

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																													
NAME AND CODE OF DISTRICT _____	<table border="1" style="margin: auto;"> <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 .....																													
NAME OF HOUSEHOLD HEAD _____																													
NAME OF RESPONDENT _____																													
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1; NO=2) <input type="checkbox"/>																													
ALTITUDE .....	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																												

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>6</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	6					
2	0	6										
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				TOTAL NUMBER OF VISITS <input type="checkbox"/>								

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/></p> <p>TOTAL ELIGIBLE WOMEN <input type="checkbox"/></p> <p>TOTAL ELIGIBLE MEN <input type="checkbox"/></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/></p>
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<p>SUPERVISOR</p> <p>NAME _____</p> <p>DATE _____ <input type="checkbox"/></p>	<p>OFFICE EDITOR</p> <p><input type="checkbox"/></p>	<p>KEYED BY</p> <p><input type="checkbox"/></p>
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**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY			
				5	6		MARITAL STATUS	9	9A	10	11
1	2	3	4	5	6	7	8	9	9A	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 31</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	10

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- |                        |                        |
|------------------------|------------------------|
| 01 = HEAD              | 09 = BROTHER-IN-LAW OR |
| 02 = WIFE OR HUSBAND   | SISTER-IN-LAW          |
| 03 = SON OR DAUGHTER   | 10 = NIECE/NEPHEW      |
| 04 = SON-IN-LAW OR     | 11 = CO-WIFE           |
| DAUGHTER-IN-LAW        | 12 = OTHER RELATIVE    |
| 05 = GRANDCHILD        | 13 = ADOPTED/FOSTER/   |
| 06 = PARENT            | STEPCHILD              |
| 07 = PARENT-IN-LAW     | 14 = NOT RELATED       |
| 08 = BROTHER OR SISTER | 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
	12	13	14	15	16	16A	17	18	19	20
	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 (2067)/(2068) school year?	During this/that school year, what grade [is/was] (NAME) attending?  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
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	GRADE <input type="text"/>	<input type="text"/>
02	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
03	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
04	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
05	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
06	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
07	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
08	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
09	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
10	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	Y N 1 2 ↓ GO TO 20	<input type="text"/>	Y N 1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

- GRADE**  
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)  
01-10 = GRADE 1 - GRADE 10  
11 = GRADE 11 AND ABOVE  
94 = SCHOOL BASED PRE-PRIMARY CENTERS  
95 = INFORMAL PRESCHOOL  
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY			
				5	6		8	9	9A	10	11
1	2	3	4	5	6	7	8	9	9A	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 31</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	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
	12	13	14	15	16	16A	17	18	19	20
	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 (2067)/(2068) school year?	During this/that school year, what grade [is/was] (NAME) attending?  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
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	GRADE <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 17	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

- |   |                                       |
|---|---------------------------------------|
| 00 = LESS THAN 1 YEAR COMPLETED<br>(USE '00' FOR Q. 17 ONLY.<br>THIS CODE IS NOT ALLOWED FOR Q. 19) | 94 = SCHOOL BASED PRE-PRIMARY CENTERS |
| 01-10 = GRADE 1 - GRADE 10  | 95 = INFORMAL PRESCHOOL               |
| 11 = GRADE 11 AND ABOVE   | 98 = DON'T KNOW                       |

MIGRATION

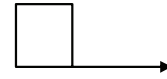
21	<p>Now I would like to ask you about members of this household who lived here in the past 10 years but have since moved away.</p> <p>Are there any members of your household who lived here in the past 10 years but who have since moved away?</p>			<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW . 8</p> <p style="text-align: right;">→ 30</p>		
LINE NO.	MIGRANTS	SEX	MONTH AND YEAR MOVED AWAY	AGE	REASON FOR MOVING	PLACE TRAVELLED TO
22	23	24	25	26	27	28
	<p>Please give me the names of the persons who are living outside of this household?</p> <p>AFTER LISTING THE NAMES AND RECORDING THE SEX FOR EACH PERSON, ASK QUESTIONS 25-28 FOR EACH PERSON</p>	<p>Is (NAME) male or female?</p>	<p>In what month and year did (NAME) move away?</p>	<p>How old was (NAME) when s/he moved away?</p> <p>IF AGE 95 OR MORE, RECORD 95'.</p> <p>IF AGE LESS THAN 1 YEAR RECORD '00'</p>	<p>What was the main reason that (NAME) moved away?</p>	<p>Where has (NAME) travelled to?</p> <p>IF 'INDIA' AND 'NEPAL' ASK FOR NAME OF THE CITY AND CODE; IF OTHER THAN INDIA OR NEPAL ASK FOR NAME OF THE COUNTRY. RECORD THE CODES AS PROVIDED.</p>
01		M F 1 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YEARS [ ][ ]	<p>WORK ..... 1</p> <p>STUDY ..... 2</p> <p>MARRIAGE ..... 3</p> <p>FAMILY ..... 4</p> <p>SECURITY ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>NEPAL ..... 1</p> <p>INDIA ..... 2</p> <p>OTHER COUNTRY ... 3</p> <p>DONT KNOW ..... 998</p>
02		M F 1 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YEARS [ ][ ]	<p>WORK ..... 1</p> <p>STUDY ..... 2</p> <p>MARRIAGE ..... 3</p> <p>FAMILY ..... 4</p> <p>SECURITY ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>NEPAL ..... 1</p> <p>INDIA ..... 2</p> <p>OTHER COUNTRY ... 3</p> <p>DONT KNOW ..... 998</p>
03		M F 1 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YEARS [ ][ ]	<p>WORK ..... 1</p> <p>STUDY ..... 2</p> <p>MARRIAGE ..... 3</p> <p>FAMILY ..... 4</p> <p>SECURITY ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>NEPAL ..... 1</p> <p>INDIA ..... 2</p> <p>OTHER COUNTRY ... 3</p> <p>DONT KNOW ..... 998</p>
04		M F 1 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YEARS [ ][ ]	<p>WORK ..... 1</p> <p>STUDY ..... 2</p> <p>MARRIAGE ..... 3</p> <p>FAMILY ..... 4</p> <p>SECURITY ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>NEPAL ..... 1</p> <p>INDIA ..... 2</p> <p>OTHER COUNTRY ... 3</p> <p>DONT KNOW ..... 998</p>
05		M F 1 2	MONTH [ ][ ] YEAR [ ][ ][ ][ ]	YEARS [ ][ ]	<p>WORK ..... 1</p> <p>STUDY ..... 2</p> <p>MARRIAGE ..... 3</p> <p>FAMILY ..... 4</p> <p>SECURITY ..... 5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>NEPAL ..... 1</p> <p>INDIA ..... 2</p> <p>OTHER COUNTRY ... 3</p> <p>DONT KNOW ..... 998</p>
Q.29	TOTAL NUMBER OF MIGRANTS [ ][ ]					
	TICK HERE IF CONTINUATION SHEET USED [ ]					

