

**NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006
HOUSEHOLD QUESTIONNAIRE**

10 March 2006

IDENTIFICATION																																												
NAME AND CODE OF DISTRICT _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																											
NAME AND CODE OF VILLAGE/MUNICIPALITY _____																																												
WARD NUMBER																																												
CLUSTER NUMBER																																												
HOUSEHOLD NUMBER																																												
CITY/TOWN/RURAL (CITY=1, TOWN=2, RURAL=3)																																												
NAME OF HOUSEHOLD HEAD _____																																												
NAME OF RESPONDENT _____																																												
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1; NO=2) <input type="checkbox"/>																																												
ALTITUDE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																											
INTERVIEWER VISITS																																												
	1	2	3	FINAL VISIT																																								
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>6</td></tr></table>					2	0	6																																	
2	0	6																																										
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>																																								
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>																																								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>																																								
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: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>																																								
LANGUAGE OF QUESTIONNAIRE	ENGLISH _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>5</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		5																																								
5																																												
LANGUAGE OF INTERVIEW	_____																																											
NATIVE LANGUAGE OF RESPONDENT	_____																																											
TRANSLATOR USED (YES=1; NO=2)																																											
LANGUAGE CODES: NEPALI=1; BHOJPURI=2; MAITHILI=3; THARU=4; OTHER=5																																												
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																																									
NAME _____	NAME _____	_____	_____																																									
DATE _____	DATE _____	_____	_____																																									

Introduction and Consent

Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND POPULATION.
We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey.
The survey usually takes between 20 and 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential.
Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

(2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

(2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

- 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 = BROTHER-IN-LAW OR SISTER-IN-LAW
- 10 = NIECE/NEPHEW
- 11 = CO-WIFE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Has (NAME) ever participated in a literacy program or any other program that involves learning to read and write (not including primary school)?	What is the highest grade (NAME) has completed? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2061 - 2062 (2062/63) year?	During this/that school year, what [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2060 - 2061 (2061/62)?	During that school year, what grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the VDC/ municipality? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(12)	(13)	(14)	(15)	(16)	(17)	(17A)	(18)	(19)	(20)	(21)	(22)	(23)
01	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
02	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
03	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
04	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
05	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
06	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
07	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
08	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
09	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
10	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N 1 2 ↓ GO TO 18	Y N 1 2 ↓ GO TO 23	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 21	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 18, 20 AND 22: EDUCATION

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 18 ONLY.
THIS CODE IS NOT ALLOWED
FOR QS. 20 AND 22)
01-09 = GRADE 1 - GRADE 9

GRADE

10 = COMPLETED SLC
11 = GRADE 11
12 = GRADE 12
13 = BACHELOR'S NOT COMPLETE
14 = BACHELOR'S COMPLETE/HIGHER

94 = SCHOOL BASED PRE-PRIMARY CENTERS
95 = INFORMAL PRESCHOOL
98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
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(12)	(13)	(14)	(15)	(16)	(17)	(17A)	(18)	(19)		(21)	(22)	(23)
11	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
12	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
13	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
14	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
15	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
16	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
17	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
18	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
19	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
20	Y N DK 1 2 8 ↓ GO TO 15	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 21	<input type="text"/>	1 2 ↓ GO TO 23	<input type="text"/>	<input type="text"/>

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94 = SCHOOL BASED PRE-PRIMARY CENTERS
95 = INFORMAL PRESCHOOL
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MIGRATION

24 Now I would like to ask you some questions about family members of the head of the household who lived here anytime in the last 12 months but who are now away. Are there any member of (his/her) family who lived here in the last 12 months but who are now away?	YES 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: auto;"></div> <div style="margin-left: 20px;"> ↘ 101 </div>
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IF AGE 15 AND ABOVE

