

2015-16 TANZANIA DEMOGRAPHIC AND HEALTH AND MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS

QST No. 

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IDENTIFICATION					
REGION .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
DISTRICIT .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
WARD .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
LARGE CITY, MUNICIPALITY, SMALL TOWN, COUNTRISIDE .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
LARGE CITY=1, MUNICIPALITY=2, SMALL TOWN=3, RURAL=4					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
HOUSEHOLD NUMBER .....	<table border="1" style="width: 100%;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY, <b>SALT AND URINE TESTING?</b> (1=YES, 2=.....)					
<p><b>CITY:</b> DSM, TANGA, MWANZA    <b>MUNICIPALITY</b> = DODOMA, KILIMANJARO, MOROGORO, PWANI, LINDI, MTWARA SONGEA, IRINGA, SINGIDA, TABORA, RUKWA, SHINYANGA, KAGERA, MARA, MJINI MAGHARIBI, WETE, CHAKE CHAKE, MKOANI. <b>SMALL TOWN:</b> ALL OTHER CITIES.    <b>RURAL:</b> ALL OTHER AREAS</p>					

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <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></tr></table> MONTH _____ YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>			2	0	1			
2	0	1										
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <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>								
RESULT*	_____	_____	_____	RESULT* <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></tr></table>								
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS <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></tr></table>								
*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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  TOTAL ELIGIBLE WOMEN <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></tr></table>  TOTAL ELIGIBLE MEN <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></tr></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <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></tr></table>								

LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW** <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></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <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></tr></table>		
0	1							
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>	**LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI							

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY												
<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><td style="width: 20px; height: 20px;"></td></tr></table> NAME _____ NUMBER _____					<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><td style="width: 20px; height: 20px;"></td></tr></table> NAME _____ NUMBER _____					<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></tr></table> NUMBER _____			<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></tr></table> NUMBER _____		

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the National Bureau of Statistics (NBS). We are conducting a survey about health and other topics all over the United Republic of Tanzania. 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 20 to 25 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

100	RECORD THE TIME.	<table style="width: 100%;"> <tr> <td>HOURS .....</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MINUTES .....</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MORNING .....</td> <td colspan="2" style="text-align: right;">1</td> </tr> <tr> <td>AFTERNOON .....</td> <td colspan="2" style="text-align: right;">2</td> </tr> <tr> <td>EVENING .....</td> <td colspan="2" style="text-align: right;">3</td> </tr> </table>	HOURS .....			MINUTES .....			MORNING .....	1		AFTERNOON .....	2		EVENING .....	3	
HOURS .....																	
MINUTES .....																	
MORNING .....	1																
AFTERNOON .....	2																
EVENING .....	3																

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	CHECK COLUMN 4 AND 7		
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p><b>IF HOUSEHOLD SELECTED FOR MAN'S SURVEY</b></p> <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES  → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES  → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  → ADD TO TABLE NO

**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

**HOUSEHOLD SCHEDULE**

LINE NO.	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				BIRTH REGISTRATION	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	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?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/> <input type="text"/>

LD

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

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20.)
2 = POST PRIMARY TRAINING	98 = DON'T KNOW
3 = SECONDARY 'O' LEVEL	
4 = POST SECONDARY 'O' LEVEL	
5 = SECONDARY 'A' LEVEL	
6 = POST SECONDARY 'A' LEVEL	
7 = UNIVERSITY	
8 = DON'T KNOW	

**HOUSEHOLD SCHEDULE**

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	20A	20B	21	22	23	24	25
	Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance  SEE CODES BELOW.	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.  CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
01	Y N DK 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 23	01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	01
02	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	02
03	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	03
04	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	04
05	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	05
06	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	06
07	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	07
08	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	08
09	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	09	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	09
10	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	10

**CODES FOR Qs. 20B**

- 0=NHIF  
 1=NSSF  
 2= CHF  
 D 3= OTHER EMPLOYER BASED  
 4= OTHER COMMUNITY BASED/MUTUAL  
 5= PRIVATELY PURCHASED  
 6= OTHER \_\_\_\_\_  
 SPECIFY  
 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		MARITAL STATUS	CHECK COLUMN 4 AND 7		
1	2	3	4	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
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

