QUESTIONNAIRES

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEYS 2014
HOUSEHOLD QUESTIONNAIRE

MINISTRY OF PLANNING   MINISTRY OF HEALTH
NATIONAL INSTITUTE OF STATISTICS   DIRECTORATE FOR GENERAL HEALTH

IDENTIFICATION

DOMAIN . . . .

NAME OF HOUSEHOLD HEAD _____

PROVINCE _____

DISTRICT _____

COMMUNE _____

VILLAGE _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD IS IN THE CLUSTER SELECTED FOR MICRONUTRIENT TEST	YES = 1 NO = 2	
HOUSEHOLD SELECTED FOR MALE INTERVIEW AND DOMESTIC VIOLENCE OF THE WOMEN QUESTIONNAIRE	YES = 1 NO = 2	
HOUSEHOLD SELECTED FOR ANEMIA TEST AND ANTHROPOMETRIC MEASUREMENTS	YES = 1 NO = 2	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
				YEAR	2 0
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 _____
                        (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

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

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the ministry of health and ministry of planning. We are conducting a survey about health all over Cambodia. 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 20 to 25 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

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
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 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F 1 2	Y N 1 2	Y N 1 2	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
08		☐☐	1 2	1 2	1 2	☐☐	☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐	☐	09	09	09
10		☐☐	1 2	1 2	1 2	☐☐	☐	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	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 REGIS-TRATION
	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?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2013-2014) 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
01	Y 1 N 2 — DK 8 ↓ GO TO 14	☐☐	Y 1 N 2 — DK 8 ↓ GO TO 16	☐☐	Y 1 N 2 ↓ GO TO 20	LEVEL GRADE ☐ ☐☐	Y 1 N 2 ↓ GO TO 20	LEVEL GRADE ☐ ☐☐	☐
02	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
03	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
04	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
05	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
06	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
07	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
08	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
09	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐
10	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐ ☐☐	1 2 ↓ GO TO 20	☐ ☐☐	☐

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE	
1 = PRIMARY	(01-06 FOR GRADE 1-6)	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
2 = LOWER SECONDARY	(07-09 FOR GRADE 7-9)	
3 = UPPER SECONDARY	(10-12 FOR GRADE 10-12)	
4 = HIGHER	(01-08 FOR YEAR 1-8)	
5 = PRE-PRIMARY	(00 FOR ANY YEAR)	
8 = DON'T KNOW		98 = DON'T KNOW

DISABILITY

LINE NO.	IF AGE 5 YEARS OR OLDER					
	PROBLEM OF VISION	PROBLEM OF HEARING	PROBLEM OF WALKING OR CLIMBING	PROBLEM OF REMEMBERING OR CONCENTRATING	PROBLEM WITH SELF-CARE	PROBLEM OF COMMUNICATING
	21	22	23	24	25	26

	Does [NAME] have difficulty seeing, even if wearing glasses
	
	IF NO, CIRCLE "1"
	IF YES, PROB:
	With some difficulty?
	    IF YES CIRCLE "2"
	With a lot of difficulty?
	    IF YES CIRCLE "3"
	Cannot see at all?
	    IF YES CIRCLE "4"
	IF DON'T KNOW
	    CIRCLE :"5"
		Does [NAME] have difficulty hearing, even if using a hearing aid?
		
		IF NO, CIRCLE "1"
		IF YES, PROB:
		With some difficulty?
		    IF YES CIRCLE "2"
		With a lot of difficulty?
		    IF YES CIRCLE "3"
		Cannot hear at all?
		    IF YES CIRCLE "4"
		IF DON'T KNOW
		    CIRCLE :"5"
			Does [NAME] have difficulty walking or climbing steps?
			
			IF NO, CIRCLE "1"
			IF YES, PROB:
			With some difficulty?
			    IF YES CIRCLE "2"
			With a lot of difficulty?
			    IF YES CIRCLE "3"
			Cannot walk or climb steps at all?
			    IF YES CIRCLE "4"
			IF DON'T KNOW
			    CIRCLE :"5"
				Does [NAME] have difficulty remembering or concentrating?
				
				IF NO, CIRCLE "1"
				IF YES, PROB:
				With some difficulty?
				    IF YES CIRCLE "2"
				With a lot of difficulty?
				    IF YES CIRCLE "3"
				Cannot remember or concentrate at all?
				    IF YES CIRCLE "4"
				IF DON'T KNOW
				    CIRCLE :"5"
					Does [NAME] have difficulty with self-care such as washing all over or dressing?
					
