TABLET* 1 2	
	m) Photo camera? (NOT ON PHONE)	PHOTO CAMERA 1 2	
	n) Video deck/DVD/VCD?	VIDEO DECK/DVD/VCD 1 2	
	o) Sewing machine?	SEWING MACHINE 1 2	
	p) Bed?	BED 1 2	
	q) Table?	TABLE 1 2	
	r) Cabinet/cupboard?	CABINET/CUPBOARD 1 2	
	s) Access to the Internet in any device?	INTERNET ACCESS 1 2	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 114
111A	What type of oil does your household mainly use for cooking?	RED PALM OIL 01 YELLOW PALM OIL 02 FRYTOL/FORTIFIED VEGETABLE OIL 03 OTHER VEGETABLE OIL 04 SHEA BUTTER 05 OTHER 96 (SPECIFY) DON'T KNOW 98	
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC/MARBLE/PORCELAIN</p> <p>TILES/TERRAZO 33</p> <p>CEMENT 34</p> <p>WOOLEN CARPET/SYNTHETIC</p> <p>CARPET 35</p> <p>LINOLEUM/RUBBER CARPET</p> <p>CARPET 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
115	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>METAL 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>CERAMIC/BRICK TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</p> <p>ASBESTOS/SLATE</p> <p>ROOFING SHEETS 37</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT/LANDCRETE 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER 96 (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	Does any member of this household own:	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) A wrist watch?</td><td>WRIST WATCH 1</td><td>2</td></tr> <tr> <td>b) A bicycle?</td><td>BICYCLE 1</td><td>2</td></tr> <tr> <td>c) A motorcycle or motor scooter?</td><td>MOTORCYCLE/SCOOTER ... 1</td><td>2</td></tr> <tr> <td>d) An animal-drawn cart?</td><td>ANIMAL-DRAWN CART 1</td><td>2</td></tr> <tr> <td>e) A car or truck?</td><td>CAR/TRUCK 1</td><td>2</td></tr> <tr> <td>f) A boat with a motor?</td><td>BOAT WITH MOTOR 1</td><td>2</td></tr> <tr> <td>g) A boat without a motor?</td><td>BOAT WITHOUT MOTOR ... 1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) A wrist watch?	WRIST WATCH 1	2	b) A bicycle?	BICYCLE 1	2	c) A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER ... 1	2	d) An animal-drawn cart?	ANIMAL-DRAWN CART 1	2	e) A car or truck?	CAR/TRUCK 1	2	f) A boat with a motor?	BOAT WITH MOTOR 1	2	g) A boat without a motor?	BOAT WITHOUT MOTOR ... 1	2	
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g) A boat without a motor?	BOAT WITHOUT MOTOR ... 1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								
120	How many hectares or acres or plots of agricultural land do members of this household own? IF 99.5 OR MORE ACRES, RECORD IN HECTARES. 100 ACRES= 1 HECTARE IF 95 OR MORE HECTARES, CIRCLE '9995'.	HECTARES 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> . <input type="text"/> PLOTS 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 9995 DON'T KNOW 9998																									
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>a) Cattle?</p> <p>b) Milk cows or bulls?</p> <p>c) Horses, donkeys, or mules?</p> <p>d) Goats?</p> <p>e) Pigs?</p> <p>f) Rabbits?</p> <p>g) Grasscutter?</p> <p>h) Sheep?</p> <p>i) Chickens?</p> <p>j) Other poultry?</p> <p>k) Other?</p>	<table border="1"> <tr><td>CATTLE</td><td></td><td></td></tr> <tr><td>COWS/BULLS</td><td></td><td></td></tr> <tr><td>HORSES/DONKEYS/MULES ...</td><td></td><td></td></tr> <tr><td>GOATS</td><td></td><td></td></tr> <tr><td>PIGS</td><td></td><td></td></tr> <tr><td>RABBITS</td><td></td><td></td></tr> <tr><td>GRASSCUTTER</td><td></td><td></td></tr> <tr><td>SHEEP</td><td></td><td></td></tr> <tr><td>CHICKENS</td><td></td><td></td></tr> <tr><td>OTHER POULTRY</td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td></tr> </table>	CATTLE			COWS/BULLS			HORSES/DONKEYS/MULES ...			GOATS			PIGS			RABBITS			GRASSCUTTER			SHEEP			CHICKENS			OTHER POULTRY			OTHER			
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OTHER																																				
123	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>																																		
123A	<p>How many household members are covered by health insurance?</p> <p>IF NONE, RECORD '00'.</p>	<p>PERSONS <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW/NOT SURE 98</p>																																		
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 126																																	
125	<p>Who sprayed the dwelling?</p> <p>RECORD ALL MENTIONED</p>	<p>GOVERNMENT WORKER/ PROGRAM A</p> <p>PRIVATE COMPANY B</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) C</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>																																		
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 136A																																	
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <table border="1"><tr><td></td></tr></table></p>																																		

