

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2010
HOUSEHOLD QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION										
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD STRUCTURE NUMBER HOUSEHOLD NUMBER	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
HOUSEHOLD SELECTED FOR MALE INTERVIEW, HIV, MALARIA TEST, ANTHROPOMETRIC MEASUREMENTS AND SECTION 12 OF THE WOMAN'S QUESTIONNAIRE	YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>									

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></table> MONTH <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>1</td><td> </td></tr></table>					2	0	1	
2	0	1										
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right; margin-right: 50px;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <input type="checkbox"/> <input type="checkbox"/> TOTAL ELIGIBLE WOMEN <input type="checkbox"/> <input type="checkbox"/> TOTAL ELIGIBLE MEN <input type="checkbox"/> <input type="checkbox"/> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/> <input type="checkbox"/>								

SUPERVISOR NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIELD EDITOR NAME _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OFFICE EDITOR <input type="checkbox"/> <input type="checkbox"/>	KEYED BY <input type="checkbox"/> <input type="checkbox"/>
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-36 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 12 = DOMESTIC WORKER |
| 06 = PARENT | 98 = DONT KNOW |
| 07 = PARENT-IN-LAW | |

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	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?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2009 - 2010) (3) school year?	During this/that school year, what level and 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 civil authority? 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 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

- | | |
|-----------------------------|---------------------------------|
| LEVEL | GRADE |
| 1 = PRIMARY | 00 = LESS THAN 1 YEAR COMPLETED |
| 2 = POST-PRIMARY/VOCATIONAL | (USE '00' FOR Q. 17 ONLY. |
| 3 = SECONDARY | THIS CODE IS NOT ALLOWED |
| 4 = TERTIARY | FOR Q. 19) |
| 6 = PRE-PRIMARY | 98 = DON'T KNOW |
| 8 = DON'T KNOW | |

HOUSEHOLD HEALTH EXPENDITURE

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		ILLNESS/ INJURY
	21	22	23	24	25	27	
	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR IN-PATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUT-PATIENT MODULE	Was (NAME) ill or injured in the last four weeks?
01	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	01	Y N DK 1 2 8 ↓ GO TO 28	01	Y N DK 1 2 8
02	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	02	1 2 8 ↓ GO TO 28	02	1 2 8
03	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	03	1 2 8 ↓ GO TO 28	03	1 2 8
04	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	04	1 2 8 ↓ GO TO 28	04	1 2 8
05	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	05	1 2 8 ↓ GO TO 28	05	1 2 8
06	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	06	1 2 8 ↓ GO TO 28	06	1 2 8
07	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	07	1 2 8 ↓ GO TO 28	07	1 2 8
08	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	08	1 2 8 ↓ GO TO 28	08	1 2 8
09	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	09	1 2 8 ↓ GO TO 28	09	1 2 8
10	1 2 8 ↓ GO TO 23	<input type="checkbox"/>	1 2 8 ↓ GO TO 25	10	1 2 8 ↓ GO TO 28	10	1 2 8

CODES FOR Q. 22: TYPE OF HEALTH INSURANCE

- 1 = MUTUELLE HEALTH INSURANCE/ COMMUNITY BASED HEALTH INSURANCE
- 2 = RAMA
- 3 = MMI
- 4 = PRIVATELY PURCHASED/COMMERCIAL HEALTH INSURANCE
- 6 = OTHER
- 8 = DON'T KNOW

CHILD LABOR

IF AGE 5-16 YEARS

LINE NO.	29	29A	30	31	32	33	34	35	36
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay in cash or kind? 1=YES FOR PAY (IN CASH/KIND) 2=YES, UNPAID 3=NO	What kind of work did (NAME) do for someone who is not a member of this household during the past week? SEE CODES BELOW.	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? IF MORE THAN ONE JOB, INCLUDE ALL HOURS IN ALL JOBS.	During the past week, did (NAME), fetch water or collect firewood, for household use?	Since last (DAY OF THE WEEK), about how many hours did he/she fetch water or collect firewood, for household use?	During the past week, did (NAME) do any other family work (on the farm or in a business, or selling goods in the street)? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD, ALONE OR WITH ONE OR MORE PARTNERS	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing this work for his/her family or himself/herself?	During the past week, did (NAME) help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children or sick people?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?
01	PAID UNPAID NO 1 2 3 ↓ GO TO 31			Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
02	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
03	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
04	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
05	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
06	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
07	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
08	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
09	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
10	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	

