

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2000  
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION	
GOVERNORATE _____ PSU/ SEGMENT NO. _____ KISM/ MARQAZ _____ BUILDING NO. _____ SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____ URBAN ..... 1 RURAL ..... 2 HOUSEHOLD NO. _____ LARGE CITY ..... 1 SMALL CITY ..... 2 TOWN ..... 3 VILLAGE ..... 4 SUBSAMPLE YES ..... 1 NO ..... 2 NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____	GOVERNORATE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> PSU/ SEGMENT NO <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HOUSEHOLD NO <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> SUBSAMPLE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> URBAN/ RURAL <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> LOCALITY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

INTERVIEWER VISITS				FINAL VISIT			
	1	2	3	DAY	MONTH	YEAR	
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
TEAM	<input type="text"/>	<input type="text"/>	<input type="text"/>	TEAM		<input type="text"/>	<input type="text"/>
INTERVIEWER	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERVIEWER		<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	SUPERVISOR		<input type="text"/>	<input type="text"/>
RESULT	<input type="text"/>	<input type="text"/>	<input type="text"/>	RESULT		<input type="text"/>	<input type="text"/>
NEXT VISIT:	DATE	<input type="text"/>	<input type="text"/>	TOTAL VISITS		<input type="text"/>	
	TIME	<input type="text"/>	<input type="text"/>				
<b>RESULT CODES:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT PERSON AT HOME AT THE TIME OF VISIT. 3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <input type="text"/> TOTAL ELIGIBLE WOMEN <input type="text"/> LINE NO. OF RESPONDENT FROM HOUSEHOLD SCHEDULE <input type="text"/>			
WOMAN / CHILD / ADOLESCENT REFERRED FOR SEVERE ANEMIA ADDRESS CHECKED (BY NAME: _____) REINTERVIEW:				YES	NO		
				1	2		
				1	2		
				1	2		

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE	/ / 2000	/ / 2000	/ / 2000	/ / 2000
SIGNATURE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# HOUSEHOLD SCHEDULE

We would like some information about people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX		AGE	MARITAL STATUS	ELIGIBILITY		
			007	008	009	010	IF AGE 15 OR OLDER	011	WOMEN	CHILDREN	ADOLESCENTS
001	002	006	007	008	009	010	011	011	012	013	014
	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 NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household?  (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/ her last birthday?	What is (NAME'S) current marital status?  1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED/ SIGNED CONTRACT  RECORD IN COMPLETED YEARS.	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW)	CIRCLE LINE NUMBER OF CHILDREN UNDER AGE 8	CIRCLE LINE NUMBER OF ALL MALE AND NEVER MARRIED FEMALE ADOLESCENTS AGE 11-19	
01	_____	HEAD <input type="text" value="0"/> <input type="text" value="1"/>	YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS <input type="text"/> <input type="text"/>	<input type="text"/>	01	01	01	
02	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	02	02	02	
03	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	03	03	03	
04	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	04	04	04	
05	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	05	05	05	
06	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	06	06	06	
07	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	07	07	07	
08	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	08	08	08	
09	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	09	09	09	
10	_____	<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="text"/>	10	10	10	

