

ALBANIA DEMOGRAPHIC AND HEALTH SURVEY

2017

HOUSEHOLD QUESTIONNAIRE

NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND INSTITUTE FOR PUBLIC HEALTH (IPH)

IDENTIFICATION										
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
NAME OF HOUSEHOLD HEAD _____										
PSU NUMBER										
HOUSEHOLD NUMBER										
PREFECTURE										
HOUSEHOLD SELECTED FOR MALE SURVEY	YES 1 NO 2									

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
INTERVIEWER'S NAME	_____	_____	_____	INT. N° <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></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 _____ <div style="text-align: center; margin-left: 150px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

SUPERVISOR _____ NAME	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> NUMBER				

Introduction and Consent

Hello. My name is _____ and I am working with the National Institute of Statistics and the Institute for Public Health. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
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		DATE OF BIRTH	AGE	IF AGE 15 OR OLDER
				Does (NAME) usually live here?	Did (NAME) stay here last night?			MARITAL STATUS
	<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 AND RESIDENCE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7A-32 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>What is (NAME)'s birth date?</p> <p>On what day, month and year was (NAME) born?</p> <p>DON'T KNOW DAY = 98</p> <p>DON'T KNOW MONTH = 98</p> <p>DON'T KNOW YEAR = 9998</p>	<p>How old is (NAME)?</p> <p>IF < 1 YEAR, RECORD 00'</p>	<p>What is (NAME'S) current marital status?</p> <p>0 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p> <p>1 = MARRIED</p> <p>2 = LIVING TOGETHER</p> <p>3 = DIVORCED/SEPARATED</p> <p>4 = WIDOWED</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7A)	(7)	(8)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	DAY MONTH YEAR <input type="text"/>	IN YEARS <input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| | 10 = NIECE/NEPHEW BY MARRIAGE |
| 03 = SON OR DAUGHTER | 11 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 12 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 13 = NOT RELATED |
| 06 = PARENT | 14 = COHABITING PARTNER |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

						IF AGE 0-17 YEARS						
LINE NO.	ELIGIBILITY					SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MIGRATION		
	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL WOMEN AGE 50-59	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14	Is (NAME)'s biological mother alive?	Does (NAME)'s biological 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 biological father alive?	Does (NAME)'s biological 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'.	Did (NAME) ever live outside of Albania for 12 months or more?	In what country did (NAME) live the first time (he/she) lived outside of Albania for 12 months? KNOWN, RECORD DK	In what year did (NAME) first live in (COUNTRY SPECIFIED IN 17B)? DK = 9998
	(9)	(10)	(11)	(11A)	(11B)	(13)	(14)	(16)	(17)	(17A)	(17B)	(17C)
						Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17A	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17D	COUNTRY SPECIFY	YEAR DON'T KN ⁹ 998
01	01	01	01	01	01	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
02	02	02	02	02	02	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
03	03	03	03	03	03	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
04	04	04	04	04	04	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
05	05	05	05	05	05	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
06	06	06	06	06	06	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
07	07	07	07	07	07	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
08	08	08	08	08	08	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
09	09	09	09	09	09	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>
10	10	10	10	10	10	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D		<input type="text"/>

LINE NO.	ACCIDENTS AND INJURIES		IF AGE 0-5 YEARS	IF AGE 6 YEARS OR OLDER	IF AGE 6-24 YEARS				IF AGE 0-4 YEARS		
			CRECHE/ PRESCHOOL	EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION		
	In the past 12 months did (NAME) have any injury from an accident that was treated by a doctor or a nurse?	IF INJURED IN THE PAST 12 MONTHS		Does (NAME) attend any organized learning or early childhood education programme, such as a public or private facility, including a creche or kindergarten? IF YES: What type of facility does (NAME) attend?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during this school year (2016-2017)	During this school year, what level and class [is / was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 - 2016 school year?	During that school year, what level and class did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
		The last time (NAME) was injured, what type of accident did he/she have?	Was (NAME) hospitalized for that injury?								
	(17D)	(17E)	(17F)	(22A)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
	Y N DK 1 2 8 ↓ GO TO 22A	Y N DK 1 2 8	Y N DK 1 2 8	NO CR P/K PRIM 0 1 2 3	Y N 1 2 ↓ NEXT LINE	LEVEL CLASS [][] [][]	Y N 1 2 ↓ GO TO 27	LEVEL CLASS [][] [][]	Y N 1 2 ↓ NEXT LINE	LEVEL CLASS [][] [][]	[]
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