CODES FOR Q. 29A: TYPE OF WORK THAT THE CHILD DOES OUTSIDE THE HOUSEHOLD

- | | |
|--|---|
| 01 = HOUSEHOLD CHORE (COOKING, FETCHING, WATER/FIRE WOOD, WASHING CLOTHES, HOUSE CLEANING, BABY SITTING, ETC.) | 06 = SELLING GOODS ON THE MARKETS/STREET/SHOP |
| 02 = CULTIVATING/HARVESTING IN GARDEN OR FIELD | 07 = PROSTITUTION |
| 03 = IN PLANTATION (TEA, RICE, COFFEE, OTHER) | 08 = SELLING ALCOHOL, DRUG, AND CIGARETTES |
| 04 = FISHERY | 96 = OTHER |
| 05 = IN MINE/QUARRIES (BREAKING STONES, MOLDING BRICKS, LOADING TRUCK, OTHER) | |

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-36 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9	10	11
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	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 → 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 → 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 → 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 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 12 = DOMESTIC WORKER
- 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	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?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2009 - 2010) (3) school year?	During this/that school year, what level and 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 civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	12	13	14	15	16	17	18	19	20
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 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <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 20	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

- | | |
|-----------------------------|-------------------------------------|
| LEVEL | GRADE |
| 1 = PRIMARY | 00 = LESS THAN 1 YEAR COMPLETED |
| 2 = POST-PRIMARY/VOCATIONAL | (USE '00' FOR Q. 17 ONLY.) |
| 3 = SECONDARY | THIS CODE IS NOT ALLOWED FOR Q. 19) |
| 4 = TERTIARY | |
| 6 = PRE-PRIMARY | 98 = DONT KNOW |
| 8 = DONT KNOW | |

HOUSEHOLD HEALTH EXPENDITURE

LINE NO.	HEALTH INSURANCE			INPATIENT		OUTPATIENT		ILLNESS/ INJURY
	21	22	23	24	25	27	28	
	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR IN-PATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUT-PATIENT MODULE	Was (NAME) ill or injured in the last four weeks?	
	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	11	Y N DK 1 2 8 ↓ GO TO 28	11	Y N DK 1 2 8	
11	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	11	Y N DK 1 2 8 ↓ GO TO 28	11	Y N DK 1 2 8	
12	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	12	Y N DK 1 2 8 ↓ GO TO 28	12	Y N DK 1 2 8	
13	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	13	Y N DK 1 2 8 ↓ GO TO 28	13	Y N DK 1 2 8	
14	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	14	Y N DK 1 2 8 ↓ GO TO 28	14	Y N DK 1 2 8	
15	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	15	Y N DK 1 2 8 ↓ GO TO 28	15	Y N DK 1 2 8	
16	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	16	Y N DK 1 2 8 ↓ GO TO 28	16	Y N DK 1 2 8	
17	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	17	Y N DK 1 2 8 ↓ GO TO 28	17	Y N DK 1 2 8	
18	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	18	Y N DK 1 2 8 ↓ GO TO 28	18	Y N DK 1 2 8	
19	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	19	Y N DK 1 2 8 ↓ GO TO 28	19	Y N DK 1 2 8	
20	Y N DK 1 2 8 ↓ GO TO 23	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 25	20	Y N DK 1 2 8 ↓ GO TO 28	20	Y N DK 1 2 8	