<p>Just to make sure that I have a complete listing:</p> <p>003 Are there any other persons such as small children or infants who are not listed? YES <input type="checkbox"/> → ADD TO 002 NO <input type="checkbox"/></p> <p>004 In addition, 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 <input type="checkbox"/> → ADD TO 002 NO <input type="checkbox"/></p> <p>005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES <input type="checkbox"/> → ADD TO 002 NO <input type="checkbox"/></p>	<p>CODES FOR Q006 RELATIONSHIP TO HOUSEHOLD HEAD:</p> <p>01 = HEAD                  02 = WIFE / HUSBAND                  03 = SON / DAUGHTER                  04 = SON-IN-LAW / DAUGHTER-IN-LAW                  05 = GRANDCHILD                  06 = PARENT                  07 = PARENT-IN-LAW                  08 = BROTHER / SISTER                  09 = BROTHER-IN-LAW / SISTER-IN-LAW                  10 = OTHER RELATIVE                  11 = ADOPTED / FOSTER CHILD                  12 = STEP CHILD                  13 = NOT RELATED                  98 = DON'T KNOW</p>
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LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE				EDUCATION			
	IF 0 - 14 YEARS OLD				IF AGE 8 YEARS OR OLDER			
001	015	016	017	018	019	020	021	
	Is (NAME'S) natural mother still alive?  QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.  IF ALIVE ASK 016, OTHERWISE GO TO 017.	IF ALIVE: Is (NAME'S) natural mother a usual household member or was she present in the household last night?  IF YES: What is her name?  CHECK 002 AND RECORD MOTHER'S LINE NUMBER.  IF NO: RECORD 00.	Is (NAME'S) natural father still alive?  QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.  IF ALIVE ASK 018, OTHERWISE GO TO 019.	IF ALIVE: Is (NAME'S) natural father a usual household member or was he present in the household last night?  IF YES: What is his name?  CHECK 002 AND RECORD FATHER'S LINE NUMBER.  IF NO: RECORD 00.	Has (NAME) ever been to school?  IF YES: ASK QUESTIONS 020-028 AS APPROPRIATE.  IF NO: GO TO 029.	IF ATTENDED SCHOOL  What is the highest level of school (NAME) attended?  1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY		What is the highest grade he/she successfully completed at that level?
	YES NO DK		YES NO DK		YES NO	LEVEL	GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	