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED HANGING 1 OBSERVED NOT HANGING OR PACKAGED ... 2 NOT OBSERVED .. 3	OBSERVED HANGING 1 OBSERVED NOT HANGING OR PACKAGED ... 2 NOT OBSERVED .. 3	OBSERVED HANGING 1 OBSERVED NOT HANGING OR PACKAGED 2 NOT OBSERVED ... 3
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO . 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO . 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO .. 95 NOT SURE 98
129A	Where did you get this net?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC ... 11 GOVT. HEALTH CENTEF..... 12 GOVT. HEALTH POST/CHPS ... 13 FIELDWORKER/ OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE ... 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE NGO/CBAs 31 SHOP/MARKET ... 32 STREET VENDOR . 33 PETROL STATION/ MOBILE MART ... 34 PRIMARY SCHOOL. 35 OTHER _____ 36 (SPECIFY) DON'T KNOW ... 98	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC ... 11 GOVT. HEALTH CENTER..... 12 GOVT. HEALTH POST/CHPS ... 13 FIELDWORKER/ OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE ... 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE NGO/CBAs 31 SHOP/MARKET ... 32 STREET VENDOR . 33 PETROL STATION/ MOBILE MART ... 34 PRIMARY SCHOO . 35 OTHER _____ 36 (SPECIFY) DON'T KNOW ... 98	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTEF..... 12 GOVT. HEALTH POST/CHPS 13 FIELDWORKER/ OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE NGO/CBAs 31 SHOP/MARKET 32 STREET VENDOR .. 33 PETROL STATION/ MOBILE MART 34 PRIMARY SCHOOL .. 35 OTHER _____ 36 (SPECIFY) DON'T KNOW 98

		NET #1	NET #2	NET #3
129B	How much did it cost you to obtain this net? RECORD '00.00' IF FREE OF CHARGE.	COST IN CEDIS <div> <div></div><div></div> <div></div><div></div> </div> DON'T KNOW . . . 9998	COST IN CEDIS <div> <div></div><div></div> <div></div><div></div> </div> DON'T KNOW . . . 9998	COST IN CEDIS <div> <div></div><div></div> <div></div><div></div> </div> DON'T KNOW . . . 9998
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 10 PERMANET . . . 11 INTERCEPTOR . 12 NETPROTECT . . 13 DURANET 14 LIFE NET 15 DAWA PLUS . . . 16 MAGNET 17 YORKOOL 18 OTHER/ DK BRAND . . . 19 (SKIP TO 134) ← 'PRETREATED' NET OTHER/ DK BRAND . . . 26 (SKIP TO 134) ← OTHER LOCALLY SEWN NETS 31 OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 10 PERMANET . . . 11 INTERCEPTOR . 12 NETPROTECT . . 13 DURANET 14 LIFE NET 15 DAWA PLUS . . . 16 MAGNET 17 YORKOOL 18 OTHER/ DK BRAND . . . 19 (SKIP TO 134) ← 'PRETREATED' NET OTHER/ DK BRAND . . . 26 (SKIP TO 134) ← OTHER LOCALLY SEWN NETS 31 OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 10 PERMANET . . . 11 INTERCEPTOR . 12 NETPROTECT . . 13 DURANET 14 LIFE NET 15 DAWA PLUS . . . 16 MAGNET 17 YORKOOL 18 OTHER/ DK BRAND . . . 19 (SKIP TO 134) ← 'PRETREATED' NET OTHER/ DK BRAND . . . 26 (SKIP TO 134) ← OTHER LOCALLY SEWN NETS 31 OTHER BRAND . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8