CODES FOR Q. 22: TYPE OF HEALTH INSURANCE

- 1 = MUTUELLE HEALTH INSURANCE/
COMMUNITY BASED HEALTH INSURANCE
- 2 = RAMA
- 3 = MMI
- 4 = PRIVATELY PURCHASED/COMMERCIAL HEALTH INSURANCE
- 5 = OTHER
- 8 = DON'T KNOW

CHILD LABOR

IF AGE 5-16 YEARS

LINE NO.	29	29A	30	31	32	33	34	35	36
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: For pay in cash or kind? 1=YES FOR PAY (IN CASH/KIND) 2=YES, UNPAID 3=NO	What kind of work did (NAME) do for someone who is not a member of this household during the past week? SEE CODES BELOW.	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? IF MORE THAN ONE JOB, INCLUDE ALL HOURS IN ALL JOBS.	During the past week, did (NAME), fetch water or collect firewood, for household use?	Since last (DAY OF THE WEEK), about how many hours did he/she fetch water or collect firewood, for household use?	During the past week, did (NAME) do any other family work (on the farm or in a business, or selling goods in the street)? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD, ALONE OR WITH ONE OR MORE PARTNERS	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing this work for his/her family or himself/herself?	During the past week, did (NAME) help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children or sick people?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?
	29	29A	30	31	32	33	34	35	36
11	PAID UNPAID NO 1 2 3 ↓ GO TO 31			Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
12	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
13	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
14	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
15	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
16	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
17	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
18	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
19	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	
20	1 2 3 ↓ GO TO 31			1 2 ↓ GO TO 33		1 2 ↓ GO TO 35		1 2 ↓ NEXT LINE	

CODES FOR Q. 29A: TYPE OF WORK THAT THE CHILD DOES OUTSIDE THE HOUSEHOLD

- | | |
|--|---|
| 01 = HOUSEHOLD CHORE (COOKING, FETCHING, WATER/FIRE WOOD, WASHING CLOTHES, HOUSE CLEANING, BABY SITTING, ETC.) | 06 = SELLING GOODS ON THE MARKETS/STREET/SHOP |
| 02 = CULTIVATING/HARVESTING IN GARDEN OR FIELD | 07 = PROSTITUTION |
| 03 = IN PLANTATION (TEA, RICE, COFFEE, OTHER) | 08 = SELLING ALCOHOL, DRUG, AND CIGARETTES |
| 04 = FISHERY | 09 = OTHER |
| 05 = IN MINE/QUARRIES (BREAKING STONES, MOLDING BRICKS, LOADING TRUCK, OTHER) | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT/PLASTIC 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/IRON SHEET 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

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 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 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? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat without a motor? A boat with a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</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>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITHOUT MOTOR ...	1	2	BOAT WITH MOTOR	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE/SCOOTER ...	1	2																									
ANIMAL-DRAWN CART	1	2																									
CAR/TRUCK	1	2																									
BOAT WITHOUT MOTOR ...	1	2																									
BOAT WITH MOTOR	1	2																									
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																								
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'	HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 95.0 DON'T KNOW 99.8																									
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 123																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cows (traditional)?</p> <p>Milk cows (modern)?</p> <p>Bulls?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p> <p>Pigs?</p> <p>Rabbits?</p> <p>Horses, donkeys, or mules?</p>	<p>COWS</p> <p>MILK COWS</p> <p>BULLS</p> <p>GOATS</p> <p>SHEEP</p> <p>CHICKENS</p> <p>PIGS</p> <p>RABBITS</p> <p>HORSES/DONKEYS/MULES</p> <table border="1" data-bbox="1187 365 1276 814"> <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> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					
123	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>																					
123A	<p>CHECK 21:</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>→ 126</p>	→ 126																				
123C	ASK TO SEE INSURANCE CARD(S)	<p>YES, CARD SEEN 1</p> <p>NO, CARD NOT SEEN 2</p>																					
123D	Are all members of this household covered by this health insurance?	<p>ALL HOUSEHOLD MEMBERS 1</p> <p>SOME HOUSEHOLD MEMBERS 2</p>	→ 126																				
123E	Does your household plan to obtain health insurance for members that are currently not covered?	<p>YES 1</p> <p>NO 2</p>																					
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 137																				
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>																					

