

# The Hashemite Kingdom of Jordan

Department of Statistics  
Household Survey Directorate

**JORDAN POPULATION AND  
FAMILY HEALTH SURVEY**

Demographic and Health Surveys  
ORC Macro International

## HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION														
GROUP No:.....	<input type="text"/>	QUESTIONNAIRE No:.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
GOVERNORATE: _____	<table border="1" style="margin: auto;"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<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"/>	BLOCK No: .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<input type="text"/>	<input type="text"/>													
DISTRICT: _____	BUILDING No: _____													
SUB-DISTRICT: _____	HOUSING UNIT No: _____													
LOCALITY: _____	CLUSTER No:.....	<input type="text"/> <input type="text"/> <input type="text"/>												
STRATUM: _____	HOUSEHOLD No:.....	<input type="text"/> <input type="text"/>												
URBAN/RURAL (Urban = 1; Rural = 2): _____		TELEPHONE No (if available): _____												
HOUSEHOLD SELECTED FOR ANEMIA TESTING (YES = 1; NO = 2) : .....				<input type="text"/>										
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INT. CODE RESULT										
INTERVIEWER'S NAME	_____	_____	_____	<input type="text"/> <input type="text"/>										
RESULT*	_____	_____	_____	<input type="text"/>										
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS										
TIME	_____	_____		<input type="text"/>										
<b>*RESULT CODES:</b> 1- COMPLETED 2- NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME 3- ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4- POSTPONED		5- REFUSED 6- DWELLING VACANT OR ADDRESS NOT A DWELLING 7- DWELLING DESTROYED 8- DWELLING NOT FOUND 9- OTHER _____ (SPECIFY)		TOTAL PERSONS IN HOUSEHOLD <input type="text"/> <input type="text"/>  TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/>  LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="text"/> <input type="text"/>										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR										
NAME _____		NAME _____		_____										
DATE _____		DATE _____		_____										
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>										

**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 TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		DATE OF BIRTH		AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**			
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	In what month and year was (NAME) born? IF DON'T KNOW MONTH: RECORD '98' FOR MONTHS IF DON'T KNOW YEAR: RECORD '9998' FOR YEAR	How old is (NAME)? IF AGE=95+ RECORD 95 COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT	Is (NAME)'s natural mother alive?		IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	
(1)	(2)	(3)	(4)	(5)	(6)	(6A)		(7)	(10)	(11)	(12)	(13)	
			M F	YES NO	YES NO	MONTH	YEAR	IN YEARS	YES NO DK		YES NO DK		
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 IF 15+ SKIP TO 14A	<input type="text"/>	1 2 8	<input type="text"/>	

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER

04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER

09 = GRANDFATHER/GRANDMOTHER  
10 = OTHER RELATIVE  
11 = ADOPTED/STEPCHILD  
12 = NOT RELATED  
98 = DON'T KNOW

LINE NO.	EDUCATION				IF AGE 6-24 YEARS	IF AGE 15 YEARS OR OLDER	ELIGIBILITY			
	IF AGE 6 YEARS OR OLDER						What is (NAME) marital status?	CIRCLE LINE NUMBER OF ELIGIBLE WOMEN FOR THE INDIVIDUAL SURVEY (EVER MARRIED WOMEN AGE 15-49)	CIRCLE LINE NUMBER OF NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).
	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?***	What is the highest grade (NAME) completed at that level?****						
(14A)	(14B)	(14C)	(14D)	(14E)	(20A)	(20B)	(20C)	(20D)		
	YES NO	YES NO	LEVEL	GRADE	YES NO					
01	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	01	01	01	
02	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	02	02	02	
03	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	03	03	03	
04	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	04	04	04	
05	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	05	05	05	
06	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	06	06	06	
07	1 2 ↳ GO TO 14C	1 2 ↳ GO TO 20A	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	07	07	07	

