

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
HOUSEHOLD QUESTIONNAIRE

Last modified: August 3, 2004

CONFIDENTIAL

IDENTIFICATION	
REGION _____	[] []
DISTRICT _____	[] []
WARD	[] [] [] []
ENUMERATION AREA	[] [] [] []
NAME OF HEAD OF HOUSEHOLD _____	
TDHS NUMBER	[] [] [] []
HOUSEHOLD NUMBER	[] [] [] []
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	[] []
HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2)	[] []
LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR 2 0 0 [] []
INTERVIEWER'S NAME	_____	_____	_____	INT.CODE [] [] [] []
RESULT*	_____	_____	_____	RESULT [] []
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [] []
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 [] [] TOTAL WOMEN 15-49 [] [] TOTAL MEN 15-49 [] [] LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [] []

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [] []	NAME _____ [] []	[] []	[] []
DATE _____ [] []	DATE _____ [] []	[] []	[] []

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)	
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10	

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

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT

- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = CO-WIFE
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION							EMPLOYMENT
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					IF AGE 5 YEARS OR OLDER
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)
	Y N DK		Y N DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	ACTIVITY
01	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
02	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
03	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
04	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
05	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
06	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
07	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
08	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
09	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
10	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		

**CODES FOR Q. 10 THROUGH Q. 13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q. 11 AND Q. 13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY
4 = POST-SECONDARY TRAINING
5 = UNIVERSITY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YR COMPLETED
(FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 18 AND 20)
98 = DON'T KNOW

****CODES FOR Q. 20A
AGRICULTURE
01=FARMING/LIVESTOCK KEEPING
02=FISHING
PAID EMPLOYEE
03=GOVERNMENT AND PARASTATAL
04=PRIVATE
SELF-EMPLOYED (NOT IN AGRICULT./LIVESTOCK)
05=WITH EMPLOYEES
06=WITHOUT EMPLOYEES
07=UNPAID FAMILY HELPER IN A BUSINESS (NON-AG)
NOT WORKING
08=AND AVAILABLE FOR WORK
09=AND NOT AVAILABLE FOR WORK
10=HOUSEMAKER/HOUSEWIFE/HOUSE CHORES
11=STUDENT
12=UNABLE TO WORK (OLD, RETIRED, SICK, DISABLED)
13=OTHER (SPECIFY)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20

*CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
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05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = CO-WIFE

10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.10 - Q13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF CHILD IN Q.11 AND Q.13.
RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
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8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Q.S 18 AND 20
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION								EMPLOYMENT		
	Is (NAME)'s natural mother alive?	IF ALIVE		Is (NAME)'s natural father alive?	IF ALIVE		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS						IF AGE 5 YEARS OR OLDER
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Y	N		DK	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Y	N	DK	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the academic year that started in 2004, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?***	
	(10)	(11)	(12)	(13)	(14)	(15)		(16)	(17)	(18)		(19)	(20)		(20A)
	Y N DK		Y N DK		YES NO	LEVEL	GRADE	YES NO	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE	ACTIVITY
11	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
12	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
13	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
14	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
15	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
16	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
17	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
18	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
19	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			
20	1 2 8 ↓ ↓ ↓ 12 12		1 2 8 ↓ ↓ ↓ 14 14		1 2 ↓ 20A			1 2 ↓ GO TO 18	1 2 ↓ GO TO 19			1 2 ↓ 20A			