CODES FOR Q. 17E

- 01 = TRAFFIC ACCIDENT
- 02 = FIREARMS/WEAPON ACCIDENT
- 03 = FARM ACCIDENT
- 04 = WORK ACCIDENT (NON-FARM)
- 05 = ASSAULT / VIOLENCE
- 06 = POISONING
- 07 = SPORT/RECREATIONAL
- 08 = SELF INFLICTED
- 96 = OTHER UNINTENTIONAL

CODES FOR Q. 22A

- 0 = NO, DOES NOT ATTEND
- 1 = CRECHE
- 2 = PRESCHOOL/ KINDERGARTEN
- 3 = PRIMARY

LEVEL

- 0 = PRESCHOOL
- 1 = PRIMARY 1-4 YEARS
- 2 = PRIMARY 5-9 YEARS
- 3 = GENERIC SECONDARY
- 4 = PROFESSIONAL
- 5 = TECHNICAL
- 6 = UNIVERSITY
- 7 = POST UNIVERSITY/GRADUATE
- 8 = DON'T KNOW

CODES FOR Qs. 24, 26, AND 28: EDUCATION

CLASS

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DON'T KNOW

CODES FOR Q.32

- 1 = HAS CERTIFICATE
- 2 = REGISTERED
- 3 = NEITHER
- 8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		DATE OF BIRTH	AGE	IF AGE 15 OR OLDER
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	MARITAL STATUS			
	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 AND RESIDENCE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 7A-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.					What is (NAME)'s birth date? On what day, month and year was (NAME) born? DON'T KNOW DAY = 98 DON'T KNOW MONTH = 98 DON'T KNOW YEAR = 9998	How old is (NAME)? IF < 1 YEAR, RECORD 00'	What is (NAME)'S current marital status? 0 = NEVER-MARRIED AND NEVER LIVED TOGETHER 1 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/SEPARATED 4 = WIDOWED
(1)	(2)	(3)	(4)	(5)	(6)	(7A)	(7)	(8)	
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	DAY MONTH YEAR <input type="text"/>	IN YEARS <input type="text"/>	<input type="text"/>	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
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| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 14 = COHABITING PARTNER |
| | 98 = DON'T KNOW |

- 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

						IF AGE 0-17 YEARS						
LINE NO.	ELIGIBILITY					SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MIGRATION		
	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL WOMEN AGE 50-59	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14	Is (NAME)'s biological mother alive?	Does (NAME)'s biological 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 biological father alive?	Does (NAME)'s biological 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'.	Did (NAME) ever live outside of Albania for 12 months or more?	In what country did (NAME) live the first time (he/she) lived outside of Albania for 12 months? KNOWN, RECORD DK	In what year did (NAME) first live in (COUNTRY SPECIFIED IN 17B)? DK = 9998
	(9)	(10)	(11)	(11)	(11A)	(13)	(14)	(16)	(17)	(17A)	(17B)	(17C)
11	11	11	11	11	11	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17A	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17D	COUNTRY SPECIFY	YEAR <input type="text"/>
12	12	12	12	12	12	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
13	13	13	13	13	13	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
14	14	14	14	14	14	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
15	15	15	15	15	15	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
16	16	16	16	16	16	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
17	17	17	17	17	17	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
18	18	18	18	18	18	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
19	19	19	19	19	19	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998
20	20	20	20	20	20	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 17A	<input type="text"/>	1 2 8 ↓ GO TO 17D	SPECIFY	DON'T KN ⁹ 998