					IF NO, CIRCLE "1"
					IF YES, PROB:
					With some difficulty?
					    IF YES CIRCLE "2"
					With a lot of difficulty?
					Cannot do at all?
					    IF YES CIRCLE "4"
					IF DON'T KNOW
					    CIRCLE :"5"
						Because of a physical, mental or emotional health condition, does [NAME] have difficulty communicating, (for example understanding others or others understanding him/her?
						
						IF NO, CIRCLE "1"
						IF YES, PROB:
						With some difficulty?
						    IF YES CIRCLE "2"
						With a lot of difficulty?
						    IF YES CIRCLE "3"
						Cannot communicating at all?
						    IF YES CIRCLE "4"
						IF DON'T KNOW
						    CIRCLE :"5"

	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK
01	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
02	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
03	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
04	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
05	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
06	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
07	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
08	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
09	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
10	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

N= **N**O
YS= **Y**ES **S**OME DIFFICULTY
YA= **Y**ES **A** LOT OF DIFFICULTY
YT= **Y**ES CANNOT … AT ALL (**T**OTALLY)
DK= **D**ON'T **K**NOW

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
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 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		☐☐	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS ☐☐	☐	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
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

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 ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	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 REGIS-TRATION
	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?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2013-2014) 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 1 N 2 ⎯ DK 8 ↓ GO TO 14	☐☐	Y 1 N 2 ⎯ DK 8 ↓ GO TO 16	☐☐	Y 1 N 2 ↓ GO TO 20	LEVEL GRADE ☐☐ ☐	Y 1 N 2 ↓ GO TO 20	LEVEL GRADE ☐☐ ☐	☐
12	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
13	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
14	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
15	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
16	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
17	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
18	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
19	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐
20	1 2 ⎯ 8 ↓ GO TO 14	☐☐	1 2 ⎯ 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 20	☐☐ ☐	1 2 ↓ GO TO 20	☐☐ ☐	☐

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE	
1 = PRIMARY	(01-06 FOR GRADE 1-6)	00 = LESS THAN 1 YEAR COMPLETED
2 = LOWER SECONDARY	(07-09 FOR GRADE 7-9)	(USE '00' FOR Q. 17 ONLY.
3 = UPPER SECONDARY	(10-12 FOR GRADE 10-12)	THIS CODE IS NOT ALLOWED
4 = HIGHER	(01-08 FOR YEAR 1-8)	FOR Q. 19)
5 = PRE-PRIMARY	(00 FOR ANY YEAR)	98 = DON'T KNOW
8 = DON'T KNOW		

	IF AGE 5 YEARS OR OLDER					
LINE NO.	PROBLEM OF VISION	PROBLEM OF HEARING	PROBLEM OF WALKING OR CLIMBING	PROBLEM OF REMEMBERING OR CONCENTRATING	PROBLEM WITH SELF-CARE	PROBLEM OF COMMUNICATING
	21	22	23	24	25	26

	Does [NAME] have difficulty seeing, even if wearing glasses
	
	IF NO, CIRCLE "1"
	IF YES, PROB:
	With some difficulty?
	   IF YES CIRCLE "2"
	With a lot of difficulty?
	   IF YES CIRCLE "3"
	Cannot see at all?
	   IF YES CIRCLE "4"
	IF DON'T KNOW
	   CIRCLE :"5"
		Does [NAME] have difficulty hearing, even if using a hearing aid?
		
		IF NO, CIRCLE "1"
		IF YES, PROB:
		With some difficulty?
		   IF YES CIRCLE "2"
		With a lot of difficulty?
		   IF YES CIRCLE "3"
		Cannot hear at all?
		   IF YES CIRCLE "4"
		IF DON'T KNOW
		   CIRCLE :"5"
			Does [NAME] have difficulty walking or climbing steps?
			
			IF NO, CIRCLE "1"
			IF YES, PROB:
			With some difficulty?
			   IF YES CIRCLE "2"
			With a lot of difficulty?
			   IF YES CIRCLE "3"
			Cannot walk or climb steps at all?
			   IF YES CIRCLE "4"
			IF DON'T KNOW
			   CIRCLE :"5"
				Does [NAME] have difficulty remembering or concentrating?
				
				IF NO, CIRCLE "1"
				IF YES, PROB:
				With some difficulty?
				   IF YES CIRCLE "2"
				With a lot of difficulty?
				   IF YES CIRCLE "3"
				Cannot remember or concentrate at all?
				   IF YES CIRCLE "4"
				IF DON'T KNOW
				   CIRCLE :"5"
					Does [NAME] have difficulty with self-care such as washing all over or dressing?
					