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP13 NEIGHBOR'S TAP 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING ... 21 OPEN WELL IN YARD/PLOT ... 22 OPEN PUBLIC WELL 23 NEIGHBOR'S OPEN WELL 24 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL ... 33 NEIGHBOR'S BOREHOLE 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK 61 WATER VENDOR 62 BOTTLED WATER 71 OTHER 96 (SPECIFY)	→ 23 → 23 → 23 → 23 → 23 → 23 → 23 → 23																								
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																									
23	What kind of toilet facilities does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96 (SPECIFY)	→ 25																								
24	Do you share these facilities with other households?	YES 1 NO 2																									
25	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>PARAFFIN LAMP</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE/MOBILE</td> <td>1</td> <td>2</td> </tr> <tr> <td>IRON</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	PARAFFIN LAMP	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE/MOBILE	1	2	IRON	1	2	REFRIGERATOR	1	2	
	YES	NO																									
ELECTRICITY	1	2																									
PARAFFIN LAMP	1	2																									
RADIO	1	2																									
TELEVISION	1	2																									
TELEPHONE/MOBILE	1	2																									
IRON	1	2																									
REFRIGERATOR	1	2																									
26	What type of fuel does your household mainly use for cooking?	MAIN ELECTRICITY..... 01 BOTTLED GAS 02 BIOGAS 03 PARAFFIN/KEROSENE..... 04 CHARCOAL 05 FIREWOOD 06 DUNG 07 CROP RESIDUALS 08 SOLAR 09 OTHER 96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
26A	What is the main source of energy for lighting in the household?	MAIN ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP . . . 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 FIREWOOD 07 CANDLES 08 OTHER _____ 96 (SPECIFY)																
27	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 OTHER _____ 96 (SPECIFY)																
27A	WALL MATERIALS RECORD OBSERVATION.	GRASS 01 POLES AND MUD 02 SUNDRIED BRICKS 03 BAKED BRICKS 04 TIMBER 05 CEMENT BRICKS 06 STONES 07 OTHER _____ 96 (SPECIFY)																
27B	ROOFING MATERIAL RECORD OBSERVATION.	GRASS/LEAVES/MUD 01 IRON SHEETS 02 TILES 03 CONCRETE 04 ASBESTOS 05 OTHER _____ 96 (SPECIFY)																
27C	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS <input type="text"/> <input type="text"/>																
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A bank account	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BANK ACCOUNT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK	1	2	BANK ACCOUNT	1	2	
	YES	NO																
BICYCLE	1	2																
MOTORCYCLE/SCOOTER	1	2																
CAR/TRUCK	1	2																
BANK ACCOUNT	1	2																
28A	How many acres of land for farming/grazing are owned by the household? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAND FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28B	Does the household use land for farming/grazing that it doesn't own? IF YES, is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED 1 YES, SHARECROPPED 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL ... 4 NO 5	→ 28D
28C	How many acres of land are used? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAND FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
28D	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRE..... <input type="text"/> <input type="text"/>	
28E	How many meals does your household usually have per day?	MEALS <input type="text"/> <input type="text"/>	
28F	In the past week, on how many days did the household consume meat?	DAYS <input type="text"/>	
28G	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN..... 4 ALWAYS 5	
29	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 35
29A	How many mosquito nets does your household have?	NUMBER OF NETS <input type="text"/> <input type="text"/>	

	IF MORE THAN 10 NETS, USE EXTRA QUESTIONNAIRE(S).	NET #1	NET #2	NET #3	NET #4
31	How long ago did your household obtain the mosquito net?	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
32A	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8
32B	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8
32C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
32D	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8
32E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>
32F		GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.

NET #5	NET #6	NET #7	NET #8	NET #9	NET #10
MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>
MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8	YES 1 NO 2 NOT SURE ... 8
YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8	YES 1 NO 2 (SKIP TO 32D) ← NOT SURE ... 8
MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>	MOS AGO <input type="text"/>
MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98	MORE THAN 3 YEARS AGO... 95 NOT SURE ... 98
YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8	YES 1 NO 2 32F ← NOT SURE ... 8
NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 35.
35 ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)			0 PPM (NO IODINE) 1 7 PPM 2 15 PPM 3 30 PPM 4 NO SALT IN HH 5 SALT NOT TESTED 6 (SPECIFY REASON)		

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

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

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="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"/>		<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"/>

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

TICK HERE IF CONTINUATION SHEET USED

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

*** CONSENT STATEMENT**

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

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

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

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (38):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49		GRANTED REFUSED		YES NO/DK	
1 GO TO 46 ← 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	1 2	<input type="text"/>
1 GO TO 46 ← 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	1 2	<input type="text"/>
1 GO TO 46 ← 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	1 2	<input type="text"/>
1 GO TO 46 ← 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	1 2	<input type="text"/>
1 GO TO 46 ← 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	1 2	<input type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>		<input type="text"/>

Note: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.