LINE NO.	CURRENT SCHOOL ATTENDANCE				RECENT SCHOOL ATTENDANCE				WORK STATUS									
	IF AGE 3 - 24 YEARS				IF AGE 3 - 24 YEARS				IF AGE 6 YEARS OR OLDER									
	022		023		024		025		026		027		028		029		030	
	Is (NAME) currently attending school?		During the current school year did (Name) attend school at any time?		IF ATTENDED SCHOOL During this current school year what level was (NAME) attending?		What grade was (he / she) attending?		During the previous school year did (NAME) attend school at any time?		IF ATTENDED SCHOOL During that school year what level did (NAME) attend?		What grade did (he / she) attend?		Did (NAME) work during the last month?		Is (NAME) paid in cash or kind for the work he / she does?	
	IF NO: ASK QUESTION 023. IF YES: ASK QUESTIONS 024-025.		IF YES: ASK QUESTIONS 024 - 025. IF NO: GO TO 026.		0 NURSERY / KINDER GARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY				IF YES: ASK QUESTIONS 027 - 028. IF NO: GO TO 029.		0 NURSERY / KINDER GARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY				IF YES: ASK 030. IF NO: GO TO 006 FOR NEXT PERSON.		1 CASH 2 KIND 3 BOTH 4 NOT PAID GO TO 006 FOR NEXT PERSON.	
	YES	NO	YES	NO	LEVEL	GRADE	YES	NO	LEVEL	GRADE	YES	NO						
01	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
02	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
03	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
04	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
05	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
06	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
07	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
08	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
09	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
10	1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4		
031	CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN:										<input type="text"/>							
032	CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN										<input type="text"/>							
033	CHECK 014 AND ENTER THE TOTAL NUMBER OF ELIGIBLE ADOLESCENTS										<input type="text"/>							
034	TICK IF ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED										<input type="checkbox"/>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
035	What type of dwelling does your household live in?	APARTMENT ..... 1 FREE STANDING HOUSE ..... 2 OTHER ..... 6 (SPECIFY)	
036	Is your dwelling owned by your household or not?  IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED ..... 1 OWNED JOINTLY ..... 2 RENTED ..... 3 OTHER ..... 6 (SPECIFY)	
037	MAIN MATERIAL OF THE FLOOR.           RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 CERAMIC/MARBLE TILES ..... 32 CEMENT TILES ..... 33 CEMENT ..... 34 WALL-TO-WALL CARPET ..... 35 VINYL ..... 36 OTHER ..... 96 (SPECIFY)	
038	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS ..... <input type="text"/> <input type="text"/>	
039	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE ..... 11 → 041 PIPED INTO YARD/PLOT ..... 12 → 041 PUBLIC TAP ..... 13 WATER FROM OPEN WELL OPEN WELL IN RESIDENCE ..... 21 → 041 OPEN WELL IN YARD/PLOT ..... 22 → 041 OPEN PUBLIC WELL ..... 23 WATER FROM PROTECTED WELL PROTECTED WELL IN RESIDENCE ..... 31 → 041 PROTECTED WELL IN YARD/PLOT ..... 32 → 041 PROTECTED PUBLIC WELL ..... 33 SURFACE WATER NILE/CANALS ..... 41 BOTTLED WATER ..... 51 → 041 OTHER ..... 96 (SPECIFY)	
040	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>	
041	What kind of toilet facility do most members of your household use?	MODERN FLUSH TOILET ..... 11 TRADITIONAL WITH TANK FLUSH ..... 12 TRADITIONAL WITH BUCKET FLUSH ..... 13 PIT TOILET/LATRINE ..... 21 NO FACILITY ..... 31 → 043 OTHER ..... 96 (SPECIFY)	
042	Do you share this facility with other households?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
043	What type of fuel does your household use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 KEROSENE ..... 03 COAL/IGNITE ..... 04 CHARCOAL ..... 05 FIREWOOD/STRAW ..... 06 DUNG ..... 07 OTHER ..... 96 (SPECIFY)																						
044	Does your household have:  Electricity? A radio with cassette recorder? A television? A video? A telephone?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VIDEO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	VIDEO .....	1	2	TELEPHONE .....	1	2				
	YES	NO																						
ELECTRICITY .....	1	2																						
RADIO .....	1	2																						
TELEVISION .....	1	2																						
VIDEO .....	1	2																						
TELEPHONE .....	1	2																						
045	Does your household have:  An electric fan? A water heater? A refrigerator? A sewing machine? An automatic washing machine? Any other washing machine?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRIC FAN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER HEATER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEWING MACHINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AUTOMATIC WASHING MACHINE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER WASHING MACHINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRIC FAN .....	1	2	WATER HEATER .....	1	2	REFRIGERATOR .....	1	2	SEWING MACHINE .....	1	2	AUTOMATIC WASHING MACHINE ..	1	2	OTHER WASHING MACHINE .....	1	2	
	YES	NO																						
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AUTOMATIC WASHING MACHINE ..	1	2																						
OTHER WASHING MACHINE .....	1	2																						
046	Do you or any member of your household own:  A bicycle? A motorcycle or motor scooter? A car/van/truck? Farm or other land? Livestock (donkeys, horses, cows, sheep, etc.)/poultry?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE / MOTOR SCOOTER ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/VAN / TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FARM / OTHER LAND .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIVESTOCK / POULTRY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE / MOTOR SCOOTER ..	1	2	CAR/VAN / TRUCK .....	1	2	FARM / OTHER LAND .....	1	2	LIVESTOCK / POULTRY .....	1	2				
	YES	NO																						
BICYCLE .....	1	2																						
MOTORCYCLE / MOTOR SCOOTER ..	1	2																						
CAR/VAN / TRUCK .....	1	2																						
FARM / OTHER LAND .....	1	2																						
LIVESTOCK / POULTRY .....	1	2																						
047	Does your household have any place used for hand washing?	YES ..... 1 NO ..... 2 → 049																						
048	ASK TO SEE THE PLACE USED MOST OFTEN FOR HAND WASHING AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.  Water/tap Soap, ash or other cleansing agent  Basin	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATER/TAP .....	1	2	SOAP, ASH OR OTHER CLEANSING AGENT .....	1	2	BASIN .....	1	2										
	YES	NO																						
WATER/TAP .....	1	2																						
SOAP, ASH OR OTHER CLEANSING AGENT .....	1	2																						
BASIN .....	1	2																						
049	ASK RESPONDENT FOR A TEASPOON OF SALT. TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE ) ..... 1 1 - 25 PPM ..... 2 26 - 50 PPM ..... 3 51 - 75 PPM ..... 4 76 - 100 PPM ..... 5																						