LINE NO.	MIGRANTS	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	MARITAL STATUS	EVER ATTENDED SCHOOL	MONTHS AWAY	PLACE TRAVELLED	
	Please give me the names of the persons who are living outside of this household?	How old is (NAME)?	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	Has (NAME) ever attended school?	What is the highest grade (NAME) has completed? SEE CODES BELOW.	How many months has (NAME) been away in total in the last 12 months? Where has (NAME) travelled in the last 12 months? PROMPT: Anywhere else? CIRCLE ALL PLACES MENTIONED. IF 'INDIA' ASK FOR NAME OF CITY AND STATE. IF OTHER THAN INDIA OR NEPAL CIRCLE CODE C AND WRITE NAME OF COUNTRY.	
(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	
01		IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	M F 1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Y N 1 2 ↓	GRADE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	NEPAL A INDIA B _____ (SPECIFY CITY/STATE) OTHER X _____ (SPECIFY COUNTRY) DONT KNOW Z
02		IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	M F 1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Y N 1 2 ↓	GRADE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	NEPAL A INDIA B _____ (SPECIFY CITY/STATE) OTHER X _____ (SPECIFY COUNTRY) DONT KNOW Z
03		IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	M F 1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Y N 1 2 ↓	GRADE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	NEPAL A INDIA B _____ (SPECIFY CITY/STATE) OTHER X _____ (SPECIFY COUNTRY) DONT KNOW Z
04		IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	M F 1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Y N 1 2 ↓	GRADE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	NEPAL A INDIA B _____ (SPECIFY CITY/STATE) OTHER X _____ (SPECIFY COUNTRY) DONT KNOW Z
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Q.34A TOTAL NUMBER OF MIGRANTS

TICK HERE IF CONTINUATION SHEET USED

- | | |
|--|---|
| CODES FOR Q. 28: 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 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW | CODES FOR Q.32: GRADE COMPLETED
00 = LESS THAN 1 YEAR COMPLET
01-09 = GRADE 1 - GRADE 9
10 = COMPLETED SLC
11 = INTERMEDIATE NOT COMPLETE
12 = INTERMEDIATE COMPLETE
13 = BACHELOR'S NOT COMPLETE
14 = BACHELOR'S COMPLETE/HIGHER
96 = NON-FORMAL EDUCATION
98 = DON'T KNOW |
|--|---|

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CANAL) 71 STONE TAP/DHARA 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO HOUSE 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CANAL) 71 STONE TAP/DHARA 81 OTHER _____ 96 (SPECIFY)	→ 106 → 106
103	Where is that water source located?	IN OWN HOUSE 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	→ 106
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108																																																
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/ PIYUSH/WATERGUARD B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z																																																	
108	What kind of toilet facility do members of your household usually use? IF NECESSARY OBSERVE.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 51 OTHER _____ 96 (SPECIFY)	→ 111																																																
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																																																
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																	
111	Does your household have:	<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>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>REFRIGERATOR</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>CHAIR</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>CUPBOARD</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>CLOCK</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DHIKI/JANTO ...</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	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE .	1	2	REFRIGERATOR	1	2	TABLE ...	1	2	CHAIR	1	2	BED	1	2	SOFA	1	2	CUPBOARD	1	2	COMPUTER ...	1	2	CLOCK	1	2	FAN	1	2	DHIKI/JANTO ...	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 115 → 117
113	In this household, is food cooked on an open fire, a stove, or a chulo? PROBE FOR TYPE.	OPEN FIRE 1 STOVE 2 CHULO 3 OTHER _____ 6 (SPECIFY)	
114	Does this (fire/stove/chulo/other) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/MUD 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/STRAW 12 RUDIMENTARY ROOFING RUSTIC MAT 21 BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING GALVANIZED SHEET 31 WOOD 32 ASBESTOS 33 CERAMIC TILES/SLATE 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																			
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 MUD/SAND 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS 35 OTHER _____ 96 (SPECIFY)																			
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																			
121	Does any member of this household own: A bicycle/rickshaw? A motorcycle or motor scooter? A tempo? An animal-drawn cart? A car or truck?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE/RICKSHAW</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>TEMPO</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/RICKSHAW	1	2	MOTORCYCLE/SCOOTER ...	1	2	TEMPO	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	
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TEMPO	1	2																			
ANIMAL-DRAWN CART	1	2																			
CAR/TRUCK	1	2																			
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	<p>How many bighas/ropani of agricultural land do members of this household own?</p> <p>CIRCLE '1' FOR BIGHAS AND '2' FOR ROPANI</p>	<p>BIGHAS 1 <input type="checkbox"/></p> <p>ROPANI 2 <input type="checkbox"/></p> <p>99 OR MORE BIGHAS/ROPANI 995</p> <p>DON'T KNOW 998</p>	
124	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	→ 126
125	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'.</p> <p>IF MORE THAN 95, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>Buffalo</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p> <p>Ducks?</p> <p>Pigs</p> <p>Yaks?</p>	<p>BUFFALO <input type="checkbox"/></p> <p>COWS/BULLS <input type="checkbox"/></p> <p>HORSES/DONKEYS/MULES <input type="checkbox"/></p> <p>GOATS <input type="checkbox"/></p> <p>SHEEP <input type="checkbox"/></p> <p>CHICKENS <input type="checkbox"/></p> <p>DUCKS <input type="checkbox"/></p> <p>PIGS <input type="checkbox"/></p> <p>YAKS <input type="checkbox"/></p>	
126	<p>Does any member of this household have a bank /cooperative/or other savings account?</p>	<p>YES 1</p> <p>NO 2</p>	
127	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1</p> <p>NO 2</p>	→ 201
128	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="checkbox"/></p>	