		NET #1	NET #2	NET #3
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	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"/>
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		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"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136A.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136A.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 136A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
136A	During the last 12 months has any member of your household disposed of any treated net?	YES 1 NO 2 DON'T KNOW 3 (SKIP TO 136E) ←																												
136B	How did you dispose of your last treated mosquito net?	BURNED 1 BURIED 2 GARBAGE OR REFUSE DUMP 3 REUSED FOR OTHER PURPOSE 4 OTHER 6 (SPECIFY) DON'T KNOW 8																												
136C	How long did you use the net before disposing of it?	LESS THAN 2 YEARS 1 2-4 YEARS 2 MORE THAN 4 YEARS 3 DON'T KNOW 8																												
136D	What was the main reason for disposing of this net?	TORN 1 COULD NOT REPEL MOSQUITOS ANYMORE . 2 GOT A NEW ONE 3 OTHER 6 (SPECIFY) DON'T KNOW 8																												
136E	In the past 6 months, have you seen or heard any messages telling you that: a Treatment should be sought from health facilities within 24 hours or onset of fever, especially for children under 5 years? b The Ghana Health Service recommends ACT (Artesunate Amodiaquine/AA, Artemether Lumefantrin/AL, Dihydroartemisininine-Piperaquine/DHAP) as medicine for malaria treatment? c The full course of malaria medicine, ACT (artesunate Amodiaquine, Artemether Lumefantrin, Dihydroartemisininine-Piperaquine) should be completed? d Pregnant women should attend ANC and take 3 doses of SP/Fansidar during pregnancy to prevent malaria? e Families should sleep under Insecticides Treated Net to protect them from Malaria, especially pregnant women and children under five years?	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>SEEKING URGENT CARE . . .</td><td>1</td><td>2</td></tr><tr><td>GHS RECOMMENDATION</td><td>1</td><td>2</td></tr><tr><td>COMPLETING FULL COURSE . .</td><td>1</td><td>2</td></tr><tr><td>ATTENDING ANC</td><td>1</td><td>2</td></tr><tr><td>SLEEPING UNDER NETS</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	SEEKING URGENT CARE . . .	1	2	GHS RECOMMENDATION	1	2	COMPLETING FULL COURSE . .	1	2	ATTENDING ANC	1	2	SLEEPING UNDER NETS	1	2										
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SLEEPING UNDER NETS	1	2																												
136F	In the past 6 months, have you seen or heard any of the messages about malaria: a) On the television? b) On the radio? c) In a newspaper or magazine? d) From a poster? e) From leaflets or brochures? f) From a health worker? g) From a Community volunteer/CHW/CBA? h) Anyone/anywhere else? Where/Whom?	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>RADIO.....</td><td>1</td><td>2</td></tr><tr><td>NEWSPAPER/ MAGAZINE</td><td>1</td><td>2</td></tr><tr><td>POSTER</td><td>1</td><td>2</td></tr><tr><td>LEAFLET/BROCHURE.....</td><td>1</td><td>2</td></tr><tr><td>HEALTH WORKER</td><td>1</td><td>2</td></tr><tr><td>VOLUNTEER</td><td>1</td><td>2</td></tr><tr><td>OTHER</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	TELEVISION.....	1	2	RADIO.....	1	2	NEWSPAPER/ MAGAZINE	1	2	POSTER	1	2	LEAFLET/BROCHURE.....	1	2	HEALTH WORKER	1	2	VOLUNTEER	1	2	OTHER	1	2	
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VOLUNTEER	1	2																												
OTHER	1	2																												

137	Please show me where members of your household most often wash their hands.	OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 140) ←	
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HOUSEHOLD 4 SALT NOT TESTED 6 (SPECIFY REASON)	

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

HOUSEHOLD SELECTED FOR MAN'S SURVEY?		YES 1 ↓		NO 2 → END	
201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE FOR NUMBER OF ELIGIBLE CHILDREN AGE 0-5: ONE OR MORE 1 ↓ NONE 2 → SKIP TO 214 RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE CHILDREN AGE 0-5 FOR WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	CHILD 2	CHILD 3	
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	

		CHILD 1	CHILD 2	CHILD 3
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</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 CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
211A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in January 2009 or later take part in malaria 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. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</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 CHILD) to participate in the malaria testing?</p>		
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
211C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
211D	BARCODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND HEIGHT/WEIGHT BROCHURE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6
212A	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←

		CHILD 1	CHILD 2	CHILD 3
212B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←
212C	RECORD THE CLASSIFICATION OF THE MALARIA RDT.	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←
212D	CHECK 212: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←
212E	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child must be taken to a health facility right away. SKIP TO 213		
212F	Does (NAME) suffer from the any of the following illnesses or symptoms: a) Extreme weakness? b) Inability to drink or breastfeed? c) Vomiting everything? d) Loss of consciousness? e) Deep and laboured breathing? f) Multiple convulsions? g) Abnormal spontaneous bleeding? h) Yellow eyes/jaundice? IF NO SYMPTOMS, CIRCLE CODE Y.	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y
212G	CHECK 212F: ANY CODE CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←
212H	CHECK 212: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
212I	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←
212J	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 212Q		

