

ARAB REPUBLIC OF EGYPT  
MINISTRY OF HEALTH AND POPULATION  
NATIONAL POPULATION COUNCIL  
EL- ZANATY & ASSOCIATES

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Questionnaire Number

# EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2005

## HOUSEHOLD QUESTIONNAIRE

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL  
AND WILL BE USED FOR SCIENTIFIC PURPOSES ONLY



HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____ KISM/MARKAZ _____ BUILDING NO. _____ SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____ HOUSEHOLD NUMBER _____ URBAN ..... 1    RURAL ..... 2 LARGE CITY ..... 1    SMALL CITY ... 2    TOWN ..... 3    VILLAGE ..... 4 ANEMIA SUBSAMPLE: YES ..... 1    NO ..... 2 NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____	GOVERNORATE <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> PSU/SEGMENT NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"><span></span><span></span><span></span><span></span><span></span><span></span></div> HOUSEHOLD NO.    URBAN/RURAL <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 40px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> LOCALITY    SUBSAMPLE <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY    MONTH    YEAR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> </div>
TEAM				TEAM .....
INTERVIEWER				INT. NUMBER ...
SUPERVISOR				SUP. NUMBER .
RESULT				RESULT .....
NEXT VISIT:    DATE				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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-top: 5px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 30px; height: 20px;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 30px; height: 20px;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
ADDRESSED CHECKED BY: _____				YES    NO 1       2
REINTERVIEW: .....				1       2
	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME				
DATE	/   / 2005	/   / 2005	/   / 2005	/   / 2005
SIGNATURE				
	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>

**HOUSEHOLD SCHEDULE**

Now we would like some information about the 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		
			007	008					
							IF AGE 15 OR OLDER		
001	002	006			009	010	011		
	Please give me the names of the persons who usually live in your household and guests of the household who slept 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? RECORD IN COMPLETED YEARS	What is (NAME'S) current marital status?  1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED		
			YES	NO	YES	NO	M	F	IN YEARS
01		HEAD <input type="text" value="0"/> <input type="text" value="1"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
02		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
03		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
04		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
05		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
06		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
07		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
08		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
09		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>
10		<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>

Just to make sure that I have a complete household listing:		CODES FOR Q006 RELATIONSHIP TO HEAD OF HOUSEHOLD: 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 = STEPCHILD 13 = NOT RELATED 98 = DON'T KNOW	
003 Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> → ADD TO 002	NO <input type="checkbox"/>	
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"/>	
005 Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ADD TO 002	NO <input type="checkbox"/>	

LINE NO.	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
	WOMEN	CHILDREN	ADOLESCENTS	IF AGE 0-17 YEARS			
	012	013	014	015	016	017	018
	CIRCLE LINE NUMBER OF ELIGIBLE WOMEN (I.E., EVER-MARRIED WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS OR SLEPT THERE ON THE NIGHT BEFORE THE INTERVIEW).	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5.	CIRCLE LINE NUMBER OF ALL MALE ADOLESCENTS AGE 10-19 AND NEVER-MARRIED FEMALE ADOLESCENTS AGE 10-19 WHOSE MARITAL STATUS IS NEVER MARRIED OR SIGNED CONTRACT.	Is (NAME)'s natural mother alive?  QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	Does (NAME)'s natural mother live in this household?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO: RECORD 00.	Is (NAME)'s natural father alive?  QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.	Does (NAME)'s natural father live in this household?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO: RECORD 00.
				YES NO DK		YES NO DK	
01	01	01	01	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
02	02	02	02	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
03	03	03	03	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
04	04	04	04	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
05	05	05	05	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
06	06	06	06	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
07	07	07	07	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
08	08	08	08	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
09	09	09	09	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>
10	10	10	10	1 2 8 ↓ GO TO 017	<input type="text"/>	1 2 8 ↓ GO TO 019	<input type="text"/>

LINE NO.	EDUCATION									
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS						IF AGE 3-5 YEARS	
	019	020	021	022	023	024	025			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?  (SEE CODES BELOW)	Did (NAME) attend school at any time during the 2004-2005 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  (SEE CODES BELOW)	Did (NAME) attend school at any time during the previous school year, that is, in the 2003-2004 school year?	During that school year, what level and grade did (NAME) attend?  (SEE CODES BELOW)	Has (NAME) ever attended kindergarten, private nursery or other program to prepare (him/her) for primary school?  (SEE CODES BELOW)			
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE				
01	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
02	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
03	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
04	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
05	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
06	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
07	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
08	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
09	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
10	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 023	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			