LINE NO.	ACCIDENTS AND INJURIES		IF AGE 0-5 YEARS	IF AGE 6 YEARS OR OLDER	IF AGE 6-24 YEARS				IF AGE 0-4 YEARS		
			CRECHE/PRESCHOOL	EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION		
	In the past 12 months did (NAME) have any injury from an accident that was treated by a doctor or a nurse?	IF INJURED IN THE PAST 12 MONTHS The last time (NAME) was injured, what type of accident did he/she have? Was (NAME) hospitalized for that injury?	Does (NAME) attend any organized learning or early childhood education programme, such as a public or private facility, including a creche or kindergarten? IF YES: What type of facility does (NAME) attend?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during this school year (2016-2017)	During this school year, what level and class [is / was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 - 2016 school year?	During that school year, what level and class did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?	
	(17D)	(17E)	(17F)	(22A)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
11	Y N DK 1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	Y N DK 1 2 8	0 1 2 3	Y N 1 2 ↓ NEXT LINE	LEVEL CLASS <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL CLASS <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 22A	<input type="text"/> <input type="text"/>	1 2 8	0 1 2 3	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Q. 17E

- 01 = TRAFFIC ACCIDENT
- 02 = FIREARMS/WEAPON ACCIDENT
- 03 = FARM ACCIDENT
- 04 = WORK ACCIDENT (NON-FARM)
- 05 = ASSAULT / VIOLENCE
- 06 = POISONING
- 07 = SPORT/RECREATIONAL
- 08 = SELF INFLICTED
- 96 = OTHER UNINTENTIONAL

CODES FOR Q. 22A

- 0 = NO, DOES NOT ATTEND
- 1 = CRECHE
- 2 = PRESCHOOL/KINDERGARTEN
- 3 = PRIMARY

LEVEL

- 0 = PRESCHOOL
- 1 = PRIMARY 1-4 YEARS
- 2 = PRIMARY 5-9 YEARS
- 3 = GENERIC SECONDARY
- 4 = PROFESSIONAL
- 5 = TECHNICAL
- 6 = UNIVERSITY
- 7 = POST UNIVERSITY/GRADUATE
- 8 = DON'T KNOW

CLASS

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 98 = DON'T KNOW

CODES FOR Q.32

- 1 = HAS CERTIFICATE
- 2 = REGISTERED
- 3 = NEITHER
- 8 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 AGRICULTURAL CROP 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	 → 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER _____ 6 (SPECIFY)	 → 115
114	Does this (fire/stove) have a chimney/hood?	YES 1 NO 2	
115	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)	 → 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	RUDIMENTARY ROOFING RUSTIC MAT 21 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 REINFORCED CONCRETE 37 OTHER _____ 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	RUDIMENTARY WALLS STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																									
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor? A boat with a motor?	<table border="0"> <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/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</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/TRUCK	1	2	TRACTOR	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE/SCOOTER ...	1	2																									
ANIMAL-DRAWN CART	1	2																									
CAR/TRUCK	1	2																									
TRACTOR	1	2																									
BOAT WITH MOTOR	1	2																									
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																								
123	How much agricultural land do members of this household own?	HECTARES 1 <input type="text"/> <input type="text"/> <input type="text"/> DYNAM . 2 <input type="text"/> <input type="text"/> <input type="text"/> M ² 3 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 95 995 OR MORE DYNAM 995 999,995 OR MORE M ² 999995 DON'T KNOW 1-98																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123A	<p>Which household member has legal ownership of this land?</p> <p>WRITE NAME AND LINE NUMBER OF THE PERSON OR PERSONS THAT HAVE LEGAL OWNERSHIP THE LAND</p> <p>NAME _____</p> <p>NAME _____</p> <p>NAME _____</p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW / UNSURE 98</p>	
124	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	→ 126
125	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'.</p> <p>IF MORE THAN 95, ENTER '95'.</p> <p>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>Chickens?</p> <p>Pigs?</p>	<p>CATTLE <input type="text"/> <input type="text"/></p> <p>COWS/BULLS <input type="text"/> <input type="text"/></p> <p>HORSES / DONKEYS / MULES <input type="text"/> <input type="text"/></p> <p>GOATS <input type="text"/> <input type="text"/></p> <p>SHEEP <input type="text"/> <input type="text"/></p> <p>CHICKENS <input type="text"/> <input type="text"/></p> <p>PIGS <input type="text"/> <input type="text"/></p>	
126	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	
127	<p>How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?</p>	<p>DAILY 1</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>LESS OFTEN THAN ONCE A MONTH 4</p> <p>NEVER 5</p>	
138	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</p> <p>TEST SALT FOR IODINE USING BOTH IODIDE KIT AND IODATE KIT.</p> <p>RECORD PPM (PARTS PER MILLION)</p>	<p><u>IODINE TEST</u></p> <p>0 PPM (NO IODINE) 1</p> <p>BELOW 15 PPM 2</p> <p>15 PPM AND ABOVE 3</p> <p>NO SALT IN HH 4</p> <p>SALT NOT TESTED 6</p> <p>(SPECIFY REASON)</p>	

