QUESTIONNAIRES

Appendix E

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEYS 2014
MICRONUTRIENT QUESTIONNAIRE

MINISTRY OF PLANNING
NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH
DIRECTORATE FOR GENERAL HEALTH

IDENTIFICATION	
DOMAIN	☐☐
NAME OF HOUSEHOLD HEAD _____	
PROVINCE _____	☐☐
DISTRICT _____	☐☐
COMMUNE _____	☐☐
VILLAGE _____	☐☐
CLUSTER NUMBER	☐☐☐
HOUSEHOLD NUMBER	☐☐
ARE THERE ELIGIBLE CHILDREN FOR MICRONUTRIENT TEST?	YES = 1 NO = 2 ☐
ARE THERE ELIGIBLE WOMEN FOR MICRONUTRIENT TEST?	YES = 1 NO = 2 ☐
RESPONDENT AGREES TO BE REVISITED ?	YES = 1 NO = 2 ☐
ID OF HOUSEHOLD INTERVIEWER	☐☐☐
NAME OF MICRONUTRIENT INTERVIEWER _____	☐☐☐

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MICRONUTRIENTS FOR CHILDREN AGE 6-59 MONTH

251	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 252. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
252	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
253	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 ☐☐☐☐
254	CHECK 253: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)
255	CHECK 253: 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 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2
256	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 . . . . . ☐☐
257	ASK CONSENT FOR VENOUS BLOOD FOR MICRONUTRIENT TESTS FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take micronutrient tests. Micronutrient deficiency 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 micronutrient deficiency. We ask that all children born in 2009 or later take part in micronutrient testing in this survey and give 4 ml of venous blood. The blood will be tested for iron, zinc, calcium, vitamin A, vitamin B9, vitamin D, inflammatory factors, and hemoglobinopathy.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 blood draw. The blood will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 micronutrient tests?		
258	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2
259	ASK CONSENT FOR IODINE TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take iodine test. Iodine deficiency 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 iodine testing in this survey and give 4 ml of urine. The urine will be tested for iodine.The equipment used to take the urine is clean and completely safe. The urine will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 iodine test?		

MICRONUTRIENTS FOR CHILDREN AGE 6-59 MONTH

		CHILD 1	CHILD 2	CHILD 3
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
261	ASK CONSENT FOR INTESTINAL PARASITE TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take part in the tests for intertinal parasite. Intestinal parasite is a serious health problem. 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 Intestinal parasite testing in this survey and give 1 gram of stool. The stool will be tested for intestinal paraside.The equipment used to take the stool is clean and completely safe. The stool will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 test?		
262	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
263	CHECK Q.258 PUT THE 2ND LABEL ON VAVUTAINER TUBE. PUT THE 3RD LABEL ON THE BLOOD TRANSMITTAL FORM	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
263A	CHECK Q.260 PUT THE 5TH LABEL ON URINE CONTAINER PUT THE 6TH LABEL ON THE URINE TRANSMITTAL FORM	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
263B	CHECK Q.262 PUT THE 8TH LABEL ON STOOL CONTAINER PUT THE 9TH LABEL ON THE STOOL TRANSMITTAL FORM	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
264	GO BACK TO 253 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 270.			

MICRONUTRIENTS FOR CHILDREN AGE 6-59 MONTH

		CHILD 4	CHILD 5	CHILD 6
252	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
253	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 ☐☐☐☐
254	CHECK 253: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)	YES . . . . . 1 NO . . . . . 2 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270)
255	CHECK 253: 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 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 253 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 270) OLDER 2
256	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 . . . . . ☐☐
257	ASK CONSENT FOR VENOUS BLOOD FOR MICRONUTRIENT TESTS FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take micronutrient tests. Micronutrient deficiency 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 micronutrient deficiency. We ask that all children born in 2009 or later take part in micronutrient testing in this survey and give 4 ml of venous blood. The blood will be tested for iron, zinc, calcium, vitamin A, vitamin B9, vitamin D, inflammatory factors, and hemoglobinopathy.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 blood draw. The blood will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 micronutrient tests?		
258	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2
259	ASK CONSENT FOR IODINE TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take iodine test. Iodine deficiency 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 iodine testing in this survey and give 4 ml of urine. The urine will be tested for iodine.The equipment used to collect the urine is clean and completely safe. The urine will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 iodine test?		
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) REFUSED 2

MICRONUTRIENTS FOR CHILDREN AGE 6-59 MONTH

		CHILD 4	CHILD 5	CHILD 6
261	ASK CONSENT FOR INTESTINAL PARASITE TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 256 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take part in the tests for intertinal parasite. Intestinal parasite is a serious health problem. 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 Intestinal parasite testing in this survey and give 1 gram of stool. The stool will be tested for intestinal paraside.The equipment used to collect the stool is clean and completely safe. The stool will be tranported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF CHILD/NAME OF CHILDREN) test results either 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 test?		
262	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . . 1 (SIGN) REFUSED 2
263	CHECK Q.258 PUT THE 2ND LABEL ON VAVUTAINER TUBE. PUT THE 3RD LABEL ON THE BLOOD TRANSMITTAL FORM	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
263A	CHECK Q.260 PUT THE 5TH LABEL ON URINE CONTAINER PUT THE 6TH LABEL ON THE URINE TRANSMITTAL FORM	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
263B	CHECK Q.262 PUT THE 8TH LABEL ON STOOL CONTAINER PUT THE 9TH LABEL ON THE STOOL TRANSMITTAL FORM	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . 99994 REFUSED . . . . . 99995 OTHER 99996
264	GO BACK TO 253 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 270.			

MICRONUTRIENT FOR WOMEN AGE 15-49

CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 270.
IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).