					IF NO, CIRCLE "1"
					IF YES, PROB:
					With some difficulty?
					   IF YES CIRCLE "2"
					With a lot of difficulty?
					   IF YES CIRCLE "3"
					Cannot do at all?
					   IF YES CIRCLE "4"
					IF DON'T KNOW
					   CIRCLE :"5"
						Because of a physical, mental or emotional health condition, does [NAME] have difficulty communicating, (for example understanding others or others understanding him/her?
						
						IF NO, CIRCLE "1"
						IF YES, PROB:
						With some difficulty?
						   IF YES CIRCLE "2"
						With a lot of difficulty?
						   IF YES CIRCLE "3"
						Cannot communicating at all?
						   IF YES CIRCLE "4"
						IF DON'T KNOW
						   CIRCLE :"5"

	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK	N YS YA YT DK
11	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
12	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
13	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
14	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
15	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
16	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
17	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
18	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
19	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
20	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

N= **N**O
YS= **Y**ES **S**OME DIFFICULTY
YA= **Y**ES **A** LOT OF DIFFICULTY
YT= **Y**ES CANNOT … AT ALL (**T**OTALLY)
DK= **D**ON'T **K**NOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
50	Was any person of your household injured or killed in an accident in the past 12 months? IF YES, PROBE: How many?	YES . . . . 1 HOW MANY . . . . ☐☐ NO . . . . 2 (GO TO 65) ←	
51	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED IN Q52. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.		
52	NAME INJURED/KILLED	NAME _____	NAME _____

53	Could you tell me in what type of accident (NAME) was injured or killed?	LANDMINE/UNEXPLODED
		  BOMB (UXO) 01
		GUN SHOT/WEAPON 02
		ROAD ACCIDENT 03
		FIRE/BURNING 04
		SNAKE/ANIMAL BITE 05
		FALL FROM TREE/BUILDING 06
		DROWNING 07
		POISONING (CHEMICAL) 08
		VIOLENCE/ASSULT 09
		OTHER _____ 96
		         SPECIFY
		DON'T KNOW 98
			LANDMINE/UNEXPLODED
			  BOMB (UXO) 01
			GUN SHOT/WEAPON 02
			ROAD ACCIDENT 03
			FIRE/BURNING 04
			SNAKE/ANIMAL BITE 05
			FALL FROM TREE/BUILDING 06
			DROWNING 07
			POISONING (CHEMICAL) 08
			VIOLENCE/ASSULT 09
			OTHER _____ 96
			         SPECIFY
			DON'T KNOW 98	

54	Is (NAME) still alive?	YES . . . . 1 NO . . . . 2 (GO TO 57) ←	YES . . . . 1 NO . . . . 2 (GO TO 57) ←	
55	In your opinion, was (NAME)'s injury serious, moderate, or slight?	SERIOUS . . . . 1 MODERATE . . . . 2 SLIGHT . . . . 3 DON'T KNOW 8	SERIOUS . . . . 1 MODERATE . . . . 2 SLIGHT . . . . 3 DON'T KNOW 8	
56	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1).	LINE NUMBER . . . . ☐☐ (GO TO 58) ←	LINE NUMBER . . . . ☐☐ (GO TO 58) ←	
57	Was (NAME)'s death due to the accident?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	
58		GO BACK TO 52 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 65.	GO TO 52 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 65.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
65	Please tell me if any member of your household is sick, has an illness or an injury now or at any time in the last 30 days? IF YES, PROBE: How many?	YES . . . . 1 HOW MANY . . . . ☐☐ NO . . . . 2 (GO TO 101) ◄──┘		
66	Now I would like to ask you some questions about each person who is sick/injured now or at any time in the last 30 days. Could you tell me his/her/their name(s)? Then we will talk about one person at a time. ENTER THE LINE NUMBER AND NAME OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRE).			
67	LINE NUMBER AND NAME FROM COL. (1) AND (2).	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
68	In your opinion, was (NAME)'s illness/injury serious, moderate, or slight?	SERIOUS . . . . 1 MODERATE . . . . 2 SLIGHT . . . . 3 DON'T KNOW 8	SERIOUS . . . . 1 MODERATE . . . . 2 SLIGHT . . . . 3 DON'T KNOW 8	SERIOUS . . . . 1 MODERATE . . . . 2 SLIGHT . . . . 3 DON'T KNOW 8
69	Was advice or treatment sought for (NAME)'s illness/injury?	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ◄──┘ COLUMN OR TO 101)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ◄──┘ COLUMN OR TO 101)	YES . . . . 1 NO . . . . 2 (SKIP TO NEXT ◄──┘ COLUMN OR TO 101)

70	Where was advice or treatment first sought for (NAME)'s illness/ injury?
	
	IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?
	
	IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?
	
	IF "HEALTH WORKER/ NURSE", PROBE: Did the health worker/ nurse visit you or did you go to his/her office/home?
	
	CIRCLE THE APPROPRIATE CODE.
		PUBLIC SECTOR
		  NATIONAL HOSP.
		    (PP) 11
		  PROVINCIAL
		    HOSP. (RH) 12
		  DISTRICT H. (RH) . 13
		  HEALTH CENTER . 14
		  HEALTH POST . . . 15
		  OUTREACH 16
		  OTHER PUBLIC . . . 17
		
		PRIVATE MEDICAL
		  PRIVATE
		    HOSPITAL 21
		  PRIVATE CLINIC . . . 22
		  PRIVATE
		    PHARMACY 23
		  HOME/OFFICE OF
		    TRAINED HEALTH
		    WORKER/
		    NURSE 24
		  VISIT OF TRAINED
		    HLTH. WORKER/
		    NURSE 25
		  OTHER PRIVATE
		    MEDICAL 26
		NOT MEDICAL SECTOR
		  SHOP SELLING
		    DRUGS/MARKET . 31
		  KRU KHMER/
		    MAGICIAN 32
		  MONK/RELIGIOUS
		    LEADER 33
		  TRADITIONAL
		    BIRTH
		    ATTENDANT . . . 34
		  OUTSIDE OF
		    THE COUNTRY . . . 41
		  OTHER 96
			PUBLIC SECTOR
			  NATIONAL HOSP.
			    (PP) 11
			  PROVINCIAL
			    HOSP. (RH) 12
			  DISTRICT H. (RH) . 13
			  HEALTH CENTER . 14
			  HEALTH POST . . . 15
			  OUTREACH 16
			  OTHER PUBLIC . . . 17
			
			PRIVATE MEDICAL
			  PRIVATE
			    HOSPITAL 21
			  PRIVATE CLINIC . . . 22
			  PRIVATE
			    PHARMACY 23
			  HOME/OFFICE OF
			    TRAINED HEALTH
			    WORKER/
			    NURSE 24
			  VISIT OF TRAINED
			    HLTH. WORKER/
			    NURSE 25
			  OTHER PRIVATE
			    MEDICAL 26
			NOT MEDICAL SECTOR
			  SHOP SELLING
			    DRUGS/MARKET . 31
			  KRU KHMER/
			    MAGICIAN 32
			  MONK/RELIGIOUS
			    LEADER 33
			  TRADITIONAL
			    BIRTH
			    ATTENDANT . . . 34
			  OUTSIDE OF
			    THE COUNTRY . . . 41
			  OTHER 96
				PUBLIC SECTOR
				  NATIONAL HOSP.
				    (PP) 11
				  PROVINCIAL
				    HOSP. (RH) 12
				  DISTRICT H. (RH) . 13
				  HEALTH CENTER . 14
				  HEALTH POST . . . 15
				  OUTREACH 16
				  OTHER PUBLIC . . . 17
				
				PRIVATE MEDICAL
				  PRIVATE
				    HOSPITAL 21
				  PRIVATE CLINIC . . . 22
				  PRIVATE
				    PHARMACY 23
				  HOME/OFFICE OF
				    TRAINED HEALTH
				    WORKER/
				    NURSE 24
				  VISIT OF TRAINED
				    HLTH. WORKER/
				    NURSE 25
				  OTHER PRIVATE
				    MEDICAL 26
				NOT MEDICAL SECTOR
				  SHOP SELLING
				    DRUGS/MARKET . 31
				  KRU KHMER/
				    MAGICIAN 32
				  MONK/RELIGIOUS
				    LEADER 33
				  TRADITIONAL
				    BIRTH
				    ATTENDANT . . . 34
				  OUTSIDE OF
				    THE COUNTRY . . . 41
				  OTHER 96

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
71	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.70)? RECORD IN RIELS OR IN DOLLARS.	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
72	How much in total was spent on (NAME)'s treatment at the (NAME (NAME OF PLACE FROM Q.70)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 ☐☐☐☐☐☐ DOLLARS . . . . 2 0 0 ☐☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
73	After the first visit to (NAME OF PLACE FROM Q.70), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?	YES . . . . 1 NO . . . . 2 (GO TO 80A)◄┘	YES . . . . 1 NO . . . . 2 (GO TO 80A)◄┘	YES . . . . 1 NO . . . . 2 (GO TO 80A)◄┘

74	For the second visit, where was advice or treatment sought for (NAME)'s illness/injury?
	
	IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?
	
	IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?
	
	IF "HEALTH WORKER/ NURSE", PROBE: Did the health worker/ nurse visit you or did you go to his/her office/home?
	
	CIRCLE THE APPROPRIATE CODE.
		PUBLIC SECTOR
		  NATIONAL HOSP.
		    (PP) 11
		  PROVINCIAL
		    HOSP. (RH) 12
		  DISTRICT H. (RH) . 13
		  HEALTH CENTER . . 14
		  HEALTH POST . . . 15
		  OUTREACH 16
		  OTHER PUBLIC . . . 17
		
		PRIVATE MEDICAL
		  PRIVATE
		    HOSPITAL 21
		  PRIVATE CLINIC . . . 22
		  PRIVATE
		    PHARMACY 23
		  HOME/OFFICE OF
		    TRAINED HEALTH
		    WORKER/
		    NURSE 24
		  VISIT OF TRAINED
		    HLTH. WORKER/
		    NURSE 25
		  OTHER PRIVATE
		    MEDICAL 26
		NOT MEDICAL SECTOR
		  SHOP SELLING
		    DRUGS/MARKET . 31
		  KRU KHMER/
		    MAGICIAN 32
		  MONK/RELIGIOUS
		    LEADER 33
		  TRADITIONAL
		    BIRTH
		    ATTENDANT . . . 34
		OUTSIDE OF
		  THE COUNTRY . . . 41
		OTHER 96
			PUBLIC SECTOR
			  NATIONAL HOSP.
			    (PP) 11
			  PROVINCIAL
			    HOSP. (RH) 12
			  DISTRICT H. (RH) . 13
			  HEALTH CENTER . . 14
			  HEALTH POST . . . 15
			  OUTREACH 16
			  OTHER PUBLIC . . . 17
			
			PRIVATE MEDICAL
			  PRIVATE
			    HOSPITAL 21
			  PRIVATE CLINIC . . . 22
			  PRIVATE
			    PHARMACY 23
			  HOME/OFFICE OF
			    TRAINED HEALTH
			    WORKER/
			    NURSE 24
			  VISIT OF TRAINED
			    HLTH. WORKER/
			    NURSE 25
			  OTHER PRIVATE
			    MEDICAL 26
			NOT MEDICAL SECTOR
			  SHOP SELLING
			    DRUGS/MARKET . 31
			  KRU KHMER/
			    MAGICIAN 32
			  MONK/RELIGIOUS
			    LEADER 33
			  TRADITIONAL
			    BIRTH
			    ATTENDANT . . . 34
			OUTSIDE OF
			  THE COUNTRY . . . 41
			OTHER 96
				PUBLIC SECTOR
				  NATIONAL HOSP.
				    (PP) 11
				  PROVINCIAL
				    HOSP. (RH) 12
				  DISTRICT H. (RH) . 13
				  HEALTH CENTER . . 14
				  HEALTH POST . . . 15
				  OUTREACH 16
				  OTHER PUBLIC . . . 17
				
				PRIVATE MEDICAL
				  PRIVATE
				    HOSPITAL 21
				  PRIVATE CLINIC . . . 22
				  PRIVATE
				    PHARMACY 23
				  HOME/OFFICE OF
				    TRAINED HEALTH
				    WORKER/
				    NURSE 24
				  VISIT OF TRAINED
				    HLTH. WORKER/
				    NURSE 25
				  OTHER PRIVATE
				    MEDICAL 26
				NOT MEDICAL SECTOR
				  SHOP SELLING
				    DRUGS/MARKET . 31
				  KRU KHMER/
				    MAGICIAN 32
				  MONK/RELIGIOUS
				    LEADER 33
				  TRADITIONAL
				    BIRTH
				    ATTENDANT . . . 34
				OUTSIDE OF
				  THE COUNTRY . . . 41
				OTHER 96

