

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2014-15
HOUSEHOLD QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION										
PROVINCE: _____ DISTRICT: _____ SECTOR: _____ 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 ANTHROPOMETRY, ANEMIA/MALARIA FOR CHILDREN & WOMEN	YES = 1; NO = 2 <input type="checkbox"/>									
HOUSEHOLD SELECTED FOR MALE SURVEY AND HIV TESTING FOR ADULTS	YES = 1; NO = 2 <input type="checkbox"/>									
.... HOUSEHOLD SELECTED FOR HIV TESTING FOR CHILDREN	YES = 1; NO = 2 <input type="checkbox"/>									
.... HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE FOR WOMEN	YES = 1; NO = 2 <input type="checkbox"/>									
.... HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE FOR MEN	YES = 1; 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> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <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> <tr><td> </td><td> </td><td> </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> <tr><td> </td><td> </td><td> </td></tr> </table>																
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>																
TIME	_____	_____																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																				
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				5	6	7	8	9	10	11	11A
1	2	3	4	5	6	7	8	9	10	11	11A
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95.	What is (NAME'S) current marital status? 1 = MARRIED 2- LIVING TOGETHER 3 = DIVORCED 4=SEPARATED 5 = WIDOWED 6 = 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	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 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 = DON'T 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	INSURANCE		IF AGE 7+ 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	21	22	23
	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 (2014 - 2015/ 2014/ 2015) 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 = DONT KNOW	Is (NAME) covered by any health insurance?	What is (NAME) main type of health insurance?	Does (NAME) currently smoke 1=YES 2=NO 8=DK
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"/>	Y N DK 1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
 1 = PRIMARY
 2 = POST-PRIMARY/VOCATIONAL
 3 = SECONDARY
 4 = TERTIARY
 6 = PRE-PRIMARY
 8 = DONT KNOW

GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 17 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR Q. 19)
 98 = DON'T KNOW

CODE FOR Q. 22

1= MUTUELLE /
 COMMUNITY HEALTH
 INSURANCE
 2= RAMA
 3= MMI
 4=PRIVATE/
 COMMERCIAL
 5=OTHER
 8= DONT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				5	6		7	8	9	10	11
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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES → 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
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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"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>
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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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<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"/>	1 2 8 ↓ GO TO 23	<input type="text"/>	<input type="text"/>

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3= MMI
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COMMERCIAL
5=OTHER
8= DONT KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5				
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	<input type="checkbox"/> → 105 <input type="checkbox"/> → 105			
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<input type="checkbox"/> → 105			
104	How long does it take to go there, get water, and come back?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> DON'T KNOW 998				
104A	What is the distance from your home to that water source?	LESS THAN 200 M 1 200 M - 500 M 2 MORE THAN 500 M 3 DON'T KNOW 8				
105	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 106A			
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z				
106A	Is the water this household uses for drinking stored?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 107			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106B	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED. RECORD OBSERVATION.	JERRY CAN 1 POT 2 BOTTLE 3 COOKING POT 4 OTHER _____ 6 SPECIFY NOT AVAILABLE TO BE OBSERVED 8	
106C	How many times per week does your household wash these containers?	NO. OF TIMES PER WEEK IF LESS THAN 7 <input type="text"/> 7 OR MORE TIMES PER WEEK 7 DON'T KNOW 8	
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 109A
109	How many households (including this household) use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
109A	CLEANLINESS OF THE TOILET FACILITY RECORD OBSERVATION.	TOILET'S PLATE FORM IS DRY AND CLEAN A WITH URINE OR EXCRETA B WITH FLIES C	
110	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A computer?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 MOBILE TELEPHONE 1 2 NON-MOBILE TELEPHONE ... 1 2 REFRIGERATOR 1 2 COMPUTER 1 2	

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																									
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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 '95.0'	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>	<table border="0"> <tr> <td>COWS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MILK COWS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	COWS	<input type="text"/>	<input type="text"/>	MILK COWS	<input type="text"/>	<input type="text"/>	BULLS	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>	RABBITS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	
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RABBITS	<input type="text"/>	<input type="text"/>																												
HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>																												
123	Does any member of this household have a bank account?	YES 1 NO 2																												
123A	<p>CHECK 21:</p> <p>AT LEAST ONE "NO" <input type="checkbox"/></p> <p>ALL "YES" <input type="checkbox"/></p>	<p>→ 126</p>																												
123E	Does your household plan to obtain health insurance for members that are currently not covered?	YES 1 NO 2																												
126	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 137																											
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	NUMBER OF NETS <input type="text"/>																												