CODES FOR Qs. 020, 022, AND 024

**EDUCATION LEVEL:**  
 0 = NURSERY SCHOOL  
 1 = PRIMARY  
 2 = PREPARATORY  
 3 = SECONDARY  
 4 = UPPER INTERMEDIATE  
 5 = UNIVERSITY  
 6 = MORE THAN UNIVERSITY

**EDUCATION GRADE:**  
 0 = LESS THAN 1 YEAR COMPLETED  
 (FOR Q. 020 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 022 AND 024.)  
 8 = DONT KNOW

CODES FOR Q025

1 = KINDERGARTEN AT PUBLIC SCHOOL  
 2 = KINDERGARTEN AT PRIVATE SCHOOL  
 3 = PRIVATE NURSERY  
 4 = OTHER  
 5 = DIDN'T ATTEND PRESCHOOL PROGRAM  
 8 = DON'T KNOW

LINE NO.	CHILD LABOR						
	Now I would like to ask you about any work that children in this household may do.						
IF AGE 5-14 YEARS							
	026	027	028	029	030	031	032
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household even if it was only for a short period of time?  IF YES: Was (NAME) paid in cash or in kind for his/her work?	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this household? IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS. IF 95 HOURS OR MORE, RECORD 95.	During the past year, did (NAME) do any kind of work for someone who is not a member of this household even if it was only for a short period of time?  IF YES: Was (NAME) paid for his/her work during the past 12 months?	During the past week, did (NAME) help with household chores, such as house cleaning, shopping, collecting firewood, fetching water, or caring for children even if it is for a short period of time?	Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing these chores?  IF 95 HOURS OR MORE, RECORD 95.	During the past week, did (NAME) do any (other) family work, such as helping on the farm or in a family business or selling goods (in a shop, on the street,...) even if it is for short period of time?	Since last (DAY OF THE WEEK) about how many hours did (NAME) spend doing this work?  IF 95 HOURS OR MORE, RECORD 95.
	YES PAID    YES UNPAID    NO	HOURS	YES PAID    YES UNPAID    NO	YES    NO	HOURS	YES    NO	HOURS
01	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
02	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
03	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
04	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
05	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
06	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
07	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
08	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
09	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 NEXT LINE ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033
10	1    2    3 ↓ GO TO 028	<input type="text"/> <input type="text"/> GO TO 029	1    2    3	1    2 ↓ GO TO 031	<input type="text"/> <input type="text"/>	1    2 GO TO 033 ← 2	<input type="text"/> <input type="text"/> NEXT LINE OR 033

033 CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN

 

034 CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN

 

035 CHECK 014 AND ENTER THE TOTAL NUMBER OF ELIGIBLE ADOLESCENTS

 

036 TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

**CHECK IF HOUSEHOLD IS IN THE ANEMIA SUBSAMPLE ON THE IDENTIFICATION SHEET**

IN THE SUBSAMPLE

NOT IN THE SUBSAMPLE  → GO TO QUESTION 101

**TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS**

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN. THEN GO TO QUESTION 101.

**037** LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. PUT BOX AROUND THAT NUMBER ON THE LEFT IN THE TABLE BELOW TO IDENTIFY THE **ROW** YOU WILL USE IN SELECTING THE ELIGIBLE RESPONDENT.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON Q033/THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. PUT A BOX AROUND THAT NUMBER AT THE TOP OF THE TABLE TO IDENTIFY THE **COLUMN** YOU WILL USE IN SELECTING THE ELIGIBLE RESPONDENT.

FIND POINT WHERE THE ROW AND THE COLUMN YOU HAVE MARKED MEET. CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.

**EXAMPLE;**

IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'.

IF THERE ARE THREE ELIGIBLE WOMEN 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 ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.

IF THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE SECOND ELIGIBLE WOMAN IS THE WOMEN WHOSE LINE NUMBER IS '03'. THIS WOMAN WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS (SECTION 9 IN THE WOMAN QUESTIONNAIRE).

LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION

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ADD A BOX ON THE LINE NUMBER FOR THIS WOMAN IN 012.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (COLUMN)							
	1	2	3	4	5	6	7	8
<b>0</b>	1	2	2	4	3	6	5	4
<b>1</b>	1	1	3	1	4	1	6	5
<b>2</b>	1	2	1	2	5	2	7	6
<b>3</b>	1	1	2	3	1	3	1	7
<b>4</b>	1	2	3	4	2	4	2	8
<b>5</b>	1	1	1	1	3	5	3	1
<b>6</b>	1	2	2	2	4	6	4	2
<b>7</b>	1	1	3	3	5	1	5	3
<b>8</b>	1	2	1	4	1	2	6	4
<b>9</b>	1	1	2	1	2	3	7	5