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 133A) ← 'PRETREATED' NET BUT NOT PERMANENT ... 22 (SKIP TO 132) ← OTHER 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 133A) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98

		NET #1	NET #2	NET #3
133A	How did you obtain the net?	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY _____	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY _____	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY _____
133B	OBSERVE CONDITION OF MOSQUITO NET: DOES IT HAVE HOLES THAT ARE EQUAL TO OR LARGER THAN THE TIP OF YOUR THUMB?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
133C	OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2	YES 1 NO 2	YES 1 NO 2
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
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		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>

		NET #1	NET #2	NET #3
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	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 (SKIP TO 140) ←	
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.		WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
139	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	
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.		IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 _____ (SPECIFY REASON)	

FOR HOUSEHOLD SELECTED FOR MALE INTERVIEW, HIV, MALARIA TEST, ANTHROPOMETRIC AND SECTION 12 OF WOMEN QUESTIONNAIRE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD STRUCTURE NUMBER ON THE COVER PAGE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD STRUCTURE NUMBER IS '716', GO TO COLUMN 6 AND CIRCLE THE COLUMN NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO ROW 3 AND CIRCLE THE ROW NUMBER ('3'). DRAW LINES FROM COLUMN 6 AND ROW 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('3'). THIS MEANS YOU HAVE TO SELECT THE THIRD ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE THIRD ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '07'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

Total number of eligible women	Last digit of the household structure number									
	1	2	3	4	5	6	7	8	9	0
1	1	1	1	1	1	1	1	1	1	1
2	2	1	2	1	2	1	2	1	2	1
3	1	2	3	1	2	3	1	2	3	1
4	1	2	3	4	1	2	3	4	1	2
5	4	5	1	2	3	4	5	1	2	3
6	4	5	6	1	2	3	4	5	6	1
7	3	4	5	6	7	1	2	3	4	5
8	3	4	5	6	7	8	1	2	3	4
9	2	3	4	5	6	7	8	9	1	2
10	1	2	3	4	5	6	7	8	9	10

HOUSEHOLD LINE NUMBER OF WOMAN SELECTED FOR HOUSEHOLD RELATIONS SECTION

INPATIENT HEALTH EXPENDITURES

142	RECORD THE TIME	HOURS	<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>																			
	MINUTES	<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> <tr><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr> </table>																				
142A	CHECK HHQ24: <div style="display: flex; justify-content: space-around; align-items: center;"> ONE OR MORE <input type="checkbox"/> INPATIENTS NO <input type="checkbox"/> INPATIENTS </div>	→ 160																				
143	CHECK HHQ24: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months.																					
144	LINE NUMBER FROM HHQ24 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER	INPATIENT LINE NUMBER	INPATIENT LINE NUMBER																		
145	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME	INPATIENT NAME	INPATIENT NAME																		
146	Where did (NAME) most recently stay overnight for health care?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)																		
		PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)																		
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)																		
147	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)																		
148	How much money in total did (NAME) spend on treatment and services received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL COST <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"><tr><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←							TOTAL COST <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"><tr><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←							TOTAL COST <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"><tr><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td><td style="width:10px;"></td></tr></table> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 149) ←						

