

**DEMOGRAPHIC AND HEALTH SURVEY III -- RWANDA 2005
HOUSEHOLD QUESTIONNAIRE**

MINECOFIN /
DEPARTMENT OF STATISTICS

REPUBLIC OF RWANDA

IDENTIFICATION															
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>														
NAME HOUSEHOLD HEAD _____															
PROVINCE _____															
DISTRICT															
CLUSTER NUMBER															
STRUCTURE NUMBER															
HOUSEHOLD NUMBER															
URBAN/RURAL (URBAN=1, RURAL=2)															
KIGALI CITY / OTHER TOWNS/ RURAL															
(KIGALI =1, Other towns =2, Rural =3)															
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HOUSEHOLD RELATIONS (SECTION X WOMEN)/HIV/ANEMIA TEST/ANTHROPOMETRIC MEASUREMENTS (YES=1, NO = 2) = 1	<input type="checkbox"/>														
HOUSEHOLD NOT SELECTED FOR MALE INTERVIEW, ETC. = 2	<input type="checkbox"/>														

INTERVIEWER VISITS															
	1	2	3	VISITE FINALE											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td></tr></table> CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					2	0	0				
2	0	0													
INTERVIEWER'S NAME	_____	_____	_____												
RESULT*															
NEXT VISIT : DATE	_____	_____		TOTAL NBR OF VISITS <input type="checkbox"/>											
HOUR	_____	_____													
*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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/> TOTAL ELIGIBLE WOMEN <input type="checkbox"/> TOTAL ELIGIBLE MEN <input type="checkbox"/> LINE NO. OF RESP. TO HOUSEHOLD QUEST. <input type="checkbox"/>											
TEAM LEADER	FIELD CONTROLLER		OFFICE EDITOR	KEYED BY											
NAME _____ <input type="checkbox"/>	NAME _____ <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>											
DATE _____	DATE _____														

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		AGE	CHRONIC ILLNESS	ELIGIBILITY					
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK IF THE HOUSEHOLD IS SELECTED FOR MALE INTERVIEW:				
(1)	(2)	(3)	M	F	YES	NO	YES	NO	IN YEARS	YES	NO	(8)	(9)	(9a)
	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.	What is the relationship of (NAME) to the head of the household?*	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
01		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	01	01	01
02		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	02	02	02
03		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	03	03	03
04		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	04	04	04
05		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	05	05	05
06		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	06	06	06
07		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	07	07	07
08		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	08	08	08
09		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	09	09	09
10		<input type="text"/> <input type="text"/>	1	2	1	2	1	2	<input type="text"/> <input type="text"/>	1	2	10	10	10

* 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 = CO-WIFE
 10 = OTHER RELATIVE
 11 = STEPCHILD
 12 = ADOPTED/FOSTER
 13 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**						IF AGED 0-4 YEARS	
	Is (NAME)'s natural mother alive? IF NO OR DK, GO TO Q 12	IF ALIVE		Is (NAME)'s natural father alive? IF NO OR DK, GO TO Q 13B	IF ALIVE		BIRTH REGISTRATION	
		Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER THEN GO TO Q 12	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least three months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least three of the past 12 months.		Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER THEN GO TO Q 13B	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least three months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does [NAME] have a birth certificate? IF YES GO TO Q14	Was the birth of [NAME] declared with the vital statistics office?
(10)	(11)	(11A)	(12)	(13)	(13A)	(13B)	(13C)	
01	YES NO DK 1 2 8	<input type="text"/>	YES NO DK 1 2 8	YES NO DK 1 2 8	<input type="text"/>	YES NO DK 1 2 8	YES NO DK 1 2 8	YES NO DK 1 2 8
02	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
03	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
04	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
05	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
06	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
07	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
08	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
09	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
10	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8

** Q. 10 TO Q.13A

THESE QUESTIONS CONCERN BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF THE PARENTS ARE NOT MEMBERS OF THE HOUSEHOLD.

EDUCATION

LINE NO.	IF AGE 3 YEARS OR OLDER				IF AGE 3-24 YEARS			
	Has (NAME) ever attended school	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year (2005), did (NAME) attend school at any time ?	During the current school year (2005), what level and grade [is/was] (NAME) attending ?***	During the previous school year (2003-2004), did (NAME) attend school at any time ?	During the school year (2003-2004), what level and grade did (NAME) attend ?***	
	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO	LEVE L GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
02	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
03	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
04	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
05	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
06	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
07	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
08	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
09	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	
10	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	1 ↓ 2 GO TO 18	1 ↓ 2 GO TO 19	<input type="checkbox"/> <input type="checkbox"/>	1 NEXT LINE 2 ↓	<input type="checkbox"/> <input type="checkbox"/>	