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
75	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.74)? RECORD IN RIELS OR IN DOLLARS.	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
76	How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.74)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . 1 ☐☐☐☐☐ DOLLARS . . . . . 2 [0][0]☐☐☐ FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
77	After the second visit to (NAME OF PLACE FROM Q.74), was there a third visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?	YES . . . . 1 NO . . . . 2 (GO TO 80A)←	YES . . . . 1 NO . . . . 2 (GO TO 80A)←	YES . . . . 1 NO . . . . 2 (GO TO 80A)←
78	For the third visit, where was advice or treatment sought for (NAME)'s illness/injury? IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day? IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital? IF "HEALTH WORKER/ NURSE", PROBE: Did the health worker/ nurse visit you or did you go to his/her office/home? CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OUTSIDE OF THE COUNTRY . . . 41 OTHER 96	PUBLIC SECTOR NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OUTSIDE OF THE COUNTRY . . . 41 OTHER 96	PUBLIC SECTOR NATIONAL HOSP. (PP) . . . . 11 PROVINCIAL HOSP. (RH) . . . . . 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST . . . 15 OUTREACH . . . . 16 OTHER PUBLIC . . . 17 PRIVATE MEDICAL PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . 22 PRIVATE PHARMACY . . . . . 23 HOME/OFFICE OF TRAINED HEALTH WORKER/ NURSE . . . . 24 VISIT OF TRAINED HLTH. WORKER/ NURSE . . . . 25 OTHER PRIVATE MEDICAL . . . . . 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/ MAGICIAN . . . . . 32 MONK/RELIGIOUS LEADER . . . . 33 TRADITIONAL BIRTH ATTENDANT . . . 34 OUTSIDE OF THE COUNTRY . . . 41 OTHER 96

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
79	How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.78)? RECORD IN RIELS OR IN DOLLARS.	RIELS . . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
80	How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.78)? IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS. IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.	RIELS . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998	RIELS . . . . 1 [| | | | |] DOLLARS . . . . . 2 [0|0| | |] FREE/NO COST 0000000 IN KIND . . . . . 9999996 DON'T KNOW . 9999998
80A		GO BACK TO 68 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 81.	GO BACK TO 68 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 81.	GO BACK TO 68 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 81.

81	Where did the money come from to pay for transportation and treatment for the (two/three) member(s) of your household who had an illness/injury over the past 30 days?
	
	RECORD ALL MENTIONED
		SUBSIDY
		  HEALTH EQUITY FUND . . . . A
		  VOUCHER . . . . B
		  FEE EXEMPTION C
		  NGO . . . . D
		INSURANCE SCHEMES
		  NATIONAL SOCIAL SECURITY FUND . . . E
		  COMMUNITY BASED HEALTH
		    INSURANCE . . . . F
		  HEALTH INSURANCE THROUGH
		    EMPLOYER . . . . G
		  OTHER PRIVATELY PURCHASED
		    COMMERCIAL HEALTH INSURANCE . . H
		OUT OF POCKET
		  WAGE/INCOME I
		  LOAN/TON TIN . . . . J
		  SALE OF ASSETS . . . . K
		  GIFT FROM RELATIVE L
		  SAVING . . . . M
		OTHER _____ X
		           (Specify)		

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 during the dry season 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
		
		OTHER _____ 96
		        (SPECIFY)
			→ 104A
			
			→ 104A

103	Where is that water source located?	IN OWN DWELLING .... 1 IN OWN YARD/PLOT .... 2 ELSEWHERE 3	→ 104A
104	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ DON'T KNOW 998	
104A	During the wet season, is the main source of drinking water for members of your household the same as during the dry season?	YES .... 1 NO 2	→ 105

104B	What is the main source of drinking water during the wet season 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
		
		OTHER _____ 96
		        (SPECIFY)
			→ 105
			
			→ 105

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104C	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 105
104D	How long does it take to go there, get water, and come back?	MINUTES . . . . ☐☐☐ DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES, ALWAYS . . . . 1 YES, SOMETIME . . . . 2 NO . . . . 3 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
		STRAIN THROUGH A CLOTH C
		USE WATER FILTER (CERAMIC/
		   SAND/COMPOSITE/ETC.) . . . . D
		SOLAR DISINFECTION . . . . E
		LET IT STAND AND SETTLE . . . . F
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET
		   FLUSH TO PIPED SEWER
		      SYSTEM 11
		   FLUSH TO SEPTIC TANK 12
		   FLUSH TO PIT LATRINE 13
		   FLUSH TO SOMEWHERE ELSE 14
		   FLUSH, DON'T KNOW WHERE 15
		PIT LATRINE
		   VENTILATED IMPROVED
		      PIT LATRINE 21
		   PIT LATRINE WITH SLAB 22
		   PIT LATRINE WITHOUT SLAB/
		      OPEN PIT 23
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		   LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		          (SPECIFY)
			