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
148A	<p>How much of the total cost did (NAME) spend on the following items:</p> <p>Consultation fees?</p> <p>Ticket moderators?</p> <p>Drugs?</p> <p>Lab. Tests?</p> <p>Other diagnostic tests?</p> <p>Anything else (SPECIFY)?</p> <p>Total</p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>CONS. <input type="text"/></p> <p>TICK. <input type="text"/></p> <p>DRUG <input type="text"/></p> <p>LAB. <input type="text"/></p> <p>DIAG <input type="text"/></p> <p>_____ <input type="text"/></p> <p>TOTAL <input type="text"/></p>
148B	CHECK THE TOTAL IN 148A: IF IT EQUALS THE TOTAL COST IN 148 GO 148C; IF NOT GO BACK TO 148 AND CORRECT IT.			
148C	<p>From which of the following sources did you raise money to pay for the most recent treatment? Please specify how much was contributed from each source:</p> <p>Income?</p> <p>Borrowing from friend/family?</p> <p>Borrowing from other sources?</p> <p>Assistance from friend/family?</p> <p>Assistance from other sources?</p> <p>Selling assets?</p> <p>Total</p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>	<p>INCO. <input type="text"/></p> <p>B.FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>A. FAMIL <input type="text"/></p> <p>_____ <input type="text"/></p> <p>ASSET. <input type="text"/></p> <p>TOTAL <input type="text"/></p>
148D	CHECK THE TOTAL IN 148C: IF IT EQUALS THE TOTAL COST IN 148 GO TO 149; IF NOT GO BACK TO 148C AND CORRECT IT.			
149	<p>Did (NAME) stay overnight at a medical facility another time in the last six months?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO ←</p> <p>146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO ←</p> <p>146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 146 IN ←</p> <p>FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160)</p>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
150	Where did (NAME) stay the next-to-last time he/she stayed overnight for health care?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY 26 _____ (SPECIFY)
		PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY)
		OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)	OTHER _____ 96 (SPECIFY)
151	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER 6 _____ (SPECIFY)
152	How much money in total did (NAME) spend on treatment and services received during the next- to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 153) ←
152A	How much of the total cost did (NAME) spend on the following items: Consultation fees? Ticket moderators? Drugs? Lab. Tests? Other diagnostic tests? Anything else (SPECIFY)? Total	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
155	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)	PREGNANCY/ DELIVERY 1 DELIVERY COMPLICATIONS 2 ILLNESS 3 ACCIDENT 4 OTHER _____ 6 (SPECIFY)
156	How much money in total did (NAME) spend on treatment and services received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←	TOTAL COST <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 157) ←
156A	How much of the total cost did (NAME) spend on the following items? Consultation fees? Ticket moderators? Drugs? Lab. Tests? Other diagnostic tests? Anything else (SPECIFY)? Total	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>	CONS. <input type="text"/> TICK. <input type="text"/> DRUG <input type="text"/> LAB. <input type="text"/> DIAG <input type="text"/> _____ TOTAL <input type="text"/>
156B	CHECK THE TOTAL IN 156A: IF IT EQUALS THE TOTAL COST IN 156 GO TO 156C; IF NOT GO BACK TO 156 AND CORRECT IT.			
156C	From which of the following sources did you raise money to pay for the second-to-last treatment? Please specify how much was contributed from each source: Income? Borrowing from friend/family? Borrowing from other sources? Assistance from friend/family? Assistance from other sources? Selling assets? Total	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>	INCO. <input type="text"/> B.FAMIL <input type="text"/> _____ A. FAMIL <input type="text"/> _____ ASSET. <input type="text"/> TOTAL <input type="text"/>

	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
156D	CHECK THE TOTAL IN 156C: IF IT EQUALS THE TOTAL COST IN 156 GO TO 157; IF NOT GO BACK TO 156C AND CORRECT IT.			
157	Besides the three stays you have told me about, did (NAME) stay overnight in a medical facility another time in the last six months?	YES 1 NO 2 (GO BACK TO ←] 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)	YES 1 NO 2 (GO BACK TO ←] 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160)	YES 1 NO 2 (GO TO 146 IN ←] FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160)
158	In total, how many times did (NAME) stay overnight in a medical facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>
159		GO BACK TO 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160	GO BACK TO 146 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 160	GO TO 146 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 160