***CODES POUR Q.15, 18 ET 20
 EDUCATION LEVEL :
 0 = NURSERY
 1 = ANCIENT PRIMARY OR NEW SYSTEM (6YEARS)
 2= REFORMED PRIMARY (8 YEARS)
 3 = POST-PRIMARY /CERAR /FAMILIAL /CERAI
 4 = SECONDARY
 5 = TERTIARY
 8 = DON'T KNOW

EDUCATION GRADE:
 0 = LESS THAN 1 YEAR COMPLETED
 8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	CHRONIC ILLNESS	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK IF THE HOUSEHOLD IS SELECTED FOR MALE INTERVIEW:
(1)	(2)	(3)	H F	YES NO	YES NO	IN YEARS	YES NO	(8)		(9)
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?				IF AGE 18-59 YEARS IF COL(5)=2GO TO COL (8) Has (NAME) been very ill for at least 3 months in the last 12 months ? By 'very sick' I mean has (NAME) been too sick to work or to carry out his/her normal activities at home? IF 95 YEARS OR MORE RECORD '95'.			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	20	20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
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N ^o . LINE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**						IF AGED 0-4 YEARS	
	Is (NAME)'s natural mother alive? IF NO OR DK GO TO Q 12	IF ALIVE		Is (NAME)'s natural father alive? IF NO OR DK GO TO Q 13B	IF ALIVE		BIRTH REGISTRATION	
Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER THEN GO TO Q 12		IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least three months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER THEN GO TO 13B		IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least three months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least three of the past 12 months.	Does [NAME] have a birth certificate? IF YES GO TO Q14	Was the birth of [NAME] declared with the vital statistics office?	
	(10)	(11)	(11A)	(12)	(13)	(13A)	(13B)	(13C)
	YES NO DK		YES NO DK	YES NO DK		YES NO DK	YES NO DK	YES NO DK
01	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
02	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
03	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
04	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
05	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
06	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
07	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
08	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
09	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8
10	1 2 8	<input type="text"/>	1 2 8	1 2 8	<input type="text"/>	1 2 8	1 2 8	1 2 8

** Q. 10 TO Q.13A

THESE QUESTIONS CONCERN BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF THE PARENTS ARE NOT MEMBERS OF THE HOUSEHOLD.

INSTRUCTION														
LINE N°.	IF AGE 3 YEARS OR OLDER						IF AGE 3-24 YEARS							
	Has (NAME) ever attended school		What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***		Is (NAME) currently attending school?		During the current school year (2004-2005), did (NAME) attend school at any time ?		During the current school year (2004-2005), what level and grade [is/was] (NAME) attending ?***		During the previous school year (2003-2004), did (NAME) attend school at any time ?		During the school year (2003-2004), what level and grade did (NAME) attend ?***	
	(14)		(15)		(16)		(17)		(18)		(19)		(20)	
	YES	NO	LEVE L	GRADE	YES	NO	YES	NO	LEVEL	GRADE	YES	NO	LEVEL	GRADE
11	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
12	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
13	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
14	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
15	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
16	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
17	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
18	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
19	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>
20	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>	1 ↓	2 GO TO 18	1 ↓	2 GO TO 19	<input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE	2 ↓	<input type="checkbox"/>	<input type="checkbox"/>

***CODES POUR Q.15, 18 ET 20

EDUCATION LEVEL :

0 = NURSERY

1 = ANCIENT PRIMARY OR NEW SYSTEM (6YEARS)

2 = REFORMED PRIMARY (8 YEARS)

3 = POST-PRIMARY /CERAR /FAMILIAL /CERAI

4 = SECONDARY

5 = TERTIARY

8 = DON'T KNOW

EDUCATION GRADE:

0 = LESS THAN 1 YEAR COMPLETED

8 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED		<input type="checkbox"/>
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 <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
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 <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>