## HEIGHT AND WEIGHT MEASUREMENT

050 CHECK QUESTIONS 012 AND 013 AND IDENTIFY ALL ELIGIBLE EVER-MARRIED WOMEN 15-49 AND CHILDREN UNDER AGE 6. RECORD THE LINE NUMBERS, NAMES AND AGES OF THE WOMEN AND CHILDREN FROM THE HOUSEHOLD SCHEDULE IN THE APPROPRIATE GRID BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES TO RECORD ALL OF THE ELIGIBLE WOMEN AND CHILDREN.

ELIGIBLE WOMEN 15 - 49				HEIGHT AND WEIGHT MEASUREMENT OF ELIGIBLE WOMEN 15 - 49			
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010		WEIGHT (KILOGRAMS) 055	HEIGHT (CENTIMETERS) 056		RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER 058
051			054			057	
□ □	—	□ □		□ □ □ □ . □	□ □ □ □ . □		□
□ □	—	□ □		□ □ □ □ . □	□ □ □ □ . □		□
□ □	—	□ □		□ □ □ □ . □	□ □ □ □ . □		□

ELIGIBLE CHILDREN UNDER AGE 6				HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN UNDER AGE 6			
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010	What is NAME'S date of birth?	WEIGHT (KILOGRAMS) 055	HEIGHT (CENTIMETERS) 056	MEASURED 1 LYING DOWN 2 STANDING UP 057	RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER 058
051			054			057	
			DAY    MONTH    YEAR				
□ □	—	□ □	□ □ □ □ □ □ □ □ □ □	0 □ □ □ . □	□ □ □ □ . □	1    2	□
□ □	—	□ □	□ □ □ □ □ □ □ □ □ □	□ □ □ □ . □	□ □ □ □ . □	1    2	□
□ □	—	□ □	□ □ □ □ □ □ □ □ □ □	0 □ □ □ . □	□ □ □ □ . □	1    2	□
□ □	—	□ □	□ □ □ □ □ □ □ □ □ □	0 □ □ □ . □	□ □ □ □ . □	1    2	□
□ □	—	□ □	□ □ □ □ □ □ □ □ □ □	0 □ □ □ . □	□ □ □ □ . □	1    2	□

059 TICK IF ADDITIONAL QUESTIONNAIRE USED TO RECORD MEASUREMENTS FOR:

WOMEN

CHILDREN

## ANEMIA TEST

060 CHECK COVER PAGE TO DETERMINE IF HOUSEHOLD IS INCLUDED IN THE SUBSAMPLE FOR ANEMIA TESTING.

YES

↓

NO  → 082

CHECK QUESTIONS 012, 013 AND 014 AND RECORD THE LINE NUMBERS FROM THE HOUSEHOLD SCHEDULE FOR EACH ELIGIBLE WOMAN, CHILD, AND ADOLESCENT IN THE APPROPRIATE GRIDS BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES WITHIN A GRID TO RECORD ALL OF THE ELIGIBLE INDIVIDUALS.

### CONSENT STATEMENT

As part of the survey, we are studying anemia among women, children and adolescents. Anemia is a serious health problem which results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all ever-married women aged 15-49, children under 6 and adolescents 11-19 participate in the anemia testing and give a drop of blood from the finger. The test uses sterile instruments that are clean and completely safe. The blood will be tested using special equipment and the results will be given to you right away. However, if you decide not to have the test done, it is your right and we will respect your decision. Now may I ask if (YOU / NAME OF CHILD OR ADOLESCENT) would participate in the anemia test?