\*\* CODES FOR Q.10 THROUGH Q.13  
 THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.  
 IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

\*\*\* CODES FOR Q. 14C  
 EDUCATION LEVEL:  
 01 = OLD ELEMENTARY  
 02 = OLD PREPARATORY  
 03 = OLD SECONDARY  
 04 = NEW BASIC  
 05 = NEW SECONDARY  
 06 = INTERMEDIATE DIPLOMA  
 07 = UNIVERSITY  
 08 = HIGHER  
 98 = DON'T KNOW

\*\*\*\* CODES FOR Q. 14D EDUCATION GRADE:  
 00 = LESS THAN 1 YEAR COMPLETED  
 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			In what month and year was (NAME) born? IF DON'T KNOW MONTH: RECORD '98' FOR MONTHS IF DON'T KNOW YEAR: RECORD '9998' FOR YEAR	How old is (NAME)? IF AGE=95+ RECORD 95 COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(7)	(10)	(11)	(12)	(13)
			M F	YES NO	YES NO	MONTH YEAR	IN YEARS	YES NO DK		YES NO DK	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> IF 15+ SKIP TO 14A	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>

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RELATIONSHIP TO HEAD OF HOUSEHOLD:

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10 = OTHER RELATIVE  
11 = ADOPTED/STEPCHILD  
12 = NOT RELATED  
98 = DON'T KNOW

LINE NO.	EDUCATION					IF AGE 15 YEARS OR OLDER	ELIGIBILITY			
	IF AGE 6 YEARS OR OLDER				IF AGE 6-24 YEARS	What is (NAME) marital status? 1: NEVER MARRIED/ SIGNED CONTRACT 2: MARRIED 3: DIVORCED 4: WIDOWED 5: SEPARATED	CIRCLE LINE NUMBER OF ELIGIBLE WOMEN FOR THE INDIVIDUAL SURVEY (EVER MARRIED WOMEN AGE 15-49)	CIRCLE LINE NUMBER OF NEVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).	
	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?***	What is the highest grade (NAME) completed at that level?****	Did (NAME) attend school at any time during the last school year?					
(14A)	(14B)	(14C)	(14D)	(14E)	(20A)	(20B)	(20C)	(20D)		
08	YES NO 1 2 L> GO TO 14C	YES NO 1 2 GO TO 20A	LEVEL □ □	GRADE □ □	YES NO 1 2	□	08	08	08	
09	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	09	09	09	
10	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	10	10	10	
11	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	11	11	11	
12	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	12	12	12	
13	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	13	13	13	
14	1 2 L> GO TO 14C	1 2 GO TO 20A	□ □	□ □	1 2	□	14	14	14	

\*\* CODES FOR Q.10 THROUGH Q.13  
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.  
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

\*\*\*CODES FOR Q. 14C  
EDUCATION LEVEL:  
01 = OLD ELEMENTARY  
02 = OLD PREPARATORY  
03 = OLD SECONDARY  
04 = NEW BASIC  
05 = NEW SECONDARY  
06 = INTERMEDIATE DIPLOMA  
07 = UNIVERSITY  
08 = HIGHER  
98 = DON'T KNOW