			→ 110

108	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	 → 110
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	
110	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A wardrobe A sewing machine or loom A CD/DVD player? A generator/battery/solar panel	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . . . 1 2 REFRIGERATOR . . . . 1 2 WARDROBE . . . . 1 2 SEWING MACHINE . . . . 1 2 CD/DVD . . . . 1 2 GENERATOR/BATTERY/SOLAR 1 2	

111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG 02
		BIOGAS 03
		KEROSENE 04
		COAL, LIGNITE 05
		CHARCOAL 06
		WOOD 07
		STRAW/SHRUBS/GRASS 08
		AGRICULTURAL CROP 09
		ANIMAL DUNG 10
		
		NO FOOD COOKED
		   IN HOUSEHOLD 95
		
		OTHER _____ 96
		          (SPECIFY)
			
			→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	

114	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND/CLAY 11
		   DUNG 12
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		   PALM/BAMBOO 22
		FINISHED FLOOR
		   PARQUET OR POLISHED
		     WOOD 31
		   VINYL OR ASPHALT STRIPS 32
		   CERAMIC TILES 33
		   CEMENT TILES 34
		   CEMENT 35
		FLOATING HOUSE 41
		
		OTHER _____ 96
		(SPECIFY)	

115	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		   NO ROOF 11
		   BAMBOO/THATCH/PALM LEAF 12
		RUDIMENTARY ROOFING
		   RUSTIC MAT 21
		   WOOD PLANKS 22
		   CARDBOARD 23
		   PLASTIC SHEET 24
		FINISHED ROOFING
		   METAL 31
		   WOOD 32
		   CALAMINE/CEMENT FIBER 33
		   CERAMIC TILES 34
		   CLAY TILES 35
		   CEMENT 36
		
		OTHER _____ 96
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		   NO WALLS 11
		   PALM/BAMBOO/THACH 12
		   DIRT 13
		RUDIMENTARY WALLS
		   BAMBOO WITH MUD 21
		   STRAW WITH MUD 22
		   STONE WITH MUD 23
		   UNCOVERED ADOBE 24
		   PLYWOOD 25
		   CARDBOARD 26
		   REUSED WOOD 27
		   METAL 28
		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 . . . . [ ][ ]	
118	Does any member of this household own: A watch? A bicycle or cyclo? A motorcycle or motor scooter? A motorcycle-cart A oxcart or horsecart? A car or truck, tractor or van? A boat with a motor? A boat without a motor?	YES NO WATCH . . . . 1 2 BICYCLE/CYCLO . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 MOTORCYCLE-CART . . . . 1 2 OXCART/HORSECART . . . . . 1 2 CAR/TRUCK/TRACTOR/VAN . 1 2 BOAT WITH MOTOR . . . . 1 2 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 of agricultural land do members of this household own?	SQ. METER 1 [ ][ ][ ][ ][ ].[ ] A 2 [ ][ ][ ][ ][ ].[ ] HECTARES 3 [ ][ ][ ][ ][ ].[ ] RAY 4 [ ][ ][ ][ ][ ].[ ] KONG 5 [ ][ ][ ][ ][ ].[ ] DON'T KNOW 999998	
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	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Water buffalo
	
	    Cows or bulls?
	
	    Horses, donkeys, or mules?
	
	    Goats/sheep?
	
	    Pigs?
	
	    Chickens or ducks?
	
	    Elephant?
	
	    Other _____
	                    specify
		WATER BUFFALO . . . . ☐☐
		
		COWS/BULLS . . . . ☐☐
		
		HORSES/DONKEYS/MULES . . . . . ☐☐
		
		GOATS/SHEEPS . . . . ☐☐
		
		PIGS . . . . ☐☐
		
		CHICKENS/DUGS . . . . ☐☐
		
		ELEPHANT . . . . ☐☐
		
		OTHER . . . . ☐☐	

123	Does any member of this household have a bank account?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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
			→ 140

138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC 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.	IODINE PRESENT . . . . 1 NO IODINE . . . . 2 NO SALT IN HOUSEHOLD . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	
141	ASK RESPONDENT TO SEE THE PACKAGE OR CAN OF THE COOKING SALT, AND CHECK THE LABEL.	LABELED IODIZED SALT . . . . 1 NOT LABELED IODIZED SALT. . . . . 2 NO SALT PACKAGE/CAN IN HOUSEHOLD 3	

142	Has this household been identified as poor through the Identification of Poor Households process conducted by village representatives, and been placed on the List of Poor Households or received an Equity Card or Priority Access Card?
	