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	APARTMENT ..... 1 FREE STANDING HOUSE ..... 2 OTHER ..... 6 (SPECIFY)	
102	Is your dwelling owned or rented by your household?  IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED ..... 1 OWNED JOINTLY ..... 2 RENTED ..... 3 OTHER ..... 6 (SPECIFY)	
103	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>TUBE WELL</b> ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 <b>TANKER TRUCK</b> ..... 61 <b>CART WITH SMALL TANK</b> ..... 71 <b>SURFACE WATER (RIVER/DAM/            LAKE/POND/STREAM/CANAL/            IRRIGATION CHANNEL)</b> ..... 81 <b>BOTTLED WATER</b> ..... 91  <b>OTHER</b> ..... 96 (SPECIFY)	→ 108 → 105 → 108
104	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>TUBE WELL</b> ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 <b>TANKER TRUCK</b> ..... 61 <b>CART WITH SMALL TANK</b> ..... 71 <b>SURFACE WATER (RIVER/DAM/            LAKE/POND/STREAM/CANAL/            IRRIGATION CHANNEL)</b> ..... 81  <b>OTHER</b> ..... 96 (SPECIFY)	→ 108
105	Where is (SOURCE IN 103 OR 104) located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 108
106	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  ON/NEXT TO PREMISES ..... 996 DONT KNOW ..... 998	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 15+ ..... 1 ADULT MAN 15+ ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER _____ 6 (SPECIFY)	
108	During the last two weeks, was there any time when water was not available from (SOURCE IN 103 OR 104)?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 110
109	Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?	DAILY/ALMOST DAILY ..... 1 FEW TIMES PER WEEK ..... 2 LESS FREQUENTLY ..... 3 DONT KNOW ..... 8	
110	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 112
111	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH/COTTON C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DONT KNOW ..... Z	
112	What kind of toilet facility do members of your household usually use?	MODERN FLUSH TOILET ..... 11 TRADITIONAL TANK FLUSH ..... 12 TRADITIONAL BUCKET FLUSH ..... 13 PIT TOILET/LATRINE TOILET ..... 21 BUCKET TOILET ..... 41 NO FACILITY/FIELD ..... 61 OTHER _____ 96 (SPECIFY)	→ 117
113	Into where does this toilet flush drain?	PIPED SEWER SYSTEM ..... 01 VAULT (BAYARA) ..... 02 SEPTIC SYSTEM ..... 03 PIPED CONNECTED TO CANAL ..... 04 PIPED CONNECTED TO GROUND WATER ..... 05 EMPTIED (NO CONNECTION) ..... 06 OTHER _____ 96 (SPECIFY) DONT KNOW WHERE ..... 98	
114	Are you or your neighbors currently experiencing any problems with this drainage system?	YES ..... 1 NO ..... 2	→ 116
115	What problems are you experiencing?	POOLING AROUND OWN DWELLING . A POOLING AROUND NEIGHBOR'S DWELLING ..... B COST OF EVACUATION ..... C MOSQUITOES/INSECTS ..... D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
116	Including your own household, how many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW ..... 98	0																																							
0																																										
117	Does your household have:  Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player? A mobile? A telephone? A satellite dish? A personal home computer? A sewing machine? An electric fan? An air conditioner?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></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>COLOR TV .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BLACK AND WHITE TV .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>VIDEO/DVD .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON-MOBILE TELEPHONE ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SATELLITE DISH .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER .....</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>ELECTRIC FAN .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER .....</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	COLOR TV .....	1	2	BLACK AND WHITE TV .....	1	2	VIDEO/DVD .....	1	2	MOBILE TELEPHONE .....	1	2	NON-MOBILE TELEPHONE ...	1	2	SATELLITE DISH .....	1	2	COMPUTER .....	1	2	SEWING MACHINE .....	1	2	ELECTRIC FAN .....	1	2	AIR CONDITIONER .....	1	2	
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118	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....	01	} → 120																																						
		LPG .....	02																																							
		NATURAL GAS .....	03																																							
		BIOGAS .....	04																																							
		KEROSENE .....	05																																							
		COAL, LIGNITE .....	06																																							
		CHARCOAL .....	07																																							
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		ANIMAL DUNG .....	11																																							
		OTHER _____	96																																							
		(SPECIFY)																																								
119	In your household, is food cooked on a stove or an open fire?  PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD ..... 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD ..... 2 CLOSED STOVE WITH CHIMNEY ... 3  OTHER _____ 6 (SPECIFY)																																								
120	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)	} → 122																																							
121	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2																																								
122	How does your household mainly dispose of kitchen waste and trash?  RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE METHOD HIGHEST ON THE LIST.	COLLECTED FROM HOME .....11 FROM CONTAINER IN STREET ... 12 DUMPED INTO STREET/EMPTY PLOT .....21 INTO CANNAL/DRAINAGE .....22 BURNED .....31 FED TO ANIMALS ..... 41 OTHER _____ 96 (SPECIFY)																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