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.	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.	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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 HOUSEHOLD HEALTH PROGRAM 17 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 HOUSEHOLD HEALTH PROGRAM 17 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 HOUSEHOLD HEALTH PROGRAM 17 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"/> ----- 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"/>
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 BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.

		NET #4	NET #5	NET #6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.	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.	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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	TUZANET: LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/ 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
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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 HOUSEHOLD HEALTH PROGRAM 17 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 HOUSEHOLD HEALTH PROGRAM 17 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 HOUSEHOLD HEALTH PROGRAM 17 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"/> ----- 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"/>
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)

141m

CHECK THE COVER PAGE OF THIS QUESTIONNAIRE. USE THIS TABLE ONLY IF THE HOUSEHOLD WAS SELECTED FOR MALE DOMESTIC VIOLENCE.

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 **MEN** 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 **MAN** WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN (10) IN THE HOUSEHOLD SCHEDULE AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE **MAN** 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 TWO ELIGIBLE MEN IN THE HOUSEHOLD, GO TO ROW 2 AND CIRCLE THE ROW NUMBER ('2'). DRAW LINES FROM COLUMN 6 AND ROW 2 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('1'). THIS MEANS YOU HAVE TO SELECT THE FIRST ELIGIBLE MAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE TWO ELIGIBLE MEN ARE '02', AND '03'; THEN THE ELIGIBLE MAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE FIRST ELIGIBLE MAN, I.E., THE MAN WITH HOUSEHOLD LINE NUMBER '02'. PUT A '*' NEXT TO THIS MAN'S LINE NUMBER IN COLUMN (10) 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 men	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 MAN SELECTED FOR DOMESTIC VIOLENCE MODULE

141w

CHECK THE COVER PAGE OF THIS QUESTIONNAIRE. USE THIS TABLE ONLY IF THE HOUSEHOLD WAS SELECTED FOR FEMALE DOMESTIC VIOLENCE.

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 DOMESTIC VIOLENCE 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', '3', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE 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 DOMESTIC VIOLENCE MODULE

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

CHECK HOUSEHOLD COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY, ANEMIA, AND MALARIA FOR CHILDREN (0-5) AND WOMEN (15-49)

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 2009 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
207A	EDEMA OF BOTH FEET	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
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"/> 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
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, 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, 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 2009 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
207A	EDEMA OF BOTH FEET	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
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"/> 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
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, 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	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.			

CONSENT STATEMENT FOR ANEMIA TEST

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

We ask that all children born in 2009 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.

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.

Do you have any questions?

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

Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the anemia test?

CONSENT STATEMENT FOR MALARIA TEST

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.

We request that all children born in 2009 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.

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

Do you have any questions about the malaria test?

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?

TREATMENT FOR CHILDREN AND WOMEN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that (your child/you) 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 OR WOMAN IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM. IF SHE/HE IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.

You do not have to (give the child/take) 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, HEMOGLOBIN MEASUREMENTS, AND MALARIA TESTING FOR WOMEN AGE 15-49

CHECK HOUSEHOLD COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY, ANEMIA, AND MALARIA FOR CHILDREN (0-5) AND WOMEN (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"/> NAME	LINE NUMBER <input type="text"/> NAME	LINE NUMBER <input type="text"/> NAME
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <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"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <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>		

		WOMAN 1	WOMAN 2	WOMAN 3
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 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ↙	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ↙	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 224F) ↙
	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 _____
224D	ASK CONSENT FOR MALARIA 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 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.</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 Malaria test?</p>		
224E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226)
224F	ASK CONSENT FOR MALARIA TEST FROM RESPONDENT.	<p>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.</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 Malaria test?</p>		
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	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
227	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