OUTPATIENT HEALTH EXPENDITURES

160	CHECK HHQ27: ONE OR MORE <input type="checkbox"/> OUTPATIENTS NO <input type="checkbox"/> OUTPATIENTS	→ 178	
161	CHECK HHQ27: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN OUTPATIENT. Now I would like to ask some questions about the household members who consulted a provider for health care in the last four weeks, without having stayed overnight.		
162	LINE NUMBER FROM HHQ27 IN HOUSEHOLD SCHEDULE LINE NUMBER <input style="width:30px; height:20px;" type="text"/>	OUTPATIENT LINE NUMBER <input style="width:30px; height:20px;" type="text"/>	OUTPATIENT LINE NUMBER <input style="width:30px; height:20px;" type="text"/>
163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
164	From what type of health provider did (NAME) get care most recently without staying overnight?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY _____ 27 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY _____ 27 (SPECIFY)
	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)
	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)	OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 CHURCH 43 FRIEND/RELAT. 44 OTHER _____ 96 (SPECIFY)

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
165	What was the main reason for (NAME) to seek care this most recent time?	RESPIRATORY ILLNESS 01 TUBERCULOSIS ... 02 DIARRHEA 03 INTESTINAL WORMS 04 MALARIA 05 FEVER 06 SKIN DISEASE 07 STD 08 HIV/AIDS 09 VCT 10 FAMILY PLANNING . 11 DIABETES 12 EYE INFECTION ... 13 DENTAL 14 ACCIDENT/INJURY . 15 REGULAR CHECK-UP 16 VACCINATION 17 DELIVERY 18 ANTENATAL CARE 19 POSTNATAL CARE 20 PHYSIOTHERAPY 21 OTHER _____ 96 (SPECIFY)	RESPIRATORY ILLNESS 01 TUBERCULOSIS ... 02 DIARRHEA 03 INTESTINAL WORMS 04 MALARIA 05 FEVER 06 SKIN DISEASE 07 STD 08 HIV/AIDS 09 VCT 10 FAMILY PLANNING . 11 DIABETES 12 EYE INFECTION ... 13 DENTAL 14 ACCIDENT/INJURY . 15 REGULAR CHECK-UP 16 VACCINATION 17 DELIVERY 18 ANTENATAL CARE 19 POSTNATAL CARE 20 PHYSIOTHERAPY 21 OTHER _____ 96 (SPECIFY)	RESPIRATORY ILLNESS 01 TUBERCULOSIS ... 02 DIARRHEA 03 INTESTINAL WORMS 04 MALARIA 05 FEVER 06 SKIN DISEASE 07 STD 08 HIV/AIDS 09 VCT 10 FAMILY PLANNING . 11 DIABETES 12 EYE INFECTION ... 13 DENTAL 14 ACCIDENT/INJURY . 15 REGULAR CHECK-UP 16 VACCINATION 17 DELIVERY 18 ANTENATAL CARE 19 POSTNATAL CARE 20 PHYSIOTHERAPY 21 OTHER _____ 96 (SPECIFY)
166	How much money in total did (NAME) spend on treatment and services received during the most recent consultation? Please include the consulting fee and any expenses for other items including drugs and tests.	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 167) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 167) ←	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 000000 IN KIND 999995 DON'T KNOW 999998 (GO TO 167) ←
166A	How much of the total cost did (NAME) spend on the following items: Consultation fees? Ticket moderators? Drugs? Lab. Tests? Other diagnostic tests? Anything else (SPECIFY)? Total	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CONS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TICK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAB. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DIAG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
166B	CHECK THE TOTAL IN 166A: IF IT EQUALS THE TOTAL COST IN 166 GO TO 166C; IF NOT GO BACK TO 166 AND CORRECT IT.			