123	Does your household have: A refrigerator? A freezer? A water heater? A dishwasher? An automatic washing machine? Any other washing machine? A bed? A sofa? A hanging lamp (yellow with no cover)? A table? A "Tablia" (very low round table)? A chair? Kolla/Zeer (a container for reserving water)?	<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>REFRIGERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FREEZER .....</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>DISHWASHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AUTOMATIC WASHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER WASHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BED .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOFA .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HANGING LAMP .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLIA .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHAIR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KOLLA/ZEER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	REFRIGERATOR .....	1	2	FREEZER .....	1	2	WATER HEATER .....	1	2	DISHWASHER .....	1	2	AUTOMATIC WASHER .....	1	2	OTHER WASHER .....	1	2	BED .....	1	2	SOFA .....	1	2	HANGING LAMP .....	1	2	TABLE .....	1	2	TABLIA .....	1	2	CHAIR .....	1	2	KOLLA/ZEER .....	1	2	
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KOLLA/ZEER .....	1	2																																											
124	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																																											
125	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>NATURAL FLOOR</td> <td></td> </tr> <tr> <td>  EARTH/SAND .....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>RUDIMENTARY FLOOR</td> <td></td> </tr> <tr> <td>  WOOD PLANKS .....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>FINISHED FLOOR</td> <td></td> </tr> <tr> <td>  PARQUET OR POLISHED</td> <td></td> </tr> <tr> <td>    WOOD .....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>  CERAMIC/MARBLE TILES .....</td> <td style="text-align: right;">32</td> </tr> <tr> <td>  CEMENT TILES .....</td> <td style="text-align: right;">33</td> </tr> <tr> <td>  CEMENT .....</td> <td style="text-align: right;">34</td> </tr> <tr> <td>  WALL-TO-WALL CARPET .....</td> <td style="text-align: right;">35</td> </tr> <tr> <td>  VINYL .....</td> <td style="text-align: right;">36</td> </tr> <tr> <td>  OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	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)																
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126	TYPE OF WINDOWS.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>ALL WINDOWS WITH GLASS .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>SOME WINDOWS WITH GLASS AND</td> <td></td> </tr> <tr> <td>  SOME WITHOUT GLASS .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>ALL WINDOWS WITHOUT GLASS ...</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NO WINDOW OPENINGS .....</td> <td style="text-align: right;">4</td> </tr> </tbody> </table>	ALL WINDOWS WITH GLASS .....	1	SOME WINDOWS WITH GLASS AND		SOME WITHOUT GLASS .....	2	ALL WINDOWS WITHOUT GLASS ...	3	NO WINDOW OPENINGS .....	4																																	
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127	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	<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>WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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																									
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128	Does any member of this household own any land that can be used for agriculture?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 130																																						
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NO .....	2																																												
129	How many feddans or kirates of agricultural land do members of this household own?  IF MORE THAN 95 FEDDAN, ENTER '9995'.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEDDAN</th> <th style="text-align: center;">KIRATE</th> </tr> </thead> <tbody> <tr> <td>LAND AREA</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>DON'T KNOW .....</td> <td colspan="2" style="text-align: right;">9998</td> </tr> </tbody> </table>		FEDDAN	KIRATE	LAND AREA	<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"/>	DON'T KNOW .....	9998																																			
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130	Does your household own any livestock, herds, or farm animals or any poultry or birds?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 132																																						
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NO .....	2																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
131	<p>How many of the following does your household own?</p> <p>Cattle(buffalo, calf)?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Birds (Chickens, geese, ducks, and pigeons)?</p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p>	<p>CATTLE ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>COWS/BULLS ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>HORSES/DONKEYS/MULES . <input type="checkbox"/> <input type="checkbox"/></p> <p>GOATS ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>SHEEP ..... <input type="checkbox"/> <input type="checkbox"/></p> <p>BIRDS(CHICKENS/GEESE/ETC) <input type="checkbox"/> <input type="checkbox"/></p>	
132	<p>Does any member of your household have an account in a bank or any saving institution?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
133	<p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION)</p>	<p>0 PPM (NO IODINE) ..... 1</p> <p>7 PPM ..... 2</p> <p>15 PPM ..... 3</p> <p>30 PPM ..... 4</p> <p>NO SALT IN HH ..... 5</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>	

**WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT**

CHECK COLUMNS 012-014: RECORD THE LINE NUMBER, NAME AND AGE OF ALL EVER-MARRIED WOMEN AGE 15-49, ALL CHILDREN UNDER AGE 6, AND MALE AND NEVER-MARRIED FEMALE ADOLESCENTS AGE 10-19.

EVER-MARRIED WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF EVER-MARRIED WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM 012	FROM 002	FROM 010					
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
		YEARS					
<input type="text"/>	_____	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	_____	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	_____	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN AGE 0-5				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN AGE 0-5			
LINE NO.	NAME	AGE	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM 013	FROM 002	FROM 010					
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

MALE AND NEVER-MARRIED FEMALE ADOLESCENTS AGE 10-19				WEIGHT AND HEIGHT MEASUREMENT OF ELIGIBLE ADOLESCENTS AGE 10-19			
LINE NO. FROM 014	NAME FROM 002	AGE FROM 010	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
		YEARS	DAY MONTH YEAR				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

CHECK IN THE IDENTIFICATION SECTION ON THE COVER PAGE IF THE HOUSEHOLD IS INCLUDED IN THE ANEMIA SUBSAMPLE

IN THE SUBSAMPLE  NOT IN SUBSAMPLE  → GO TO 301

HEMOGLOBIN MEASUREMENT OF EVER-MARRIED WOMEN 15-49							
LINE NO. FROM 201	NAME CHECK COLUMN (202):			READ CONSENT STATEMENT TO WOMAN* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
	(209)	(210a)	210	211	(212)	(213)	(214)
<input type="checkbox"/>	_____			GRANTED REFUSED 1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>	YES NO/DK 1 2	<input type="checkbox"/>
<input type="checkbox"/>	_____			1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>	1 2	<input type="checkbox"/>
<input type="checkbox"/>	_____			1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>	1 2	<input type="checkbox"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN AGE 0- 5 YEARS							
LINE NO. FROM 201	NAME CHECK COLUMN (202):	CHECK COLUMN (204) CHILD AGE 0-5 MONTHS, I.E., BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTH?	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
	(209)	(210a)	210	211	(212)	(213)	(214)
<input type="checkbox"/>	_____	AGE 0-5 MONTHS OTHER 1 2 NEXT CHILD	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	_____	1 2 NEXT CHILD	<input type="checkbox"/>	1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	_____	1 2 NEXT CHILD	<input type="checkbox"/>	1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	_____	1 2 NEXT CHILD	<input type="checkbox"/>	1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	_____	1 2 NEXT CHILD	<input type="checkbox"/>	1 SIGN _____ NEXT LINE ↙ 2	<input type="checkbox"/> . <input type="checkbox"/>		<input type="checkbox"/>



HEMOGLOBIN MEASUREMENT OF MALE AND NEVER-MARRIED FEMALE ADOLESCENTS AGE 10-19								
LINE NO. FROM 201	NAME CHECK COLUMN (202):	CHECK COLUMN (203) AGE	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT TO ADOLESCENT/PARENT/RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	
	(209)	(210a)	210	211	(212)	(213)	(214)	
<input type="checkbox"/>	_____	AGE 10-17 1 GO TO 211	AGE 18-19 2	<input type="checkbox"/>	PARENT/RESP AD. GRANTED 1 SIGN _____	ADOLESCENT REFUSED 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	AGE 10-17 1 GO TO 211	AGE 18-19 2	<input type="checkbox"/>	PARENT/RESP AD. GRANTED 1 SIGN _____	ADOLESCENT REFUSED 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	AGE 10-17 1 GO TO 211	AGE 18-19 2	<input type="checkbox"/>	PARENT/RESP AD. GRANTED 1 SIGN _____	ADOLESCENT REFUSED 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	AGE 10-17 1 GO TO 211	AGE 18-19 2	<input type="checkbox"/>	PARENT/RESP AD. GRANTED 1 SIGN _____	ADOLESCENT REFUSED 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	AGE 10-17 1 GO TO 211	AGE 18-19 2	<input type="checkbox"/>	PARENT/RESP AD. GRANTED 1 SIGN _____	ADOLESCENT REFUSED 2 NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>								
215 NAME OF MEASURER/TESTER _____ <input type="checkbox"/> NAME OF ASSISTANT _____ <input type="checkbox"/>								

**\* CONSENT STATEMENT**

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

We request that you (and all children under age 6, and all male and never married female adolescents aged 10-19) to participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]/ADOLESCENT) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW

301 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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302 SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

303 EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_