



2012 KYRGYZ DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

KYRGYZ REPUBLIC  
MINISTRY OF HEALTH  
NATIONAL STATISTICAL COMMITTEE

QUESTIONNAIRE №

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IDENTIFICATION										
PLACE NAME _____	<table border="1"> <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 .....										
HOUSEHOLD NUMBER .....										

HOUSEHOLD IS SELECTED FOR MALE INTERVIEW .....(YES=1, NO=2)

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INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1"><tr><td></td><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1"><tr><td></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>								
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 <table border="1"><tr><td></td><td></td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr></table>  TOTAL ELIGIBLE MEN <table border="1"><tr><td></td><td></td></tr></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1"><tr><td></td><td></td></tr></table>								

LANGUAGE OF QUESTIONNAIRE: 

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LANGUAGE OF INTERVIEW: 

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NATIVE LANGUAGE OF RESPONDENT 

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TRANSLATOR USED (YES = 1, NO = 2)

CODES: KYRGYZ-1; RUSSIAN-2 ; OTHER-6 (SPECIFY \_\_\_\_\_)

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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1"><tr><td></td><td></td><td></td></tr></table>				NAME _____ <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the National Statistical Committee. Together with the Ministry of Health we are conducting a survey about health all over Kyrgyzstan. 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

**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 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	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 5 YEARS OR OLDER				IF AGE 5-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL OR PRE-SCHOOL				2011-2012 SCHOOL YEAR SCHOOL/PRE-SCHOOL ATTENDANCE		2010-2011 SCHOOL YEAR SCHOOL/PRE-SCHOOL ATTENDANCE		BIRTH REGISTRATION	
	12	13	14	15	16	16A	17	17A	18	19	19A	19B	20	21
	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 total number of years of schooling (NAME) has had?	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.	CHECK 17: IF CODE "1" FOR GENERAL SCHOOL LEVEL AND GRADE 10-11 RECORDED, OR CODE "2" FOR PROFESSIONAL PRIMARY OR CODE "3" FOR PROFESSIONAL MIDDLE RECORDED, ASK: Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school or pre-school at any time during the (2011-2012) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school or pre-school at any time during the previous (2010-2011) school year?	During that school year, what level and grade 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 = DONT KNOW	Why (NAME)'s birth is not registered with the civil authority?  1 = EXPENSIVE 2 = FAR TO 3 = DID NOT KNOW IT SHOULD BE REGISTERED 4 = NO PASSPORT 5 = MARRIAGE IS NOT REGISTERED 6 = OTHER 8 = DONT KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	Y N 1 2 ↓ NEXT LINE	YEARS <input type="checkbox"/> 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="checkbox"/> 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE <input type="checkbox"/> 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE <input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
02	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
03	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
04	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
05	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
06	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
07	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
08	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
09	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A
10	1 2 8 ↓ GO TO 14	<input type="checkbox"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="checkbox"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ NEXT LINE	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 18	<input type="checkbox"/> 1 2 ↓ GO TO 19A

**CODES FOR Qs. 17 AND 19: EDUCATION**

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = GENERAL SCHOOL (1-11)	(USE '00' FOR Q. 17 ONLY.
2 = PROFESSIONAL PRIMARY	THIS CODE IS NOT ALLOWED
3 = PROFESSIONAL MIDDLE	FOR Q. 19 AND Q.19B)
4 = HIGHER	
5 = POST-GRADUATE	
8 = DONT KNOW	98 = DONT 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 15-49	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 ☐

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  
 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 = DONT KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL OR PRE-SCHOOL				2011-2012 SCHOOL YEAR SCHOOL/PRE-SCHOOL ATTENDANCE		2010-2011 SCHOOL YEAR SCHOOL/PRE-SCHOOL ATTENDANCE		BIRTH REGISTRATION	
	12	13	14	15	16	16A	17	17A	18	19	19A	19B	20	21
	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 total number of years of schooling (NAME) has had?	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.	CHECK 17: IF CODE "1" FOR GENERAL SCHOOL LEVEL AND GRADE 10-11 RECORDED, OR CODE "2" FOR PROFESSIONAL PRIMARY OR CODE "3" FOR PROFESSIONAL MIDDLE RECORDED, ASK: Did (NAME) receive a diploma (attestat) for completing secondary education?	Did (NAME) attend school or pre-school at any time during the (2011-2012) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school or pre-school at any time during the previous (2010-2011) school year?	During that school year, what level and grade 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	Why (NAME)'s birth is not registered with the civil authority?  1 = EXPENSIVE 2 = FAR TO 3 = DID NOT KNOW IT SHOULD BE REGISTERED 4 = NO PASSPORT 5 = MARRIAGE IS NOT REGISTERED 6 = OTHER 8 = DON'T KNOW
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	Y N 1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	Y N 1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> 1 2 8 ↓ GO TO 14	1 2 8 ↓ GO TO 16	<input type="text"/> 1 2 8 ↓ GO TO 16	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	LEVEL GRADE Y N 1 2 ↓ GO TO 18	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19A	LEVEL GRADE Y N 1 2 ↓ GO TO 19A	1 2 ↓ NEXT LINE	<input type="text"/> 1 2 ↓ NEXT LINE	IF NOT 3 NEXT LINE <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-SCHOOL	
1 = GENERAL SCHOOL (1-11)	(USE '00' FOR Q. 17 ONLY.
2 = PROFESSIONAL PRIMARY	THIS CODE IS NOT ALLOWED
3 = PROFESSIONAL MIDDLE	FOR Q. 19 AND 19B)
4 = HIGHER	
5 = POST-GRADUATE	98=DON'T KNOW
8 = DON'T KNOW	