30 CHECK THE FRONT COVER OF HOUSEHOLD QUESTIONNAIRE. IS HOUSEHOLD SELECTED FOR MALE SURVEY?

HOUSEHOLD SELECTED



HOUSEHOLD NOT SELECTED



101

**31. TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN

CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '16', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD, GO TO COLUMN '3'. FIND THE NUMBER IN THE BOX WHERE THE ROW MEETS THE COLUMN ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND CIRCLE THE LINE NUMBER OF THE SELECTED WOMAN

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 107																																																
106	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE/ PIYUSH/WATER GUARD ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ BIOSAND/COLLOIDAL FILTER) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z																																																	
107	What kind of toilet facility do members of your household usually use?	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)	→ 110																																																
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																																																
109	How many households in total use this toilet facility?	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																																																
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110	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																											
116	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/SHINGLES ..... 35  OTHER _____ 96 (SPECIFY)																												
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																												
118	Does any member of this household own:  A watch? A bicycle/rickshaw? A motorcycle or motor scooter? A three wheel tempo? An animal-drawn cart? A car or truck?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; 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/RICKSHAW .....</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>THREE WHEEL TEMPO .....</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/RICKSHAW .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	THREE WHEEL TEMPO .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2							
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119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																											
120	How many bigha/ropani of agricultural land do members of this household own?   IF 95 OR MORE, CIRCLE '995'. IF LESS THAN 1 RECORD '00'	BIGHA ..... 1 <input type="text"/> <input type="text"/>  ROPANI ..... 2 <input type="text"/> <input type="text"/>  95 OR MORE BIGHA/ROPANI ..... 995 DON'T KNOW ..... 998																												
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																											
122	How many of the following animals does this household own?  IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.  Buffalo?  Milk cows or bulls?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens?  Ducks?  Pigs?  Yaks?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">BUFFALO .....</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td>COWS/BULLS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DUCKS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YAKS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	BUFFALO .....	<input type="text"/>	<input type="text"/>	COWS/BULLS .....	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS .....	<input type="text"/>	<input type="text"/>	DUCKS .....	<input type="text"/>	<input type="text"/>	PIGS .....	<input type="text"/>	<input type="text"/>	YAKS .....	<input type="text"/>	<input type="text"/>	
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YAKS .....	<input type="text"/>	<input type="text"/>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have a bank account/cooperative/or other savings account?	YES ..... 1 NO ..... 2	
124	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 126
125	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	
126	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ... 4	} → 129
127	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
128	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ... A ASH, MUD, SAND ..... B NONE ..... C	
129	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	NO IODINE ..... 1 <15 PPM ..... 2 ≥15 PPM ..... 3  SALT NOT TESTED ..... 6 (SPECIFY REASON)	



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

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. 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 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	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN BAISAKH 2062 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	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 CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). 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"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2062 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

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	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN BAISAKH 2062 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ←	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ←
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 (GO TO 212) ← REFUSED ..... 9995 OTHER ..... 9996
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208	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 CHILDREN, GO TO 214) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER ..... 2
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212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			



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

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 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 _____
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (GO TO 226) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (GO TO 226) ← REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (GO TO 226) ← REFUSED ..... 9995 OTHER ..... 9996
218	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) ←
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ←
220	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"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<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 to take 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 will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 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 _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<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 to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 take the anemia test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)
225	PREGNANCY STATUS: CHECK 234 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	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
227	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, THEN END HERE.			