	QUESTIONS AND FILTERS	CODES				ALLER A															
27	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND..... 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS..... 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																			
28	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A mobile telephone?</p>	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> </table>					YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	MOBILE TELEPHONE.....	1	2	
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE/SCOOTER.....	1	2																			
CAR/TRUCK.....	1	2																			
MOBILE TELEPHONE.....	1	2																			
Now I would like to ask you some questions concerning the mosquito nets.																					
29	Does your household have any bednets that can be used while sleeping?	<p>YES..... 1</p> <p>NO..... 2</p>				→ 35															
29A	How many mosquito nets does your household have?	NUMBER OF NETS..... <input type="text"/>																			
30	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 4 NETS, USE AN ADDITIONAL QUESTIONNAIRE.	NET #1	NET #2	NET #3	NET #4																
		<p>OBSERVED1</p> <p>NOT OBSERVED2</p>	<p>OBSERVED.....</p> <p>NOT OBSERVED.....</p>	<p>OBSERVED.....1</p> <p>NOT OBSERVED2</p>	<p>OBSERVED1</p> <p>NOT OBSERVED2</p>																
31	<p>How long ago did your household obtain the mosquito net?</p> <p>IF LESS THAN ONE MONTH REGISTER '00'</p>	<p>MOS..... <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO..... 96</p>	<p>MOS..... <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO ..</p>	<p>MOS..... <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO 96</p>	<p>MOS..... <input type="text"/></p> <p>AGO</p> <p>MORE THAN 3 YEARS AGO..... 96</p>																
		<p>YES..... 1</p> <p>NO 2</p> <p>SKIP TO 32◀J</p>	<p>YES.....</p> <p>NO SKIP TO</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>SKIP TO 32◀J</p>	<p>YES..... 1</p> <p>NO 2</p> <p>SKIP TO 32◀J</p>																
31A	CHECK Q. 31 BEDNET OBTAINED WITH IN LAST 6 MONTHS.	<p>YES..... 1</p> <p>NO 2</p> <p>SKIP TO 32◀J</p>																			

		NET #1	NET #2	NET #3	NET #4
31B	How or from where did you get your mosquito net ?	PUBLIC SECTOR GOV HOSPITAL.....11 GOV. HEALTH CENTER.....12 FIELD WORKER13 OTHER PUBLIC _____16 (SPECIFY) _____	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY) _____	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY) _____	PUBLIC SECTOR 11 12 13 OTHER PUBLIC _____16 (SPECIFY) _____
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.21 PHARMACY.....22 PRIVATE DOCTOR23 ARBEF CLINIC 24 INFIRMARY..... 25 OTHER PRIVATE MEDICAL _____26 (SPECIFY) _____	PRIVATE MEDICAL SECTOR2122232425 OTHER PRIVATE MEDICAL _____26 (SPECIFY) _____	PRIVATE MEDICAL SECTOR2122232425 OTHER PRIVATE MEDICAL _____26 (SPECIFY) _____	PRIVATE MEDICAL SECTOR2122232425 OTHER PRIVATE MEDICAL _____26 (SPECIFY) _____
		OTHER SOURCE BOUTIQUE/KIOSKS /MARKET31 CHURCH.....32 PARENTS/FRIEND 33 OTHER _____96 (SPECIFY) _____	OTHER SOURCE313233 OTHER _____96 (SPECIFY) _____	OTHER SOURCE313233 OTHER _____96 (SPECIFY) _____	OTHER SOURCE313233 OTHER _____96 (SPECIFY) _____
31C	How much did you pay for this mosquito net ?	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	PRICE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998
32	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	PERMANENTLY TREATED BEDNET ¹ TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C) <- TREATED BEDNET ² SUPANET21 OTHER22 DK BRAND28 OTHER31 DK/NOT SURE98	PERMANENTLY TREATED BEDNET TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C) <- TREATED BEDNET SUPANET 21 OTHER 22 DK BRAND 28 OTHER 31 DK/NOT SURE 98	PERMANENTLY TREATED BEDNET TUZANET11 MAMANET 12 OTHER16 DK BRAND.....18 (SKIP TO 32C) <- TREATED BEDNET SUPANET 21 OTHER..... 22 DK BRAND..... 28 OTHER 31 DK/NOT SURE..... 98	PERMANENTLY TREATED BEDNET TUZANET 11 MAMANET 12 OTHER 16 DK BRAND 18 (SKIP TO 32C) <- TREATED BEDNET SUPANET21 OTHER22 DK BRAND28 OTHER31 DK/NOT SURE98

¹ "Permanent" is a pretreated net that does not require any further treatment.

² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months

32A	Since you got the mosquito net, was it treated with a liquid to repel mosquitoes or bugs?	YES.....1 NO2 NOT SURE8	YES 1 NO2 NOT SURE.....8	YES 1 NO 2 NOT SURE..... 8	YES.....1 NO2 NOT SURE 8
32B	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO2 (GO TO 32D)← NOT SURE8	YES 1 NO2 (GO TO 32D)← NOT SURE.....8	YES 1 NO 2 (GO TO 32D)← NOT SURE..... 8	YES.....1 NO2 (GO TO 32D)← NOT SURE8
32C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS.. <input type="text"/> MORE THAN 3 YEARS AGO..... 96 NOT SURE 98	MONTHS... <input type="text"/> MORE THAN 3 YEARS AGO96 NOT SURE.....98	MONTHS... <input type="text"/> MORE THAN 3 YEARS AGO96 NOT SURE.....98	MONTHS.. <input type="text"/> MORE THAN 3 YEARS AGO..... 96 NOT SURE 98
32D	Did anyone sleep under this mosquito net last night?	YES.....1 NO2 (SKIP TO 32F)← NOT SURE8	YES 1 NO2 (SKIP TO 32F)← NOT SURE 8	YES 1 NO 2 (SKIP TO 32F)← NOT SURE..... 8	YES.....1 NO2 (SKIP TO 32F)← NOT SURE8
32E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/>	NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/>	NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/> NAME _____ LINE No <input type="text"/>	NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/> NAME _____ LINE No.... <input type="text"/>
32F		GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35. IF THERE ARE MORE THAN 4, USE AN ADDITIONAL QUESTIONNAIRE.			
35	ASK THE RESPONDENT FOR A TEASPOONFUL OF SALT NORMALLY USED IN THE HOUSEHOLD, THEN TEST THE SALT TO VERIFY THE PRÉSENCE OF IODINE. RECORD RESULTS IN PPM (PARTS PER MILLION).	0 PPM (NO COLOR) 1 7 PPM..... 2 15 PPM..... 3 30 PPM OR MORE (VERY DARK COLOR) 4 NO SALT IN THE HOUSEHOLD..... 5 SALT NOT TESTED 6 (IF NO SALT WAS TESTED, GIVE THE REASON: _____)			

C1. SUPPORT FOR CHRONICALLY ILL PERSONS.

101	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 <input style="width: 40px; height: 20px;" type="text"/>			AT LEAST ONE <input type="checkbox"/> NONE <input type="checkbox"/> → 201
102	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK HOUSEHOLD MEMBER AGE 18-59, BEGINNING WITH THE FIRST SICK MEMBER LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).			
103	RECORD LINE NUMBER AND NAME OF THE SICK MEMBER IN THE HOUSEHOLD SCHEDULE	1st SICK PERS. NAME _____ LINE NO. <input style="width: 30px; height: 20px;" type="text"/>	2nd SICK PERS. NAME _____ LINE NO. <input style="width: 30px; height: 20px;" type="text"/>	3rd SICK PERS. NAME _____ LINE NO. <input style="width: 30px; height: 20px;" type="text"/>
104	You said to me that in your household, (NAME OF EACH SICK PERSON TO Q103) was very sick during atleast 3 months during the last 12 months. I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [this/any of these] patient(s) and for which you did not pay. By assistance or organized support, I want to say a help or I want to say a help or support provided by somebody who works for a program, that it is governmental, private sector, religious, a charity organization or a Community based program.			
105	Now I would like to ask you some questions about the help or support that your household may have received from anyone besides your relatives, friends or neighbors because of (NAME)'s illness. In the last 12 months, has your household received any medical care for (NAME) for which you did not have to pay?	YES 1 NO 2 (SKIPTO 107) ← DK 8	YES 1 NO 2 (SKIPTO 107) ← DK 8	YES 1 NO 2 (SKIPTO 107) ← DK 8
106	Your household recieved any of these supports at least once per month when (name) was ill?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
107	In the last 12 months, has your household received any companionship, emotional or spiritual support in your home, because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIPTO 109) ← DK 8	YES 1 NO 2 (SKIPTO 109) ← DK 8	YES 1 NO 2 (SKIPTO 109) ← DK 8
108	Did your household recieve this support during the last 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
109	In the last 12 months. Did your household recieve material support for (NAME) like clothing food or financial support for which you did not have to pay?	YES 1 NO 2 (SKIPTO 111) ← DK 8	YES 1 NO 2 (SKIPTO 111) ← DK 8	YES 1 NO 2 (SKIPTO 111) ← DK 8
110	Did your household recieve this support in the last 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
111	In the last 12 months. Did your household recieve any social support because of (NAME)'s illness like household work training of caregiver or assistance for legal service for which you did not have to pay?	YES 1 NO 2 (SKIPTO 113) ← DK 8	YES 1 NO 2 (SKIPTO 113) ← DK 8	YES 1 NO 2 (SKIPTO 113) ← DK 8
112	Did your household recieve this support in the last 30 days	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
113	In the last 30 days, has [NAME] had severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 115) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 115) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 115) ←
114	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
115	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 117) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 117) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 117) ←
116	Was (NAME) able to reduce or stop the (nausea/coughing/ diarrhea/constipation) most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
117	RETURN TO 105 FOR THE NEXT COLUMN OR IF THERE ARE SICK PEOPLE. GO TO 201.			