LINE	EDUCATION	IF AGE 15 YEARS OR OLDER				
		MARITAL STATUS	IF MARRIED PARTNER	CHILDREN OF MIGRANT IN HOUSEHLD	CHILDREN OF MIGRANT ELSEWHERE IN ALBANIA	GOODS TO HH
	At the time (NAME) (moved to another district of Albania / left Albania), what was the highest level of school he/she attended? **	What is (NAME)'s current marital status? ***	Does (NAME)'s spouse / partner live in this house-hold? IF YES What is his / her name? RECORD	Does (NAME) have any biological children age 0-17 who live in this household? IF YES, What are their names? LIST LINE NOs OF CHILDREN AGE 0-17. IF NO: RECORD '00'.	Does (NAME) have any (other) biological children age 0-17 who live in Albania, but do not live with him / her and do not live in this household? IF YES, ASK: How many of (NAME)'s children live elsewhere in Albania? IF NO: RECORD '00'.	Did (NAME) send money or goods to this HH in the last 12 months?
(202)	(210)	(211)	(212)	(213)	(214)	(215)
01	LEVEL OF EDUCATION <input type="checkbox"/>	NM . 0 (213) ← M 1 LT 2 D/S 3 W 4 DK 8 (213) ←	LINE NO. SPOUSE/PARTNER <input type="checkbox"/> <input type="checkbox"/> NOT IN HH... 00	LINE NOs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF CHILDREN ELSEWHERE IN ALBANIA <input type="checkbox"/> <input type="checkbox"/> NO CHILDREN ELSEWHERE IN ALBANIA 00 DON'T KNOW 98	Y N DK 1 2 8
02	LEVEL OF EDUCATION <input type="checkbox"/>	NM . 0 (213) ← M 1 LT 2 D/S 3 W 4 DK 8 (213) ←	LINE NO. SPOUSE/PARTNER <input type="checkbox"/> <input type="checkbox"/> NOT IN HH... 00	LINE NOs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF CHILDREN ELSEWHERE IN ALBANIA <input type="checkbox"/> <input type="checkbox"/> NO CHILDREN ELSEWHERE IN ALBANIA 00 DON'T KNOW 98	Y N DK 1 2 8
03	LEVEL OF EDUCATION <input type="checkbox"/>	NM . 0 (213) ← M 1 LT 2 D/S 3 W 4 DK 8 (213) ←	LINE NO. SPOUSE/PARTNER <input type="checkbox"/> <input type="checkbox"/> NOT IN HH... 00	LINE NOs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF CHILDREN ELSEWHERE IN ALBANIA <input type="checkbox"/> <input type="checkbox"/> NO CHILDREN ELSEWHERE IN ALBANIA 00 DON'T KNOW 98	Y N DK 1 2 8
04	LEVEL OF EDUCATION <input type="checkbox"/>	NM . 0 (213) ← M 1 LT 2 D/S 3 W 4 DK 8 (213) ←	LINE NO. SPOUSE/PARTNER <input type="checkbox"/> <input type="checkbox"/> NOT IN HH... 00	LINE NOs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF CHILDREN ELSEWHERE IN ALBANIA <input type="checkbox"/> <input type="checkbox"/> NO CHILDREN ELSEWHERE IN ALBANIA 00 DON'T KNOW 98	Y N DK 1 2 8