		CHILD 1	CHILD 2	CHILD 3						
212K	<u>ALREADY TAKING ACT REFERRAL STATEMENT</u>	<p>You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for four days after the last dose of ACT, you should take him/her to the nearest health facility for further examination.</p> <p>SKIP TO 212Q</p>								
212L	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	<p>The malaria test shows that (NAME OF CHILD) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. ACT is also very safe. However all medicines can have unwanted effects. Sometimes ACT can cause dizziness, weakness, lack of appetite for eating, and rapid heartbeats. You do not have to give (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>								
212M	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6						
212N	CHECK 212M: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←						
212P	<p>TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS</p> <p style="text-align: center;">TREATMENT WITH ARTESUNATE-AMODIAQUINE (AA)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Weight (in Kg) – Approximate age</td> <td style="width: 50%;">Dosage</td> </tr> <tr> <td>≥4.5kg to 9kg (under 1 year)</td> <td>1 tablet AS-AQ (25 mg/67.5 mg) daily for 3 days</td> </tr> <tr> <td>>9kg - <18kg (age 1-5 years)</td> <td>1 tablet AS-AQ (50mg/AQ 135mg) daily for 3 days</td> </tr> </table> <p>Give the child one tablet each day for three consecutive days. Take the medicine (for children, put the tablet in a little water, mix water and tablet well, and give to the child) with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets.</p> <p>ALSO TELL THE PARENT/GUARDIAN:</p> <p>If (NAME OF CHILD) has any of the following symptoms, you should take him/her to a health professional for treatment immediately:</p> <ul style="list-style-type: none"> -- High temperature -- Fast or difficult breathing -- Not able to drink or breastfeed -- Gets sicker or does not get better in 2 days 				Weight (in Kg) – Approximate age	Dosage	≥4.5kg to 9kg (under 1 year)	1 tablet AS-AQ (25 mg/67.5 mg) daily for 3 days	>9kg - <18kg (age 1-5 years)	1 tablet AS-AQ (50mg/AQ 135mg) daily for 3 days
Weight (in Kg) – Approximate age	Dosage									
≥4.5kg to 9kg (under 1 year)	1 tablet AS-AQ (25 mg/67.5 mg) daily for 3 days									
>9kg - <18kg (age 1-5 years)	1 tablet AS-AQ (50mg/AQ 135mg) daily for 3 days									
212Q	<u>RECORD THE RESULT CODE OF MALARIA TREATMENT AND REFERRAL</u>	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6						
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 Q214.									

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

HOUSEHOLD SELECTED FOR MAN'S SURVEY?		YES 1 ↓	NO 2 → END
201	<p>CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE FOR NUMBER OF ELIGIBLE CHILDREN AGE 0-5: ONE OR MORE 1 ↓ NONE 2 → SKIP TO 214</p> <p>RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE CHILDREN AGE 0-5 FOR WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).</p>		
		CHILD 4	CHILD 5
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 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)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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
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
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>

		CHILD 4	CHILD 5	CHILD 6
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</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 CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6
211A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in January 2009 or later take part in malaria 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. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</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 CHILD) to participate in the malaria testing?</p>		
211B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6
211C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
211D	BARCODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM AND THE 4TH ON THE RDT.
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND HEIGHT/WEIGHT BROCHURE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT 99.4 REFUSED 99.5 OTHER 99.6
212A	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 212D) ←

		CHILD 4	CHILD 5	CHILD 6
212B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 212D) ←
212C	RECORD THE CLASSIFICATION OF THE MALARIA RDT.	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←	CONTROL AND Pf 1 CONTROL AND PAN 2 CONTROL, Pf AND PAN 3 (SKIP TO 212F) ←
212D	CHECK 212: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 213) ←
212E	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child must be taken to a health facility right away. SKIP TO 213		
212F	Does (NAME) suffer from the any of the following illnesses or symptoms: a) Extreme weakness? b) Inability to drink or breastfeed? c) Vomiting everything? d) Loss of consciousness? e) Deep and laboured breathing? f) Multiple convulsions? g) Abnormal spontaneous bleeding? h) Yellow eyes/jaundice? IF NO SYMPTOMS, CIRCLE CODE Y.	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y
212G	CHECK 212F: ANY CODE CIRCLED? CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 212J) ←
212H	CHECK 212: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 212J) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
212I	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←	YES 1 (SKIP TO 212K) ← NO 2 (SKIP TO 212L) ←
212J	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 212Q		