CHECK HERE IF CONTINUATION SHEET USED

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

- |                                    |                                |
|------------------------------------|--------------------------------|
| 01 = HEAD                          | 07 = PARENT-IN-LAW             |
| 02 = WIFE OR HUSBAND               | 08 = BROTHER OR SISTER         |
| 03 = SON OR DAUGHTER               | 09 = CO-WIFE                   |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = OTHER RELATIVE            |
| 05 = GRANDCHILD                    | 11 = ADOPTED/FOSTER/STEP CHILD |
| 06 = PARENT                        | 12 = NOT RELATED               |
|                                    | 98 = DON'T KNOW                |

**HOUSEHOLD SCHEDULE**

LINE NO.	CHECK COLUMN 7, IF AGE 0-17 YEARS				CHECK COLUMN 7, IF AGE 0-4 YEARS	CHECK COLUMN 7, IF AGE 5 YEARS OR OLDER		CHECK COLUMN 7, IF AGE 5-24 YEARS	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				BIRTH REGISTRATION	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name?  RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name?  RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	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?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20A	LEVEL GRADE <input type="text"/> <input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20A	<input type="text"/> <input type="text"/>

**LD**

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

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	
2 = POST PRIMARY TRAINING	(USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20.)
3 = SECONDARY 'O' LEVEL	
4 = POST SECONDARY 'O' LEVEL	
5 = SECONDARY 'A' LEVEL	98 = DON'T KNOW
6 = POST SECONDARY 'A' LEVEL	
7 = UNIVERSITY	
8 = DON'T KNOW	



**HOUSEHOLD SCHEDULE**

LINE NO.	HEALTH INSURANCE		INPATIENT		OUTPATIENT		
	20A	20B	21	22	23	24	25
	Is (NAME) covered by any health Insurance?	What is (NAME)'s main type of health insurance  SEE CODES BELOW.	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE.  CHECK COLUMN 21: CODE '1' 'YES' CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE.  CHECK COLUMN 24: CODE '1' 'YES' CIRCLED.
11	Y N DK 1 2 8 ↓ GO TO 21	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 23	01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	01
12	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	02
13	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	03
14	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	04
15	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	05
16	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	06
17	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	07
18	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	08
19	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	09	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	09
20	1 2 8 ↓ GO TO 21	<input type="checkbox"/>	1 2 8 ↓ GO TO 23	10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	10