** Codes for Q210

- 0 = NONE/PRESCHOOL
- 1 = PRIMARY 1-4 YEARS
- 2 = PRIMARY 5-9 YEARS
- 3 = GENERIC SECONDARY
- 4 = PROFESSIONAL

- 5 = TECHNICAL
- 6 = UNIVERSITY
- 7 = POST UNIVERSITY / GRADUATE
- 8 = DON'T KNOW

*** Codes for Q211

- NM = NEVER-MARRIED AND NEVER LIVED TOGETHER
- M = MARRIED
- LT = LIVING TOGETHER
- D/S = DIVORCED / SEPARATED
- W = WIDOW / WIDOWER
- DK = DON'T KNOW

CHILD DISCIPLINE
FOR ONE CHILD AGED 2 THROUGH 14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK COLUMN 11A: MORE THAN 1 CHILD AGED 2-14 <input type="checkbox"/> ONLY 1 CHILD AGED 2-14 <input type="checkbox"/> NO CHILD AGED 2-14 <input type="checkbox"/>	→ 303 → 305	
302	CHECK HOUSEHOLD QUESTIONNAIRE, LAST PAGE SELECT THE CHILD AGE 2-14 AS DESCRIBED		
303	WRITE NAME AND LINE NUMBER OF SELECTED CHILD	_____ <input type="text"/> <input type="text"/> NAME	
304	All adults use certain ways to teach children the right behavior or to correct a behavior problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (NAME) in the past month. a) Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house? b) Explained why something was wrong? c) Shook (NAME)? d) Shouted, yelled or screamed at (NAME)? e) Gave (NAME) something else to do? f) Spanked (NAME) on the bottom with a bare hand? g) Hit (NAME) on the bottom or elsewhere on the body with something like a belt, a stick or other hard object? h) Called (NAME) dumb, lazy, or another name like that? i) Hit or slapped (NAME) on the face, head, or ears? j) Hit or slapped (NAME) on the hand, arm or leg? k) Beat (NAME) up with an implement over and over as hard as one could?	YES 1 NO 2 YES 1 NO 2	
305	Do you believe that in order to bring up a child properly, he / she needs to be physically punished if he / she	YES 1 NO 2 DOES NOT KNOW / NO OPINION 8	

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

PSU NUMBER	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	HOUSEHOLD NUMBER	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	NAME OF HEAD _____
501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA PROCEDURE IN 513			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____
503	ASK MOTHER/OTHER ADULT RESPONSIBLE FOR THE CHILD: What is (NAME'S) birth date?	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2012 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	KG. ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	KG. ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	CM. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM HOUSEHOLD SCHEDULE RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	LINE NUMBER ... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	G/DL . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>	G/DL . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			
<p align="center">CONSENT STATEMENT FOR ANEMIA FOR CHILDREN</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2012 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 confidential. Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?</p>				

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

PSU NUMBER <input type="text"/> <input type="text"/> <input type="text"/>		HOUSEHOLD NUMBER <input type="text"/> <input type="text"/>		NAME OF HEAD _____	
		CHILD 4	CHILD 5	CHILD 6	
502	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 _____	
503	ASK MOTHER/OTHER ADULT RESPONSIBLE FOR THE CHILD: 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"/>	
504	CHECK 503: CHILD BORN IN JANUARY 2012 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) 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"/>	
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.				