		WOMAN 1	WOMAN 2	WOMAN 3
228	RECORD RESULT CODE OF MALARIA RAPID TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 231) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 231) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 231) ←
229	RESULT OF MALARIA RAPID TEST	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6
230	RECORD RESULT CODE OF BLOOD SLIDE 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
231	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 BLOOD SLIDE FOR MALARIA TEST AND THE 3RD 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 BLOOD SLIDE FOR MALARIA TEST AND THE 3RD 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 BLOOD SLIDE FOR MALARIA TEST AND THE 3RD ON THE TRANSMITTAL FORM.
232	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN,			

HIV TESTING FOR WOMEN AGE 15-49

CHECK HOUSEHOLD COVER PAGE TO SEE IF SELECTED FOR MALE SURVEY AND HIV TESTING FOR ADULTS				
301	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 302. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
302	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 _____
303	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 308) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 308) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 308) ←
304	MARITAL STATUS: CHECK COLUMN 8.	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 308) ←	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 308) ←	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 308) ←
305	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"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>
306	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 305 AS RESPONSIBLE FOR NERVER 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>		
307	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 310)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 310)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 310)
308	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>		
309	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 310)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 310)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 310)

310	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
311	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
312	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 AND THE 3RD 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 AND THE 3RD 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 AND THE 3RD ON THE TRANSMITTAL FORM.
313	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO 343			

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

CHECK HOUSEHOLD COVER PAGE TO SEE IF SELECTED FOR MALE SURVEY AND HIV TESTING FOR ADULTS

343	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 344. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
344	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 _____
345	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
346	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
347	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-59 YEARS 2 (GO TO 358) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 358) ←	15-17 YEARS 1 18-59 YEARS 2 (GO TO 358) ←
348	MARITAL STATUS: CHECK COLUMN 8.	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 358) ←	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 358) ←	CODE 6 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 358) ←
349	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"/>
356	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT IDENTIFIED IN 349 AS RESPONSIBLE FOR NEVER IN UNION MEN 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 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>		
357	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)

358	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>		
359	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"/></p> <p>(IF REFUSED, GO TO 367)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 367)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 367)</p>
367	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
369	BAR CODE LABEL	<p>PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p>PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<p>PUT THE 1ST BAR CODE LABEL HERE.</p> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>
370	GO BACK TO 345 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, GO TO 401			

HIV TESTING FOR CHILDREN AGE 0-14

CHECK HOUSEHOLD COVER PAGE TO SEE IF SELECTED FOR HIV TESTING FOR CHILDREN (0-14)

401	CHECK COLUMN 11A IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 YEARS IN QUESTION 402. IF MORE THAN NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
402	LINE NUMBER FROM COLUMN 11A NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
403	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"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
404	CHECK 403: CHILD BORN IN JANUARY 2000 OR LATER?	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)
405	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"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
406	READ HIV 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
407	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
408	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
409	BAR CODE LABEL	PUT THE 1ST BAR CODE HERE NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE HERE NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
410	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD.			

HIV TESTING FOR CHILDREN AGE 0-14

		CHILD 4	CHILD 5	CHILD 6
402	LINE NUMBER FROM COLUMN 11A NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
403	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"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
404	CHECK 403: CHILD BORN IN JANUARY 2000 OR LATER?	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)
405	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"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
406	READ HIV 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
407	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
408	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
409	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
410	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD.			

HIV TESTING FOR CHILDREN AGE 0-14

		CHILD 7	CHILD 8	CHILD 9
402	LINE NUMBER FROM COLUMN 11A NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
403	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"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
404	CHECK 403: CHILD BORN IN JANUARY 2000 OR LATER?	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)	YES 1 NO 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD)
405	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"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
406	READ HIV 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
407	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
408	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
409	BAR CODE LABEL	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ...99994 REFUSED99995 OTHER99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ...99994 REFUSED99995 OTHER99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE HERE </div> NOT PRESENT ...99994 REFUSED99995 OTHER99996 PUT THE 2ND BAR CODE ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
410	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO THE NEXT HOUSEHOLD.			

CONSENT STATEMENT FOR HIV TEST

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.

We ask that all children born in 2000 or later take part in HIV 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. 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 CHILD) test results either. If you want to know (NAME OF CHILD) HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
 Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the anemia test?