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

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN BAISAKH 2057 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2057 or later aged at least 6 months participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

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

Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

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

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN BAISAKH 2057 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.			
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.		<input type="checkbox"/>		

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

215	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 228.			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
217	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
218	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
220	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) 1 OTHER 2 (GO TO 223) ↙	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) 1 OTHER 2 (GO TO 223) ↙	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) 1 OTHER 2 (GO TO 223) ↙
222	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
223	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION/NO GAUNA WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 228).
CONSENT STATEMENT FOR ANEMIA TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION/NO GAUNA WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
224	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
225	PREGNANCY STATUS: CHECK 236 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
226	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 228 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
227	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
228	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6

The cutoff point for anemia should be adjusted as follows depending on the altitude measurements noted on the cover page of the Household Questionnaire:

Minimum Hemoglobin Level for Anemia:

<u>Altitude of the Place</u>	<u>Severe</u>	<u>Moderate</u>	<u>Mild (non-pregnant)</u>	<u>Mild (pregnant)</u>	<u>Not anemic (non-pregnant)</u>	<u>Not anemic (pregnant)</u>
<i>Less than 1000 metres:</i>	<i><7.0 g/dl</i>	<i>7.0-9.9</i>	<i>10.0-11.9</i>	<i>10.0-10.9</i>	<i>12.0></i>	<i>11.0></i>
<i>1000 metres – 1499 metre:</i>	<i>7.1 g/dl</i>	<i>7.2-10.1</i>	<i>10.2-12.1</i>	<i>10.2-11.1</i>	<i>12.2></i>	<i>11.2></i>
<i>1500 metres – 1999 metres:</i>	<i>7.4 g/dl</i>	<i>7.5-10.4</i>	<i>10.5-12.4</i>	<i>10.5-11.4</i>	<i>12.5></i>	<i>11.5></i>
<i>2000 metres – 2499 metres:</i>	<i>7.7 g/dl</i>	<i>7.8-10.7</i>	<i>10.8-12.7</i>	<i>10.8-11.7</i>	<i>12.8></i>	<i>11.8></i>
<i>2500 metres – 2999 metres:</i>	<i>8.2 g/dl</i>	<i>8.3-11.2</i>	<i>11.3-13.2</i>	<i>11.3-12.2</i>	<i>13.3></i>	<i>12.3></i>
<i>3000 metres – 3499 metres:</i>	<i>8.8 g/dl</i>	<i>8.9-11.8</i>	<i>11.9-13.8</i>	<i>11.9-12.8</i>	<i>13.9></i>	<i>12.9></i>
<i>3500 metres – 3999 metres:</i>	<i>9.6 g/dl</i>	<i>9.7-12.6</i>	<i>12.7-14.6</i>	<i>12.7-13.6</i>	<i>14.7></i>	<i>13.7></i>