ANTHROPOMETRIC AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-59

PSU NUMBER	<input type="text"/>	HOUSEHOLD NUMBER	<input type="text"/>	NAME OF HEAD _____
515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519, FOR WHR IN 522 AND FOR THE ANEMIA TEST PROCEDURE IN 530.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> . <input type="text"/>	KG. <input type="text"/> . <input type="text"/>	KG. <input type="text"/> . <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	WAIST CIRCUM. IN CENTIMETERS	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>
521	HIP CIRCUM. IN CENTIMETERS	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>	CM. <input type="text"/> . <input type="text"/>
522	RESULT OF HIP AND WAIST MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
523	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 526) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 526) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 526) ←
524	MARITAL STATUS: CHECK COLUMN 8.	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 526) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 526) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 526) ←
525	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"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>
526	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 530).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 530).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 530).
CONSENT STATEMENT FOR ANEMIA TEST				
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.				
FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
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 in taking 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 confidential.				
Do you have any questions?				
You can say yes to the test, or you can say no. It is up to you to decide.				
Will you (allow NAME OF ADOLESCENT to) take the anemia test?				

PSU NUMBER <input type="text"/>		HOUSEHOLD NUMBER <input type="text"/>		NAME OF HEAD _____			
		WOMAN 1		WOMAN 2		WOMAN 3	
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	NAME _____	NAME _____	NAME _____
527	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8					
528	CHECK 523 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.						
529	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/>					
530	RECORD RESULT CODE OF HEMO-GLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-59

PSU NUMBER	<input type="text"/>	<input type="text"/>	HOUSEHOLD NUMBER	<input type="text"/>	<input type="text"/>	NAME OF HEAD _____
531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 535, FOR WHR IN 538 AND FOR THE ANEMIA TEST PROCEDURE IN 542.					
		MAN 1		MAN 2		MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> NAME _____				
533	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
534	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
536	WAIST CIRCUM. IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
537	HIP CIRCUM. IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
538	RESULT OF HIP AND WAIST MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
539	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 542) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 542) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 542) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 542) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 542) ←
540	MARITAL STATUS: CHECK COLUMN 8	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 542) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 542) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 542) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 542) ←	CODE 0 (NEVER IN UNION) 1 OTHER 2 (GO TO 542) ←
541	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"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>
542	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 542 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 542 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 in taking 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 confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

PSU NUMBER		HOUSEHOLD NUMBER		NAME OF HEAD			
		MAN 1		MAN 2		MAN 3	
	LINE NUMBER (COLUMN 10)	LINE NUMBER		LINE NUMBER		LINE NUMBER	
	NAME (COLUMN 2)	NAME		NAME		NAME	
543	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL		G/DL		G/DL	
544	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED	1	MEASURED	1	MEASURED	1
		NOT PRESENT	2	NOT PRESENT	2	NOT PRESENT	2
		REFUSED	3	REFUSED	3	REFUSED	3
		OTHER	6	OTHER	6	OTHER	6

TABLE FOR SELECTION OF CHILD FOR THE CHILD DISCIPLINE QUESTIONS

LOOK AT THE LAST DIGIT OF THE **HOUSEHOLD** NUMBER ON THE COVER PAGE.
THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF CHILDREN AGED 2-14 IN COLUMN (11A) OF THE HOUSEHOLD QUESTIONNAIRE.
THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX.
THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE CHILD
AGED 2-14 LISTED IN THE HOUSEHOLD SCHEDULE WILL BE REFERRED TO IN THE CHILD DISCIPLINE QUESTIONS.

WRITE THE NAME AND LINE NUMBER IN Q. 303.

EXAMPLE: IF THE QUESTIONNAIRE NUMBER IS '3716', GO TO ROW '6'.
IF THERE ARE THREE CHILDREN AGE 2-14 IN THE HOUSEHOLD, GO TO COLUMN '3'.
FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND
CHILD AGED 2-14 IN THE HOUSEHOLD LISTING SHOULD BE REFERRED TO IN THE CHILD DISCIPLINE QUESTIONS.
SUPPOSE THE LINE NUMBERS OF THE THREE CHILDREN ARE '03', '04', AND '07'. THE CHILD TO BE REFERRED
TO IN THE CHILD DISCIPLINE QUESTIONS IS THE SECOND ONE, I.E., THE CHILD ON LINE '04'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (COLUMN)							
	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