\*\*\*\*CODES FOR Q. 14D EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO

2) 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  ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES  ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
21	What is the main source of drinking water for members of your household? <sup>1</sup>	PIPED INTO DWELLING .....11 PIPED INTO YARD .....12 PUBLIC TAP .....13  SPRING .....21  RAINWATER .....31 TANKER TRUCK .....41 BOTTLED WATER .....51  OTHER _____ 96 (SPECIFY)																															
21A	TYPE OF HOUSING UNIT  RECORD OBSERVATION.	APARTMENT .....1 DAR .....2 VILLA .....3 HUT/BARRACK .....4  OTHER _____ 6 (SPECIFY)																															
23	What kind of toilet facilities does your household have?	FLUSH TOILET OWN FLUSH TOILET .....11 SHARED FLUSH TOILET .....12 PIT TOILET/LATRINE OWN TRADITIONAL PIT TOILET .....21 SHARED TRADITIONAL PIT TOILET .....22 NO FACILITY .....31  OTHER _____ 96 (SPECIFY)																															
23A	Is your house connected with :  Electricity? Public Sewage?	<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>PUBLIC SEWAGE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	PUBLIC SEWAGE .....	1	2																						
	YES	NO																															
ELECTRICITY .....	1	2																															
PUBLIC SEWAGE .....	1	2																															
25	Does your household have:  Radio or tape recorder? Television? Satellite? Telephone? Refrigerator? Washing machine? Solar heater? Computer? Internet access?	<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>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>SATELLITE .....</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> <tr> <td>REFRIGERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOLAR HEATER .....</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>INTERNET .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	SATELLITE .....	1	2	TELEPHONE .....	1	2	REFRIGERATOR .....	1	2	WASHING MACHINE .....	1	2	SOLAR HEATER .....	1	2	COMPUTER .....	1	2	INTERNET .....	1	2	
	YES	NO																															
RADIO .....	1	2																															
TELEVISION .....	1	2																															
SATELLITE .....	1	2																															
TELEPHONE .....	1	2																															
REFRIGERATOR .....	1	2																															
WASHING MACHINE .....	1	2																															
SOLAR HEATER .....	1	2																															
COMPUTER .....	1	2																															
INTERNET .....	1	2																															
25A	Does your household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILE..... <input style="width: 30px; height: 20px;" type="text"/>																															
25B	Does your household have a private car or pick-up? IF YES: How many? IF NONE, RECORD '0'0'. IF 7 OR MORE, RECORD 7	NUMBER OF CARS ..... <input style="width: 30px; height: 20px;" type="text"/>																															
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....1 NATURAL GAS .....2 KEROSENE .....3 COAL, WOOD .....4  OTHER _____ 6 (SPECIFY)																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND .....11 FINISHED FLOOR PARQUET OR POLISHED WOOD .....21 VINYL .....22 CERAMIC TILES .....23 CEMENT .....24  OTHER _____ 96 (SPECIFY)	
27A	How many rooms do you have in your house?	NUMBER OF ROOMS..... <input type="text"/> <input type="text"/>	
27B	How many rooms in your household are used for sleeping?	ROOMS FOR SLEEPING..... <input type="text"/> <input type="text"/>	

**HEIGHT AND WEIGHT MEASUREMENT**

CHECK COLUMNS (20B), (20C) AND (20D): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).

ALL WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (20B) OR 20C)	NAME FROM COL.(2)	AGE FROM COL.(7)		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		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 BORN IN 1997 OR LATER, OR CHILDREN UNDER AGE 6 (IF DATE OF BIRTH UNKNOWN).				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1997 OR LATER			
LINE NO. FROM COL.(20D)	NAME FROM COL.(2)	AGE FROM COL.(7)	DATE OF BIRTH FROM COL..6A AND ASK DAY*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STAN- DING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
						LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

IF DATE OF BIRTH IS MISSING IN COL (6A):  
 - CHECK IF THE CHILD IS INCLUDED IN ANY BIRTH HISTORY OF THE INDIVIDUAL QUESTIONNAIRE. THEN COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.  
 - IF THE CHILD IS NOT INCLUDED IN ANY BIRTH HISTORY, PROBE TO GET AN ESTIMATED DATE OF BIRTH.





50	<p>CHECK 47 AND 48:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <p style="text-align: center;">             ONE OR MORE <input type="checkbox"/> <span style="margin-left: 200px;">NONE <input type="checkbox"/></span> </p> <p style="font-size: small;">             GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.**             <span style="margin-left: 100px;">GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.</span> </p>
51	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>

NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49		
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
WOMEN AGE 15-17 AND CHILDREN		
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2

\* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant.)

\*\* If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.