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
166C	<p>From which of the following sources did you raise money to pay for the most recent consultation? Please specify how much was contributed from each source:</p> <p>Income? _____</p> <p>Borrowing from friend/family? _____</p> <p>Borrowing from other sources? _____</p> <p>Assistance from friend/family? _____</p> <p>Assistance from other sources? _____</p> <p>Selling assets? _____</p> <p>Total _____</p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
166D	CHECK THE TOTAL IN 166C: IF IT EQUALS THE TOTAL COST IN 166 GO 167; IF NOT GO BACK TO 166C AND CORRECT IT.			
167	<p>Did (NAME) get care another time in the last four weeks without staying overnight?</p> <p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO TO 164 IN ← FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
168	From what type of health provider did (NAME) get care the next-to-last time without staying overnight?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. ... 44 OTHER _____ 96 (SPECIFY)

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
170C	<p>From which of the following sources did you raise money to pay for the next-to-last consultation? Please specify how much was contributed from each source:</p> <p>Income? INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Borrowing from friend/family? B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Borrowing from other sources? _____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Assistance from friend/family? A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Assistance from other sources? _____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Selling asset? ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Total TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
170D	CHECK THE TOTAL IN 170C: IF IT EQUALS THE TOTAL COST IN 170 GO 171; IF NOT GO BACK TO 170C AND CORRECT IT.			
171	<p>Besides the two visits you have told me about, did (NAME) get care another time in the last four weeks without staying overnight?</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO BACK TO ← 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>	<p>YES 1 NO 2 (GO TO 164 IN ← FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178)</p>

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
172	From what type of health provider did (NAME) get care the second-to-last time without staying overnight?	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)	PUBLIC /AGREE SECTOR REF. HOSPITAL 21 DISTRICT HOSPITAL ... 22 HEALTH CENTER 23 HEALTH POST 24 OUTREACH 25 COMM. HEALTH WORKER 26 OTHER PUBLIC FACILITY 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ... 31 CLINIC 32 DISPENSARY . 33 PHARMACY ... 34 OTHER PRIVATE MED. FACILITY 36 _____ (SPECIFY) OTHER SOURCE KIOSK 41 TRADITIONAL PRACTITIONER 42 FRIEND RELATIVE. 44 OTHER _____ 96 (SPECIFY)

163	NAME FROM HHQ1 IN HOUSEHOLD SCHEDULE	OUTPATIENT NAME _____	OUTPATIENT NAME _____	OUTPATIENT NAME _____
174C	<p>From which of the following sources did you raise money to pay for the second-to-last treatment? Please specify how much was contributed from each source:</p> <p>Income? INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Borrowing from friend/family? B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Borrowing from other sources? _____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Assistance from friend/family? A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Assistance from other sources? _____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Selling asset? ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Total TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>INCO. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>B.FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>A. FAMIL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>_____ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>ASSET. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
174D	CHECK THE TOTAL IN 174C: IF IT EQUALS THE TOTAL COST IN 174 GO 175; IF NOT GO BACK TO 174C AND CORRECT IT.			
175	Besides the three visits you have told me about, did (NAME) get care another time in the last four weeks without staying overnight?	YES 1 NO 2 (GO BACK TO ←) 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)	YES 1 NO 2 (GO BACK TO ←) 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178)	YES 1 NO 2 (GO TO 164 IN ←) FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178)
176	In total, how many times did (NAME) get care from a health provider in the last four weeks, without staying overnight?	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>
177		GO BACK TO 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178	GO BACK TO 164 IN NEXT COLUMN; OR, IF NO MORE OUTPATIENTS, GO TO 178	GO TO 164 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE OUTPATIENTS, GO TO 178
178	(Not including the costs for the health care consultations you told me about), how much did all members of your household spend on health-related items in the last four weeks? We want to include all health-related items such as drugs, vitamins, herbal remedies, family planning methods, and so on.	SPENT ON HEALTH LAST FOUR WEEKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
178A	RECORD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5
CHECK HOUSEHOLD COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR MALE INTERVIEW, ANEMIA, HIV, MALARIA AND ANTHROPOMETRY

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 JANUARY 2005 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"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 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	READ ANEMIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
211	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996
212	READ MALARIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
212A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5