## HOUSEHOLD CHARACTERISTICS

[illegible]

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 ..... <div><div>0</div><div></div></div> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																																																																		
110	Does your household have:	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>Electricity?</td><td>ELECTRICITY ..... 1</td><td>2</td></tr><tr><td>A radio?</td><td>RADIO ..... 1</td><td>2</td></tr><tr><td>A black and white television?</td><td>B&amp;W TELEVIS ..... 1</td><td>2</td></tr><tr><td>A color television?</td><td>COLOR TELEVISION ..... 1</td><td>2</td></tr><tr><td>A washing machine?</td><td>WASHING MACHINE ..... 1</td><td>2</td></tr><tr><td>A vacuum cleaner?</td><td>VACUUM CLEANER ..... 1</td><td>2</td></tr><tr><td>A computer?</td><td>COMPUTER ..... 1</td><td>2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE ..... 1</td><td>2</td></tr><tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE ... 1</td><td>2</td></tr><tr><td>Intercome wireless/telecome?</td><td>INTERCOME ..... 1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR ..... 1</td><td>2</td></tr><tr><td>A digital camera?</td><td>CAMERA ..... 1</td><td>2</td></tr><tr><td>A video camera/camcorder?</td><td>VIDEOCAMERA ..... 1</td><td>2</td></tr><tr><td>A table?</td><td>TABLE ..... 1</td><td>2</td></tr><tr><td>A chair?</td><td>CHAIR ..... 1</td><td>2</td></tr><tr><td>A sofa/divan?</td><td>SOFA ..... 1</td><td>2</td></tr><tr><td>A bed?</td><td>BED ..... 1</td><td>2</td></tr><tr><td>A buffet/curio cabinet/wall unit?</td><td>BUFFET/SERVANT ..... 1</td><td>2</td></tr><tr><td>An air conditioner?</td><td>AIRCONDITIONER ..... 1</td><td>2</td></tr><tr><td>A DVD player?</td><td>DVD ..... 1</td><td>2</td></tr><tr><td>A satellite antenna/dish?</td><td>DISH ..... 1</td><td>2</td></tr><tr><td>A freezer?</td><td>FREEZER ..... 1</td><td>2</td></tr><tr><td>An electric fan?</td><td>FAN ..... 1</td><td>2</td></tr><tr><td>A sewing machine?</td><td>SEWING MACHINE ..... 1</td><td>2</td></tr><tr><td>Wall carpet?</td><td>CARPET ..... 1</td><td>2</td></tr><tr><td>Internet connection (world wide web)</td><td>INTERNET ..... 1</td><td>2</td></tr></tbody></table>		YES	NO	Electricity?	ELECTRICITY ..... 1	2	A radio?	RADIO ..... 1	2	A black and white television?	B&W TELEVIS ..... 1	2	A color television?	COLOR TELEVISION ..... 1	2	A washing machine?	WASHING MACHINE ..... 1	2	A vacuum cleaner?	VACUUM CLEANER ..... 1	2	A computer?	COMPUTER ..... 1	2	A mobile telephone?	MOBILE TELEPHONE ..... 1	2	A non-mobile telephone?	NON-MOBILE TELEPHONE ... 1	2	Intercome wireless/telecome?	INTERCOME ..... 1	2	A refrigerator?	REFRIGERATOR ..... 1	2	A digital camera?	CAMERA ..... 1	2	A video camera/camcorder?	VIDEOCAMERA ..... 1	2	A table?	TABLE ..... 1	2	A chair?	CHAIR ..... 1	2	A sofa/divan?	SOFA ..... 1	2	A bed?	BED ..... 1	2	A buffet/curio cabinet/wall unit?	BUFFET/SERVANT ..... 1	2	An air conditioner?	AIRCONDITIONER ..... 1	2	A DVD player?	DVD ..... 1	2	A satellite antenna/dish?	DISH ..... 1	2	A freezer?	FREEZER ..... 1	2	An electric fan?	FAN ..... 1	2	A sewing machine?	SEWING MACHINE ..... 1	2	Wall carpet?	CARPET ..... 1	2	Internet connection (world wide web)	INTERNET ..... 1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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
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 ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 REED(SCIRPUS) ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR LINOLEUM ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/REED ..... 12 SOD ..... 13 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 23 TAULE (TARRED ROOFING PAPER) .... 24 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER/SHIFER 33 CERAMIC TILES ..... 34 CEMENT/CONCRETE BLOCK ..... 35 ROOFING SHINGLES/GONT ..... 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 REED ..... 12 DIRT ..... 13 TREE TRUNKS..... 14 RUDIMENTARY WALLS STRAW WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 TARPULIN/FELT ..... 27 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36 SHLACK/SHLAKOBLOCK ..... 37 POLYMER COVER ..... 38 CONCRETE/ REINFORCED CONCRETE/ MONOLITH PANEL ..... 39 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:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car? A boat with a motor? A truck? A tractor or a combine?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH .....</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE .....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART .....</td><td>1</td><td>2</td></tr> <tr> <td>CAR .....</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR .....</td><td>1</td><td>2</td></tr> <tr> <td>TRUCK .....</td><td>1</td><td>2</td></tr> <tr> <td>TRACTOR .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR .....	1	2	BOAT WITH MOTOR .....	1	2	TRUCK .....	1	2	TRACTOR .....	1	2	
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TRUCK .....	1	2																												
TRACTOR .....	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?   IF 99.5 OR MORE ARES, RECORD IN HECTARES. 100 ARES= 1 HECTARE  IF 95 OR MORE HECTARES, CIRCLE '9995'.	ARES ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/>  HECTARES ..... 2 <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>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Pigs?</p> <p>Poultry?</p> <p>Bees(beehives) (number of units)?</p>	<p>CATTLE .....</p> <p>COWS/BULLS .....</p> <p>HORSES/DONKEYS/MULES .....</p> <p>GOATS .....</p> <p>SHEEP .....</p> <p>PIGS .....</p> <p>POULTRY .....</p> <p>BEEHIVE .....</p>	
123	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
123A	<p>CHECK 7, 18, AND 19A:</p> <p>ONE OR MORE CHILDREN AGE 6-17 ATTENDED/ING SCHOOL DURING 2010-11 OR 2011-12 SCHOOL YEAR</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING IN HOUSEHOLD AND CONTINUE WITH 123B</p> <p>_____ (NAME)</p>	<p>NONE</p> <p>137</p>	
123B	Where the school attended by (NAME FROM 123A) is located? Would you say it is located within less than 1 kilometer from your residence, within 1 to 3 kilometers from your residence, or within 3 and more kilometers from your residence, or in different settlement area?	<p>LESS THAN 1 KM FROM RESIDENCE .. 1</p> <p>1-3 KM FROM RESIDENCE ..... 2</p> <p>MORE THAN 3 KM FROM RESIDENCE ..... 3</p> <p>IN DIFFERENT SETTLEMENT AREA ..... 4</p> <p>OTHER ..... 6</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	
137	Please show me where members of your household most often wash their hands.	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2</p> <p>NOT OBSERVED, NO PERMISSION TO SEE ..... 3</p> <p>NOT OBSERVED, OTHER REASON ..... 4</p> <p>(SKIP TO 140) ←</p>	
138	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p>	<p>WATER IS AVAILABLE ..... 1</p> <p>WATER IS NOT AVAILABLE ..... 2</p>	
139	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A</p> <p>ASH, MUD, SAND ..... B</p> <p>NONE ..... C</p>	
140	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED ..... 6</p> <p>_____ (SPECIFY REASON)</p>	