### HEMOGLOBIN MEASUREMENT OF ELIGIBLE WOMEN

LINE NO. AND NAME OF WOMAN  CHECK 001 - 002	READ CONSENT STATEMENT TO EACH ELIGIBLE WOMAN	HEMOGLOBIN LEVEL (G / DL)	RESULT: 1 MEASURED 2 NOT PRESENT 8 OTHER
061	062	063	064
<input type="text"/> <input type="text"/> <hr/> NAME	1- GRANTED ↓ _____ SIGNATURE OF INTERVIEWER 2- REFUSED ↻ NEXT LINE ←	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <hr/> NAME	1- GRANTED ↓ _____ SIGNATURE OF INTERVIEWER 2- REFUSED ↻ NEXT LINE ←	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <hr/> NAME	1- GRANTED ↓ _____ SIGNATURE OF INTERVIEWER 2- REFUSED ↻ NEXT LINE ←	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/>

065 TICK IF ADDITIONAL QUESTIONNAIRE USED FOR ELIGIBLE WOEN



**HEMOGLOBIN MEASUREMENT OF ELIGIBLE CHILDREN**

LINE NO. AND NAME OF CHILD UNDER AGE 6 CHECK 001 - 002	RECORD LINE NUMBER OF PARENT / RESPONSIBLE ADULT ASKED FOR CONSENT	READ CONSENT STATEMENT TO PARENT / ADULT RESPONSIBLE FOR EACH CHILD.	HEMOGLOBIN LEVEL (G / DL)	RESULT: 1 MEASURED 2 NOT PRESENT 3 CHILD REFUSED 8 OTHER
066	067	068	069	070
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div> <hr style="width: 80%; margin-left: 0;"/> NAME	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	1- GRANTED                      2- REFUSED ↓ <hr style="width: 80%; margin-left: 0;"/> SIGNATURE OF INTERVIEWER                      NEXT LINE ←	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div> <hr style="width: 80%; margin-left: 0;"/> NAME	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	1- GRANTED                      2- REFUSED ↓ <hr style="width: 80%; margin-left: 0;"/> SIGNATURE OF INTERVIEWER                      NEXT LINE ←	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div> <hr style="width: 80%; margin-left: 0;"/> NAME	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	1- GRANTED                      2- REFUSED ↓ <hr style="width: 80%; margin-left: 0;"/> SIGNATURE OF INTERVIEWER                      NEXT LINE ←	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div> <hr style="width: 80%; margin-left: 0;"/> NAME	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	1- GRANTED                      2- REFUSED ↓ <hr style="width: 80%; margin-left: 0;"/> SIGNATURE OF INTERVIEWER                      NEXT LINE ←	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div> <hr style="width: 80%; margin-left: 0;"/> NAME	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	1- GRANTED                      2- REFUSED ↓ <hr style="width: 80%; margin-left: 0;"/> SIGNATURE OF INTERVIEWER                      NEXT LINE ←	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
071    TICK IF ADDITIONAL QUESTIONNAIRE USED FOR CHILDREN UNDER AGE 6 <input type="checkbox"/>				

**HEMOGLOBIN MEASUREMENT OF ELIGIBLE ADOLESCENTS 11 - 19**

LINE NO. AND NAME OF ADOLESCENTS AGE 11-19 CHECK 001 - 002	RECORD LINE NUMBER OF PARENT / RESPONSIBLE ADULT ASKED FOR CONSENT	READ CONSENT STATEMENT TO PARENT / ADULT RESPONSIBLE FOR EACH ADOLESCENT	HEMOGLOBIN LEVEL (G / DL)	RESULT: 1 MEASURED 2 NOT PRESENT 3 ADOLESCENT REFUSED 6 OTHER
072	073	074	075	076
<input type="text"/> NAME	<input type="text"/>	1- GRANTED ↓ SIGNATURE OF INTERVIEWER	2- REFUSED NEXT LINED ←	<input type="text"/>
<input type="text"/> NAME	<input type="text"/>	1- GRANTED ↓ SIGNATURE OF INTERVIEWER	2- REFUSED NEXT LINED ←	<input type="text"/>
<input type="text"/> NAME	<input type="text"/>	1- GRANTED ↓ SIGNATURE OF INTERVIEWER	2- REFUSED NEXT LINED ←	<input type="text"/>