C2. SUPPORT FOR PERSONS WHO HAVE DIED

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
201	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has anyone who lived in this household died in the last 12 months	YES 1 NO 2 DK 8	1 2 8		→ 301 → 301
202	How many household members died in the last 12 months?	NBR. OF PERSONS <input type="text"/> <input type="text"/>			
203	POSE 204-221 FOR EACH PERSON, ONE AFTER ANOTHER. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE.				
204	What was the name of the person who died (most recently)/(before him/her)?	NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____	
205	Was (NAME) male or female?	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	MALE ... 1 FEMALE 2	
206	How old was (NAME) when (s)he died?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	
207	Was (NAME) very sick for at least three of the 12 months before s(he)died? By very sick, I want to say too sick to work or to ensure normal activities the house for 3 months in the last 12 months?	YES 1 NO 2 (SKIP TO 222) ← DK 8	YES 1 NO 2 (SKIP TO 222) ← DK 8	YES 1 NO 2 (SKIP TO 222) ← DK 8	
208	CHECK 206: AGE OF THE DEAD PERSON	<18/60+ <input type="text"/> ↓ (SKIP TO 222) ← 18-59 <input type="text"/> ↓	<18/60+ <input type="text"/> ↓ (SKIP TO 222) ← 18-59 <input type="text"/> ↓	<18/60+ <input type="text"/> ↓ (SKIP TO 222) ← 18-59 <input type="text"/> ↓	
209	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME] before his death and for which you did not pay. By assistance or organized support I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program				
210	In the last 12 months, has your household received any medical care for (NAME) for which you did not have to pay?	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8	YES 1 NO 2 (SKIP TO 212) ← DK 8	
211	Your household received any of these supports during the last 30 days preceding the death of (NAME)?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
212	In the last 12 months, has your household received any companionship, emotional or spiritual support in your home, because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 214) ← DK 8	YES 1 NO 2 (SKIP TO 214) ← DK 8	YES 1 NO 2 (SKIP TO 214) ← DK 8	
213	Your household received any of these supports during the last 30 days preceding the death of (NAME)?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
214	In the last 12 months. Did your household receive material support for (NAME) like clothing food or financial support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 216) ← DK 8	YES 1 NO 2 (SKIP TO 216) ← DK 8	YES 1 NO 2 (SKIP TO 216) ← DK 8	
215	Your household received any of these supports during the last 30 days preceding the death of (NAME)?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
216	In the last 12 months. Did your household receive any social assistance because of (NAME)'s illness like household work training of caregiver or assistance for legal service for which you did not have to pay?	YES 1 NO 2 (SKIP TO 218) ← DK 8	YES 1 NO 2 (SKIP TO 218) ← DK 8	YES 1 NO 2 (SKIP TO 218) ← DK 8	
217	Your household received any of these supports during the last 30 days preceding the death of (NAME)?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

		NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____	NAME 1st PERS. DEAD _____
218	In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 220) ←	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 220) ←	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 220) ←
219	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3
220	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 222) ←	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 222) ←	SEVERE. 1 MILD. 2 NOT AT ALL. . . . 3 (SKIP TO 222) ←
221	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3	MOST TIME. . . . 1 SOME TIME. . . . 2 NOT AT ALL. . . . 3
222		RETURN TO 204 FOR THE NEXT COLUMN OR THERE ARE MORE PERSONS WHO DIED, GO TO 301.		

C3. SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

No	QUESTIONS ET FILTRES	CODES	SKIP TO
301	CHECK COLUMN 7 OF THE HOUSEHOLD SCHEDULE: IS THERE A CHILD OF 0-17 YRS? AT LEAST ONE CHILD 0-17 YRS <input type="checkbox"/>	NO CHILD 0-17 YRS <input type="checkbox"/>	→ 35A
302	CHECK COLUMN 7 OF THE HOUSEHOLD SCHEDULE: IS THERE AN ADULT OF 18-59 YRS? AT LEAST ONE ADULT 18-59 YRS <input type="checkbox"/>	NO ADULT 18-59 YRS <input type="checkbox"/>	→ 307
303	VERIFY COLUMN 7A OF THE HOUSEHOLD SCHEDULE: IS THERE AN ADULT OF 18-59 YRS WHO IS SICK? NOT A SINGLE "YES" IN COLUMN 7A <input type="checkbox"/>	AT LEAST ONE "YES" IN COLUMN 7A <input type="checkbox"/>	→ 307
304	VERIFY 206 IN SECTION C2: IS THERE AN ADULT OF 18-59 YRS WHO DIED DURING THE LAST 12 MONTHS? NO ADULT AGE 18-59 IN 206 <input type="checkbox"/>	AT LEAST ONE ADULT AGE 18-59 YRS IN 206 <input type="checkbox"/>	→ 307
305	CHECK COLUMN 10 AND 12 IN THE HOUSEHOLD SCHEDULE: MOTHER OR FATHER ALIVE? NOT A SINGLE "NO" OR 'DK' IN COL. 10 OR 12 <input type="checkbox"/>	AT LEAST ONE "NO" OR 'DK' IN 10 OR 12 <input type="checkbox"/>	→ 307
306	CHECK COLUMNS 11A AND 13A IN THE HOUSEHOLD SCHEDULE: MOTHER OR FATHER VERY SICK? AT LEAST ONE "YES" IN 11A OR 13A <input type="checkbox"/>	NOT A SINGLE "YES" IN 11A OR 13A <input type="checkbox"/>	→ 35A
307	MAKE THE LIST OF ALL THE CHILDREN OF 0-17 YRS IN THE HOUSEHOLD		
	1) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	2) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	3) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	4) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	5) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	6) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	7) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	8) LINE NUMBER <input type="text"/>	NAME _____	AGE <input type="text"/>
	IF YOU HAVE TO REGISTER MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.		