	ASK TO SEE THE EQUITY, PRIORITY ACCESS CARD AND OTHER CARD INCLUDE POST-IDENTIFICATION
		YES CARD YES CARD NO
		        SEEN NOT SEEN
		A. EQUITY
		   CARD 1 2 3
		
		B. PRIORITY
		   ACCESS
		   CARD/OTHER 1 2 3	

143	Do members of this household receive free or subsidized health care that other people would normally have to pay for?	YES, FREE . . . . 1 YES, SUBSIDIZED . . . . 2 NO 3	→ 145

144	What are free and/or subsidized health care that any member of this household received?	HEALTH EQUITY FUNDS. . . . . A
		COMMUNITY BASED HEALTH
		   INSURANCE . . . . B
		MATERNITY VOUCHER C
		OTHER _____ D
		              SPECIFY	

| 145 | **FOR HOUSEHOLD SELECTED FOR MALE INTERVIEW AND SECTION DV OF THE WOMEN QUESTIONNAIRE** |

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL 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 WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE 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

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN . . . . [ ][ ]

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR ANEMIA AND ANTHROPOMETRY

200	CHECK COVER PAGE OF HOUSEHOLD QUESTIONAIRE:	
	HOUSEHOLD SELECTED FOR ANEMIA TEST AND ANTHROPOMETRIC MEASUREMENTS ⬜	HOUSEHOLD IS NOT SELECTED FOR ANEMIA TEST AND ANTHROPOMETRIC MEASUREMENTS ⬜ GO TO 242A

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

		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 ⬜⬜⬜⬜	DAY . . . . ⬜⬜ MONTH . . . . . ⬜⬜ YEAR ⬜⬜⬜⬜	DAY . . . . ⬜⬜ MONTH . . . . . ⬜⬜ YEAR ⬜⬜⬜⬜
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. ⬜⬜.⬜ 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 . . . . . ⬜⬜

		CHILD 1	CHILD 2	CHILD 3
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 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. 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/NAMES OF CHILDREN) 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 **(11)**.	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 ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
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 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 . . . . . ☐☐

		CHILD 4	CHILD 5	CHILD 6
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 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. 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(S) OF CHILD(REN) 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 AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. 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**

		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM 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 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) ⏎
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 RESPON-SIBLE 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 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 (IF REFUSED, GO TO 242)	GRANTED .... 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 (IF REFUSED, GO TO 242)	GRANTED .... 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 (IF REFUSED, GO TO 242)

		WOMAN 1	WOMAN 2	WOMAN 3
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 _____ ← (SIGN) RESPONDENT REFUSED . . . . . . 2 (IF REFUSED, GO TO 242) ←	GRANTED . . . . 1 _____ ← (SIGN) RESPONDENT REFUSED . . . . . . 2 (IF REFUSED, GO TO 242) ←	GRANTED . . . . 1 _____ ← (SIGN) RESPONDENT REFUSED . . . . . . 2 (IF REFUSED, GO TO 242) ←
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
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 GO TO 242A.			
242A	CHECK THE COVER PAGE IF THE HOUSEHOLD IS IN THE CLUSTER SELECTED FOR MICRONUTRIENT TEST. HOUSEHOLD IS IN THE CLUSTER SELECTED FOR MICRONUTRIENT TEST ☐ GO TO 243		HOUSEHOLD IS NOT IN THE CLUSTER SELECTED FOR MICRONUTRIENT TEST ☐ END HOUSEHOLD INTERVIEW	

243	**PERMISSION TO REVISIT BY MICRONUTRIENT TEAM**

In the next few days, my colleagues who are working with the ministry of health would like to revisit your household to conduct a micronutrient study and will collect small quantity of blood, urine and stool samples from some members of your household. You don't have to permit the visit, but we hope you will agree since your household participation is very important.
In case you need more information about the revisit, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE REVISITED   . . . 1   RESPONDENT DOES NOT AGREE TO BE REVISITED   . . . 2

                                                                                                              END HOUSEHOLD INTERVIEW

COMPLETE COVERPAGE OF MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD QUESTIONS	A
RECORDE THE INFORMATION ABOUT ALL ELIGIBLE CHILDREN **(251-256)** AND WOMEN **(270-274)** IN THE MICRONUTRIENT QUESTIONNAIRE	B
CONTACT THE MICRONUTRIENT COORDINATOR TO SEND A MICRONUTRIENT TEAM AND PROVIDE HER/HIM THE MICRONUTRIENT QUESTIONNAIRE	C

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____ DATE: _____