077 TICK IF ADDITIONAL QUESTIONNAIRER USED FOR ADOLESCENTS

078 NAME OF MEASURE / TESTER:  NAME OF ASSISTANT:

079 COMPLETE AN ANEMIA TEST RESULT CARD FOR EACH WOMAN, CHILD OR ADOLESCENT WHOSE HEMOGLOBIN LEVEL WAS TESTED.

080 CHECK QUESTIONS 063, 069, AND 075. INDICATE WHETHER ANY OF THE EVER-MARRIED WOMEN, CHILDREN UNDER SIX OR ADOLESCENTS HAD A HEMOGLOBIN LEVEL BELOW 9 G/DL

ONE OR MORE PERSONS WITH HEMOGLOBIN LEVEL BELOW 9 G/DL

NO PERSONS WITH HEMOGLOBIN LEVEL BELOW 9 G/DL  → 082

081 READ THE FOLLOWING STATEMENT TO EACH WOMAN WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL AND/TO THE PARENT OR OTHER ADULT RESPONSIBLE FOR EACH CHILD OR ADOLESCENT WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL.

We detected a very low level of hemoglobin in (your blood/blood of (NAME OF CHILD / ADOLESCENT)). This may be a serious health problem. We would like to inform the doctor at (NEAREST MINISTRY OF HEALTH REFERRAL FACILITY) about (your condition/the condition of (NAME OF CHILD / ADOLESCENT)). This will assist you in obtaining appropriate treatment for the condition at this facility.

Do you agree that information about the level of hemoglobin in (your blood/the blood of (NAME OF CHILD / ADOLESCENT)) may be given to this facility? Whether you agree or not, we will give you a referral form to take to the facility.

FOR EACH WOMAN, CHILD OR ADOLESCENT WITH HEMOGLOBIN LEVEL OF 9 G/DL, MARK BELOW WHETHER THE REFERRAL TO THE MINISTRY OF HEALTH FACILITY WAS ACCEPTED.

PREPARE A SEVERE ANEMIA REFERRAL FORM FOR EACH WOMAN, CHILD, OR ADOLESCENT WITH A HEMOGLOBIN LEVEL BELOW 9 G/DL. GIVE THE WOMAN OR PARENT/OTHER RESPONSIBLE ADULT IN THE CASE OF A CHILD OR ADOLESCENT.

FOR INDIVIDUALS WHERE THERE IS AGREEMENT THAT THE MINISTRY OF HEALTH CAN BE INFORMED, COMPLETE THE INFORMATION ON THE CLUSTER SEVERE ANEMIA REFERRAL RECORD AND FORWARD TO THE DHS OFFICE IN CAIRO.

NAME(S) OF PERSON WITH HEMOGLOBIN LEVEL BELOW 9 G/DL	FOR CHILDREN/ADOLESCENTS: NAME OF PARENT/OTHER RESPONSIBLE ADULT	AGREED/DID NOT AGREE TO REFERRAL
		1 AGREED 2 DID NOT AGREE
		1 AGREED 2 DID NOT AGREE
		1 AGREED 2 DID NOT AGREE
		1 AGREED 2 DID NOT AGREE

## OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 082 – 083 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

082	DEGREE OF COOPERATION.	POOR ..... 1 FAIR ..... 2 GOOD ..... 3 VERY GOOD ..... 4
083	INTERVIEWER'S COMMENTS:  <hr/> <hr/> <hr/>	
084	FIELD EDITOR'S COMMENTS:  <hr/> <hr/> <hr/>	
085	SUPERVISOR'S COMMENTS:  <hr/> <hr/> <hr/>	
086	OFFICE EDITOR'S COMMENTS:  <hr/> <hr/> <hr/>	