308	REGISTER THE LINE NUMBER AND NAME OF EACH LISTED CHILD IN Q.307, STARTING WITH THE FIRST CHILD IN THE LIST. ASK THE QUESTIONS ABOUT EACH ONE OF THESE CHILDREN. IF THERE ARE MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.				
309	LINE NUMBER AND NAME IN 307	1st CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	2nd CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	3rd CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	4th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>
310	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME OF EACH CHILD IN 309] and for which you did not pay. By assistance or organized support, I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program.				
311	I would like to now ask you questions about the support that your household received for (NAME). During the last 12 months, did you receive medical support for (NAME) for which did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
312	In the last 12 months, has your household received any counseling from a trained counselor because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8
313	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
314	In the last 12 months, has your household received any clothing, food or financial support because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8
315	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
316	In the last 12 months, has your household received any help with household work or childcare, training of caregiver because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8
317	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
318	VERIFY 307: AGE OF THE CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← AGE 5-17 <input type="checkbox"/>
319	In the last 12 months, has your household received any help with school fees or school related expenses for (NAME) for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
320	RETURN TO 311 FOR THE NEXT COLUMN; IF THERE ARE NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW OF THE ELIGIBLE PERSON.				

309	LINE NUMBER AND NAME IN 307	5th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	6th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	7th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>	8th CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/>
310	I would like to ask you questions in connection with any type of assistance or organized support that your household could have received for [NAME OF EACH CHILD IN 309] and for which you did not pay. By assistance or organized support, I want to say help or support provided by somebody who works for a program, that it is governmental, of the private sector, religious, charity organization or a Community based program.				
311	I would like to now ask you questions about the support that your household received for (NAME). During the last 12 months, did you receive medical support for (NAME) for which did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
312	In the last 12 months, has your household received any counseling from a trained counselor because of (NAME)'s situation, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (PASSEZ TO 314) ← DK 8
313	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
314	In the last 12 months, has your household received any clothing, food or financial support because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8
315	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
316	In the last 12 months, has your household received any help with household work or childcare, training of caregiver because of (NAME)'s situation for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8
317	Did your household receive this support during the last 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
318	VERIFY 307: AGE OF THE CHILD	ÂGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← ÂGE 5-17 <input type="checkbox"/>	ÂGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← ÂGE 5-17 <input type="checkbox"/>	ÂGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← ÂGE 5-17 <input type="checkbox"/>	ÂGE 0-4 <input type="checkbox"/> (SKIP TO 320) ← ÂGE 5-17 <input type="checkbox"/>
319	In the last 12 months, has your household received any help with school fees or school related expenses for (NAME) for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
320	RETURN TO 311 FOR THE NEXT COLUMN; IF THERE ARE NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW OF THE ELIGIBLE PERSON.				

Q. 35A

CHECK THE COVER PAGE OF THIS QUESTIONNAIRE. USE THIS TABLE ONLY IF THE HOUSEHOLD WAS SELECTED FOR QUESTIONS IN SECTION 10, « RELATIONS IN THE HOUSEHOLD ».

IF THERE IS ONLY ONE ELEGIBLE WOMAN IN THE HOUSEHOLD

In the first line (row) of the table below, write the name, age and line number of the eligible woman (see Column (8) of the Household Schedule) : this woman is selected to be interviewed with questions in Section 11 «Relations in the Household».