		CHILD 4	CHILD 5	CHILD 6						
212K	ALREADY TAKING ACT REFERRAL STATEMENT	<p>You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for four days after the last dose of ACT, you should take him/her to the nearest health facility for further examination.</p> <p>SKIP TO 212Q</p>								
212L	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	<p>The malaria test shows that (NAME OF CHILD) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. ACT is also very safe. However all medicines can have unwanted effects. Sometimes ACT can cause dizziness, weakness, lack of appetite for eating, and rapid heartbeats. You do not have to give (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>								
212M	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 OTHER 6						
212N	CHECK 212M: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 212Q) ←						
212P	<p>TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS</p> <p style="text-align: center;">TREATMENT WITH ARTESUNATE-AMODIAQUINE (AA)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Weight (in Kg) – Approximate age</td> <td style="width: 50%;">Dosage</td> </tr> <tr> <td>≥4.5kg to 9kg (under 1 year)</td> <td>1 tablet AS-AQ (25 mg/ 67.5 mg) daily for 3 days</td> </tr> <tr> <td>>9kg - <18kg (age 1-5 years)</td> <td>1 tablet AS-AQ (50mg/ 135mg) daily for 3 days</td> </tr> </table> <p>Give the child one tablet each day for three consecutive days. Take the medicine (for children, put the tablet in a little water, mix water and tablet well, and give to the child) with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets.</p> <p>ALSO TELL THE PARENT/GUARDIAN:</p> <p>If (NAME OF CHILD) has any of the following symptoms, you should take him/her to a health professional for treatment immediately:</p> <ul style="list-style-type: none"> -- High temperature -- Fast or difficult breathing -- Not able to drink or breastfeed -- Gets sicker or does not get better in 2 days 				Weight (in Kg) – Approximate age	Dosage	≥4.5kg to 9kg (under 1 year)	1 tablet AS-AQ (25 mg/ 67.5 mg) daily for 3 days	>9kg - <18kg (age 1-5 years)	1 tablet AS-AQ (50mg/ 135mg) daily for 3 days
Weight (in Kg) – Approximate age	Dosage									
≥4.5kg to 9kg (under 1 year)	1 tablet AS-AQ (25 mg/ 67.5 mg) daily for 3 days									
>9kg - <18kg (age 1-5 years)	1 tablet AS-AQ (50mg/ 135mg) daily for 3 days									
212Q	RECORD THE RESULT CODE OF MALARIA TREATMENT AND REFERRAL	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6						
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 Q214.									

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

HOUSEHOLD SELECTED FOR MAN'S SURVEY?					YES . . . 1 ↓	NO . . . 2 → END
214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE FOR NUMBER OF ELIGIBLE WOMEN AGE 15-49: ONE OR MORE . . . 1 NONE . . . 2 → SKIP TO 243 ↓ RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE WOMEN AGE 15-49 FOR WEIGHT, HEIGHT, HEMOGLOBIN, AND HIV. IF THERE ARE MORE THAN THREE WOMEN USE ADDITIONAL QUESTIONNAIRE(S).					
		WOMAN 1		WOMAN 2		WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____		
216	WEIGHT IN KILOGRAMS KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996		
217	HEIGHT IN CENTIMETERS CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996		
218	AGE: CHECK COLUMN 7. 15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	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) ↙	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 223) ↙		
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>		
221	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.</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>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p> <p>Do you have any questions?</p>					

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228)
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
226	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230)	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230)	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230)
227	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230)	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230)	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
228	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ghana. For the HIV test, we need a few (more) 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. 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 (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)
230	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ghana. For the HIV test, we need a few (more) 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. 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 your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
231	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 239)
232	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ←
233	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 236) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 236) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 236) ←

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
234	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
235	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)
236	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow MINISTRY OF HEALTH to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
237	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 239)
238	ADDITIONAL TESTS	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
242	GO BACK TO 215 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

HOUSEHOLD SELECTED FOR MAN'S SURVEY?		YES . . . 1 ↓		NO . . . 2 → END	
243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE MEN AGE 15-59 FOR WEIGHT, HEIGHT, AND HIV. IF THERE ARE MORE THAN THREE MEN USE ADDITIONAL QUESTIONNAIRE(S).				
		MAN 1	MAN 2	MAN 3	
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
245	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
246	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
247	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 258) ←	
249	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"/>	
256	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ghana. For the HIV test, we need a few (more) 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. 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 (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>			
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
258	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ghana. For the HIV test, we need a few (more) 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. 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 your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 267)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 267)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (IF REFUSED, GO TO 267)
260	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ←
261	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) . 1 OTHER 2 (GO TO 264) ←
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 244 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			