**CODES FOR Qs. 22**

- 0=NHIF  
 1=NSSF  
 2= CHF  
 D 3= OTHER EMPLOYER BASED  
 4= OTHER COMMUNITY BASED/MUTUAL  
 5= PRIVATELY PURCHASED  
 6= OTHER \_\_\_\_\_  
 SPECIFY  
 7= DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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)	→ 103          → 102  → 103
101A	Which agency is providing water at your main source?	AUTHORITY ..... 1 CBO ..... 2 PRIVATE OPERATOR ..... 3 DON'T KNOW ..... 8	→ 106
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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  OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
104A	Who usually goes to the source to collect water for your household?  PROBE: Is this person under age 15? What sex?	ADULT WOMAN (AGE 15+YEARS) ..... 1 ADULT MAN (AGE 15+YEARS) ..... 2 FEMALE CHILD (UNDER 15) ..... 3 MALE CHILD (UNDER 15) ..... 4  DON'T KNOW ..... 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 107		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109		
108	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			
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> 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  <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB (WASHABLE) ..... 22 PIT LATRINE WITH SLAB (NOT WASHABLE) .. 23 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 24  COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO TOILET/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">0</td><td style="width: 20px;"></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 BOTTLED GAS ..... 02 PARAFFIN/KEROSENE ..... 03 CHARCOAL ..... 04 FIREWOOD ..... 05 CROP RESIDUALS,STRAW,GRASS ..... 06 ANIMAL DUNC. .... 07  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 115A		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	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)	} → 115A
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
115A	What is the main source of energy for lighting in the household?	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)	
116	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	
116A	How many sleeping spaces such as mats, rugs, mattresses or beds are used in this household?	SLEEPING SPACES ..... <input type="text"/> <input type="text"/>	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) COWS/BULLS ..... <input type="text"/> <input type="text"/> b) OTHER CATTLE ..... <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> d) GOATS ..... <input type="text"/> <input type="text"/> e) SHEEP ..... <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/>	
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, CIRCLED '950'.	HECTARES ..... <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998	
121	Does your household have:	YES                      NO	
	a) Electricity that is connected?	a) ELECTRICITY ..... 1                      2	
	b) A radio in working condition?	b) RADIO ..... 1                      2	
	c) A television in working condition?	c) TELEVISION ..... 1                      2	
	d) A non-mobile telephone in working condition?	d) NON-MOBILE TELEPHONE .. 1                      2	
	e) A computer in working conditions?	e) COMPUTER ..... 1                      2	
	f) A refrigerator in working condition?	f) REFRIGERATOR ..... 1                      2	
	g) A battery or Generator for power?	g) BATTERY ..... 1                      2	
	h) An iron (charcoal or electricity)	h) IRON ..... 1                      2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WATCH .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR .....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) WATCH .....	1	2	b) MOBILE PHONE .....	1	2	c) BICYCLE .....	1	2	d) MOTORCYCLE/SCOOTER .....	1	2	e) ANIMAL-DRAWN CART .....	1	2	f) CAR/TRUCK .....	1	2	g) BOAT WITH MOTOR .....	1	2	
	YES	NO																									
a) WATCH .....	1	2																									
b) MOBILE PHONE .....	1	2																									
c) BICYCLE .....	1	2																									
d) MOTORCYCLE/SCOOTER .....	1	2																									
e) ANIMAL-DRAWN CART .....	1	2																									
f) CAR/TRUCK .....	1	2																									
g) BOAT WITH MOTOR .....	1	2																									
123	Does any member of this household have a bank account?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> </table>	YES .....	1	NO .....	2																					
YES .....	1																										
NO .....	2																										
123A	How far is it to the nearest market place? IF LESS THAN ONE KM, ENTER 00. IF MORE THAN 95 KM, ENTER 95.	KILOMETRES ..... <input type="text"/> <input type="text"/>																									
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY .....</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY .....</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY .....</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH .....</td> <td align="right">4</td> </tr> <tr> <td>NEVER .....</td> <td align="right">5</td> </tr> </table>	DAILY .....	1	WEEKLY .....	2	MONTHLY .....	3	LESS OFTEN THAN ONCE A MONTH .....	4	NEVER .....	5															
DAILY .....	1																										
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MONTHLY .....	3																										