**INSTRUCTIONS**

- LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE.
- THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IN THE TABLE BELOW.
- RECORD HERE \_\_\_\_\_ THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE:
- THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE IN THE TABLE BELOW.
- FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX.
- THIS IS THE ORDER (RANK) NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS.
- RECORD THE LINE NUMBER OF THE SELECTED WOMAN IN THE BOX BELOW IN Q142

**FOR EXAMPLE:**

- IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716',
- GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6').
- IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, RECORD IN THE BOX "03" AND 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 IS THE ORDER/RANK NUMBER OF THE SELECTED WOMEN IN THE HOUSEHOLD SCHEDULE AND IT MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN.
- SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'.
- RECORD THE LINE NUMBER OF THE SELECTED WOMAN IN THE BOX BELOW IN Q142

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 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

  

142	RECORD HERE LINE NUMBER OF THE WOMAN SELECTED FOR THE DV MODULE	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div>	→ 201
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## WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....
204	CHECK 203: CHILD BORN IN JANUARY 2007 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....
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 people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2007 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</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? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... <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 2007 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ←
205	WEIGHT IN KILOGRAMS	KG. <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 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 ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
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 people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2007 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>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.</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 CHILD) to participate in the anemia test?</p>		
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 <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
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.			



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

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
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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	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
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 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	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<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.</p> <p>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>Do you have any questions?</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.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 240)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 240)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 240)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 240)
225	PREGNANCY STATUS: 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
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
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END OF THE INTERVIEW.			