IF THERE ARE SEVERAL ELEGIBLE WOMEN IN THE HOUSEHOLD

In the table below, write the name, the age and the line number of all eligible women (see Column (8) of the Household Questionnaire), beginning with the oldest and ending with the youngest.
 Note the last digit of the household structure number recorded on the cover page of the questionnaire and circle that number on the first line of the table below. Descend down this column of this number until you reach the line of the last woman recorded. Circle the number that is at the intersection between the column descended and the line of the last woman recorded.
 The number you circled (1,2,3 etc.) at this intersection tells you the order of the woman selected for Section 11 of the Women's Questionnaire (the 1st, 2nd, 3rd, etc...). In the household schedule, circle the LINE NUMBER of the woman selected.

Ordre Number	Name of the woman	Age Of the woman	Line number from household schedule	1	2	3	4	5	6	7	8	9	0
1 ^{ère}				1	1	1	1	1	1	1	1	1	1
2 ^e				2	1	2	1	2	1	2	1	2	1
3 ^e				1	2	3	1	2	3	1	2	3	1
4 ^e				1	2	3	4	1	2	3	4	1	2
5 ^e				4	5	1	2	3	4	5	1	2	3
6 ^e				4	5	6	1	2	3	4	5	6	1
7 ^e				3	4	5	6	7	1	2	3	4	5
8 ^e				3	4	5	6	7	8	1	2	3	4
9 ^e				2	3	4	5	6	7	8	9	1	2
10 ^e				1	2	3	4	5	6	7	8	9	10

ANTHROPOMETRY AND CHILD'S HEMOGLOBIN SCHEDULE

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth ?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 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="checkbox"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
			DAY MONTH YEAR			LYING STANDING	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>

TICK HERE IF CONTINUATION SHEET IS USED:

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHANS, ADOPTED CHILDREN, ETC.), ASK DAY, MONTH AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM Q.215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

INFORMED CONSENT STATEMENT FOR ANEMIA

As part of this survey, we are studying anemia among women, men and children under age 6 years. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born since 1999) participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

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

CONTINUE TO COLUMN (45) AND CIRCLE THE APPROPRIATE CODE.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49			
LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 TECHN PROB 6 OTHER
(44)	(45)	(46)	(47)
<input type="text"/>	GRANTED 1 ↓ SIGN _____	REFUSED OR NOT READ 2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>
<input type="text"/>	1 ↓ SIGN _____	2 ↓ GO TO 47 ↙	<input type="text"/>

Informed Consent Statements HIV testing

INFORMED CONSENT STATEMENT FOR HIV TESTING ADULTS AGE 18 OR OLDER

As part of this survey, we are studying HIV/AIDS among women age 15 to 49 years and men age 15-59 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death. We are conducting a test to measure the extent of the disease in Cameroon. The results from the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide you with results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

***Do you have any questions about this?
Now I would like you to please tell me if you agree to participate in the HIV test ?***

CONTINUE TO COLUMN (67) AND CIRCLE THE APPROPRIATE CODE.

INFORMED CONSENT STATEMENTS FOR HIV TESTING YOUNG MEN AND WOMEN AGE 15-17 YEARS

1st step: First ask the consent of the parent or responsible adult

The study of HIV/AIDS includes young women and men starting at age 15. For HIV testing of young men and women ages 15 to 17 years we ask that the parent or a responsible adult provides their consent, as well as the eligible young man or woman.

We request that the young man/woman, [NAME], participate in the HIV testing part of this survey by permitting us to use a few drops of blood from his/her finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, no name or personally identifying information will be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

Now I would like you to please tell me if you agree that [NAME] participates in the HIV test ?

CONTINUE TO COLUMN (66) AND CIRCLE THE APPROPRIATE CODE.

2nd step: Consent of the young man/woman

IF THE PARENT OR RESPONSIBLE ADULT AGREES THAT THE YOUNG PERSON BE TESTED, THEN READ THE CONSENT TO THE YOUNG PERSON.

As part of this survey, we are studying HIV/AIDS among women age 15 to 49 years and men age 15-59 years. As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death. We are conducting test to measure the extent of the disease in Cameroon. The results from the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to use a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent directly to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide you with results of the test. However, we will give you a coupon for a free test at a Voluntary Counseling and Testing center in case you want to know your HIV status.

***Do you have any questions about this?
Now I would like you to please tell me if you agree to participate in the HIV test ?***

CONTINUE TO COLUMN (67) AND CIRCLE THE APPROPRIATE CODE.

* *DON'T FORGET TO GIVE EACH ELIGIBLE PERSON A REFERENCE FORM FOR A FREE HIV TEST.*

ADULT HIV AND HEMOGLOBIN SCHEDULE

Number of blood samples: _____
 CHECK COLUMNS (8) AND (9a) FROM HOUSEHOLD SCHEDULE: RECORD THE LINE NUMBER, NAME, SEX, AND AGE OF ALL WOMEN AGE 15-49 AND ALL MEN AGE 15-59 YEARS. THIS FORM MUST BE DESTROYED BEFORE THE RESULTS OF THE TEST ARE LINKED TO THE RDHS DATABASE.