212B	BAR CODE LABEL PUT THE 2ND BAR CODE ON THE SLIDE AND THE 3RD ON TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE
212C	RESULT OF MALARIA TEST	POSITIVE..... 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6
212D	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 ALREADY HAS ACT . 3 NOT ELIGIBLE 4 OTHER 6
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 MEASUREMENTS, AND MALARIA TESTING 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 JANUARY 2005 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 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 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 IN FIRST COLUMN OF NEW QUESTIONNAIRE; 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	READ ANEMIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
211	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
212	READ MALARIA CONSENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
212A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR CHILDREN AGE 0-5

212B	BAR CODE LABEL PUT THE 2ND BAR CODE ON THE SLIDE AND THE 3RD ON TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE	PUT THE 1ST BAR CODE HERE
212C	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6	POSITIVE 1 NEGATIVE 2 (GO TO 203 FOR NEXT CHILD OR IF NO MORE CHILDREN, GO TO 214) OTHER 6
212D	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
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.			
<u>CONSENT STATEMENT FOR ANEMIA TEST</u>				
<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 2005 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?</p> <p>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>				
<u>CONSENT STATEMENT FOR MALARIA TEST</u>				
<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>Do you have any questions about the malaria test?</p> <p>You can say yes to the test or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>				

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms.

BEFORE PROVIDING ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

TREATMENT WITH ACT Arthemeter (20mg)+Lumefantrine(120mg) A 3-day treatment schedule with a total of 6 doses is recommended as below	
Weight (in Kg)	Treatment
05.0-14.9 kg	One tablet as an initial dose, 1 tablet again after 8 hours and then 1 tablet twice daily (morning and evening) for the following two days (total course of 6 tablets).
15.0-24.9 kg	Two tablets as an initial dose, 2 tablets again after 8 hours and then 2 tablets twice daily (morning and evening) for the following two days (total course of 12 tablets).
25.0-34.9 kg	Three tablets as an initial dose, 3 tablets again after 8 hours and then 3 tablets twice daily (morning and evening) for the following two days (total course of 18 tablets).
35 kg and above	Four tablets as a single initial dose, 4 tablets again after 8 hours and then 4 tablets twice daily (morning and evening) for the following two days (total course of 24 tablets).

WEIGHT, HEIGHT MEASUREMENT, MALARIA AND HIV TESTING 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 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 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. 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 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? 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 224D)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 224D)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 224D)
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. 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)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)
224A	AGE: CHECK 218.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 224F) ←
224B	MARITAL STATUS: CHECK 219.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ←
		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
224D	ASK CONSENT FOR MALARIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria 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 Malaria immediately, and the result will be told to you and to (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. Do you have any questions? 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 Malaria test?		
224E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 228)
224F	ASK CONSENT FOR MALARIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria 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 Malaria 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. 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 Malaria test?		
224G	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN)
225	PREGNANCY STATUS: CHECK 226 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	AGE: CHECK 218.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ←
227	MARITAL STATUS: CHECK 219.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 230) ←

		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 _____
228	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT's) test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</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 ADOLESCENT) to take the HIV test?</p>		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239)
230	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</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 HIV test?</p>		
231	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)

		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
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	RECORD HEMOGLOBIN 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
240A	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 241) ←
240B	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6
240C	RECORD RESULT CODE OF DBS COLLECTION	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	COLLECTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
241	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER THE 3RD ON THE BLOOD SLIDE FOR MALARIA TEST AND THE 4TH ON THE TRANSMITTAL FORM.
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

WEIGHT, HEIGHT MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 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 _____
245	WEIGHT IN KILOGRAMS KG. <input type="text"/> <input type="text"/> <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"/> . <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"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
246	HEIGHT IN CENTIMETERS CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
247	AGE: CHECK COLUMN 7. 15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ←
248	MARITAL STATUS: CHECK COLUMN 8. CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ←
249	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"/>
256	<p>ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. Again 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? 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 HIV test?</p>		
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267)

258	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Rwanda.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</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 HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN) _____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p>
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT99994 REFUSED 99995 OTHER99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>
270	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			