		WOMAN 1	WOMAN 2	WOMAN 3
270	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
271	CHECK 224: WOMEN QUESTIONNAIRES	ONE OR MORE BIRTHS IN 2009 OR LATER ☐ NO BIRTHS IN 2009 OR LATER ☐ GO TO 271 IN NEXT COLUMN; IF NO MORE WOMEN GO TO THE LAST SECTION	ONE OR MORE BIRTHS IN 2009 OR LATER ☐ NO BIRTHS IN 2009 OR LATER ☐ GO TO 271 IN NEXT COLUMN; IF NO MORE WOMEN GO TO THE LAST SECTION	ONE OR MORE BIRTHS IN 2009 OR LATER ☐ NO BIRTHS IN 2009 OR LATER ☐ GO TO 271 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN GO TO THE LAST SECTION
272	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 277)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 277)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 277)
273	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 277)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 277)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 277)
274	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐ NAME: _____	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐ NAME: _____	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐ NAME: _____
275	ASK CONSENT FOR MICRONUTRIENT TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 274 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 micronutrient tests. Micronutrient deficiency 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 micrnutrient deficiency. For the micronutrient testing, we will need 6 ml of blood from a venous puncture. The blood will be tested for iron, zinc, calcium, vitamins A, D, and B9, inflammatory factors, and hemoglobinopathy. 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 transported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF ADOLESCENT) test results either. 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 micronutrient tests?		
276	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 279)	GRANTED . . . . . 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 279)	GRANTED . . . . . 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 279)
277	ASK CONSENT FOR MICRONUTRIENT TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take micronutrient tests. Micronutrient deficiency 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 micrnutrient deficiency. For the micronutrient testing, we will need 6 ml of blood from a venous puncture. The blood will be tested for iron, zinc, calcium, vitamins A, D, and B9, inflammatory factors, and hemoglobinopathy. 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 transported to the central laboratory, and the result will not be available to you. No one else will be able to know your test results either. 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 micronutrient tests?		
278	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 _____ (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 _____ (SIGN) RESPONDENT REFUSED 2

MICRONUTRIENT FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
279	CHECK: 272 AND 273	272 : 15-17 YEARS 273 : OTHER → 282 272 : 18-49 YEARS → 282 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)	272 : 15-17 YEARS 273 : OTHER → 282 272 : 18-49 YEARS → 282 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)	272 : 15-17 YEARS 273 : OTHER → 282 272 : 18-49 YEARS → 282 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)
280	ASK CONSENT FOR IODINE TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 274 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 iodine test. Iodine deficiency 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 iodine deficiency. For the iodine testing, we will need 2 ml of urine. The equipment used to collect the urine is clean and completely safe. It has never been used before and will be thrown away after each test. The urine will be transported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF ADOLESCENT) test results either. 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 iodine test?		
281	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 284)	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 284)	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 284)
282	ASK CONSENT FOR IODINE TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an iodine test. Iodine deficiency 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 iodine deficiency. For the iodine testing, we will need 2 ml of urine. The equipment used to collect urine is clean and completely safe. It has never been used before and will be thrown away after each test. The urine will be transported to the central laboratory, and the result will not be available to you. No one else will be able to know your test results either. 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 iodine test?		
283	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2
284	CHECK: 272 AND 273	272 : 15-17 YEARS 273 : OTHER → 287 272 : 18-49 YEARS → 287 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)	272 : 15-17 YEARS 273 : OTHER → 287 272 : 18-49 YEARS → 287 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)	272 : 15-17 YEARS 273 : OTHER → 287 272 : 18-49 YEARS → 287 272 : 15-17 YEARS 273 : CODE 4 (NEVER IN UNION)
285	ASK CONSENT FOR INTESTINAL PARASITE FROM PARENT/OTHER ADULTS IDENTIFIED IN 274 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 a test for intestinal parasite. Intestinal parasite is a serious health problem. This survey will assist the government to develop programs to prevent and treat intestinal parasite. For the intestinal parasite testing, we will need 1 gram of stool. The equipment used to collect the stool is clean and completely safe. It has never been used before and will be thrown away after each test. The stool will be transported to the central laboratory, and the result will not be available to you. No one else will be able to know (NAME OF ADOLESCENT) test results either. 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 test for intestinal parasite?		
286	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 289)	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 289)	GRANTED . . . . . 1 (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 (IF REFUSED, GO TO 289)

MICRONUTRIENT FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
287	ASK CONSENT FOR INTESTINAL PARASITE TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a test for intestinal parasite. Intestinal parasite is a serious health problem. This survey will assist the government to develop programs to prevent and treat intestinal parasite. For the test for intestinal parasite, we will need 1 gram of stool. The equipment used to collect stool is clean and completely safe. It has never been used before and will be thrown away after each test. The stool will be transported to the central laboratory, and the result will not be available to you. No one else will be able to know your test results either. 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 test for intestinal parasite ?		
288	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2	GRANTED . . . . . 1 (SIGN) RESPONDENT REFUSED 2
289	CHECK Q.276 = 1 AND Q.278 = 1 PUT 2ND BARCODE ON VACUTAINER TUBE PUT 3RD BARCODE ON BLOOD TRASMITTAL FORM	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR BLOOD TEST PUT THE 1ST BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
290	CHECK Q.281 = 1 AND Q.283 = 1 PUT 5TH BARCODE ON VACUTAINER TUBE PUT 6TH BARCODE ON BLOOD TRASMITTAL FORM	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR URINE TEST PUT THE 4TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
291	CHECK Q.286 = 1 AND Q.288 = 1 PUT 8TH BARCODE ON VACUTAINER TUBE PUT 9TH BARCODE ON BLOOD TRASMITTAL FORM	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	AGREE FOR STOOL TEST PUT THE 7TH BARCODE LABEL HERE NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
292	GO BACK TO 271 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.			