LINE NUMBER FROM COLUMN (8) OR COLUMN (9a)	NAME FROM COL.(2)	SEX FROM COL.(4)	AGE FROM COL.(7)	CHECK AGE IN COLUMN (51)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT.	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN) IF 54a = 1, READ CONSENT IN 55a. IF 54b = 1, READ CONSENT IN 55b. IF 55a AND 55b DO NOT EQUAL 1, GO TO 58.	READ THE CONSENT TO THE RESPONDENT. CIRCLE CODE (AND SIGN) IF 54a = 1, READ CONSENT IN 55a. IF 54b = 1, READ CONSENT IN 55b. IF 55a AND 55b DO NOT EQUAL 1, GO TO 58.	CONSENT FOR ANEMIA TESTING	CONSENT FOR HIV TESTING	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CURRENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES 5 DROPS of blood: First drop is wiped away; Second, third, fourth drops are collected for HIV; Fifth (last) drop is collected for anemia
(48)	(49)	(50)	(51)	(52)	(53)	(a)	(b)	(a)	(b)	(56)	(57)	(58)	(59)	(60)
<input type="checkbox"/>	NAME	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 18+ 1 2 ↓ SKIP TO 55	<input type="checkbox"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="checkbox"/>	YES.....1 NO.....2 DK.....3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	
<input type="checkbox"/>	NAME	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 18+ 1 2 ↓ SKIP TO 55	<input type="checkbox"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="checkbox"/>	YES.....1 NO.....2 DK.....3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	
<input type="checkbox"/>	NAME	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 18+ 1 2 ↓ SKIP TO 55	<input type="checkbox"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ.....1 REFUSÉ.....2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="checkbox"/>	YES.....1 NO.....2 DK.....3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUT THE 2 ND BAR CODE ON THE RESPONDENT'S FILTER PAPER, AND THE 3 RD ON THE BLOOD SAMPLE TRANSMITTAL FORM	

LINE NUMBER FROM COLUMN (8) OR COLUMN (9a)	NAME FROM COL.(2)	SEX FROM COL. (4)	AGE FROM COL.(7)	CHECK AGE IN COLUMN (51)	LINE NUMBER OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSE-HOLD SCHE-DULE	READ THE CONSENT TO THE PARENT OR RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ THE CONSENT TO THE RESPONDENT CIRCLE CODE (AND SIGN) If 54a = 1, READ CONSENT IN 55a. If 54b = 1, READ CONSENT IN 55b. If 55a AND 55b DO NOT EQUAL 1 GO TO 58.	HEMOGLOBIN LEVEL (G/DL)	FOR WOMEN CURRENTLY PREGNANT	ANEMIA RESULT 1 MEASURED 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	HIV RESULT 1 BLOOD TAKEN 2 ABSENT 3 REFUSED 4 TECHNICAL PROBLEMS 6 OTHER (SPECIFY)	PLACE BAR CODES
(48)	(49)	(50)	(51)	(52)	(53)	(a) (54)	(b) (55)	(56)	(57)	(58)	(59)	(60)
<input type="text"/>	NAME	M F 1 2	YEARS <input type="text"/>	AGE 15-17 18+ 1 2 ↓ SKIP TO 55	<input type="text"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/>	YES1 NO2 DK3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>					<input type="text"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/>	YES1 NO2 DK3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>					<input type="text"/>	CONSENT FOR ANEMIA TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	CONSENT FOR HIV TESTING ACCORDÉ ...1 REFUSÉ ...2 PAS LU3 SIGNER R : _____	IF 55a DOES NOT EQUAL '1', GO TO 58 <input type="text"/>	YES1 NO2 DK3	<input type="text"/>	<input type="text"/>	PUT 1ST BAR CODE HERE PUT THE 2 ND BAR CODE ON THE RESPONSENT'S FILTER PAPER , AND THE 3RD ON THE BLOOD SAMPLE TRANSMITTAL FORM

TICK HERE IS ANOTHER SHEET IS USED :

61

CHECK QUESTIONS 46 (FOR CHILDREN) AND 56/57 (FOR ADULTS) :

NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS :

LESS THAN **7G/DL** FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN **9G/DL** FOR PREGNANT WOMEN.

ONE OR MORE

NONE

GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.62) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS. GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST AND CONTINUE TO Q.60.

62

The results of the test show that (your blood/the blood of NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (you/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA AND CONTINUE TO Q.60.