LESS OFTEN THAN ONCE A MONTH .....	4																										
NEVER .....	5																										
124A	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS ..... <input type="text"/> <input type="text"/>																									
124B	In the past week, on how many days did the household eat meat or fish?	DAYS ..... <input type="text"/>																									
124C	How often in the last year did you have problems in satisfying the food needs of the household?	<table border="0"> <tr> <td>NEVER .....</td> <td align="right">1</td> </tr> <tr> <td>SELDOM .....</td> <td align="right">2</td> </tr> <tr> <td>SOMETIMES .....</td> <td align="right">3</td> </tr> <tr> <td>OFTEN .....</td> <td align="right">4</td> </tr> <tr> <td>ALWAYS .....</td> <td align="right">5</td> </tr> </table>	NEVER .....	1	SELDOM .....	2	SOMETIMES .....	3	OFTEN .....	4	ALWAYS .....	5															
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SELDOM .....	2																										
SOMETIMES .....	3																										
OFTEN .....	4																										
ALWAYS .....	5																										
124D	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? Would you say it never happened? Rarely happened? Happended sometimes or Often?	<table border="0"> <tr> <td>NEVER .....</td> <td align="right">1</td> </tr> <tr> <td>RARELY .....</td> <td align="right">2</td> </tr> <tr> <td>SOMETIMES .....</td> <td align="right">3</td> </tr> <tr> <td>OFTEN .....</td> <td align="right">4</td> </tr> </table>	NEVER .....	1	RARELY .....	2	SOMETIMES .....	3	OFTEN .....	4																	
NEVER .....	1																										
RARELY .....	2																										
SOMETIMES .....	3																										
OFTEN .....	4																										
124E	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? Would you say it never happened? Rarely happened? Happended sometimes or Often?	<table border="0"> <tr> <td>NEVER .....</td> <td align="right">1</td> </tr> <tr> <td>RARELY .....</td> <td align="right">2</td> </tr> <tr> <td>SOMETIMES .....</td> <td align="right">3</td> </tr> <tr> <td>OFTEN .....</td> <td align="right">4</td> </tr> </table>	NEVER .....	1	RARELY .....	2	SOMETIMES .....	3	OFTEN .....	4																	
NEVER .....	1																										
RARELY .....	2																										
SOMETIMES .....	3																										
OFTEN .....	4																										
124F	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? Would you say it never happened? Rarely happened? Happended sometimes or Often?	<table border="0"> <tr> <td>NEVER .....</td> <td align="right">1</td> </tr> <tr> <td>RARELY .....</td> <td align="right">2</td> </tr> <tr> <td>SOMETIMES .....</td> <td align="right">3</td> </tr> <tr> <td>OFTEN .....</td> <td align="right">4</td> </tr> </table>	NEVER .....	1	RARELY .....	2	SOMETIMES .....	3	OFTEN .....	4																	
NEVER .....	1																										
RARELY .....	2																										
SOMETIMES .....	3																										
OFTEN .....	4																										
124G	How far is it to the nearest health facility? IF LESS THAN ONE KM, ENTER '00'. IF MORE THAN 95 KM, ENTER '95'.	KILOMETRES ..... <input type="text"/> <input type="text"/>																									
124H	If you were to go to the nearest health facility, how would usually you go there?	<table border="0"> <tr> <td>CAR/MOTORCYCLE .....</td> <td align="right">1</td> </tr> <tr> <td>PUBLIC TRANSPORT (BUS, TAXI) .....</td> <td align="right">2</td> </tr> <tr> <td>ANIMAL/ANIMAL CART .....</td> <td align="right">3</td> </tr> <tr> <td>WALKING .....</td> <td align="right">4</td> </tr> <tr> <td>BICYCLE .....</td> <td align="right">5</td> </tr> <tr> <td>OTHER .....</td> <td align="right">6</td> </tr> <tr> <td></td> <td align="center">_____ (SPECIFY)</td> </tr> </table>	CAR/MOTORCYCLE .....	1	PUBLIC TRANSPORT (BUS, TAXI) .....	2	ANIMAL/ANIMAL CART .....	3	WALKING .....	4	BICYCLE .....	5	OTHER .....	6		_____ (SPECIFY)											
CAR/MOTORCYCLE .....	1																										
PUBLIC TRANSPORT (BUS, TAXI) .....	2																										
ANIMAL/ANIMAL CART .....	3																										
WALKING .....	4																										
BICYCLE .....	5																										
OTHER .....	6																										
	_____ (SPECIFY)																										

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124I	Did your household ever receive any (NAME OF ASSISTANCE) from government or non Government organisations?	124J What is the name of the organisation or program that provided this assistance?	
			GOVERNMENT      NON GOVT PROGRAM
		a) CASH ASSISTANCE	YES 1 →      1      2 _____ NO 2 ↘      SPECIFY DK 8 ↘
		b) FOOD ASSISTANCE	YES 1 →      1      2 _____ NO 2 ↘      SPECIFY DK 8 ↘
c) OTHER ASSISTANCE	YES 1 →      1      2 _____ NO 2      SPECIFY DK 8	_____ SPECIFY	
124J1	CHECK 124I, AT LEAST ONE YES CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/> → 125		
124K	When was the last time you received an assistance?	MONTHS AGO      1 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
	IF LESS THAN 2 YEARS, RECORD NUMBER OF MONTH. IF LESS THAN 1 MONTH, RECORD '00'	YEARS AGO      2 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
127	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE..... 2 BLUE AND WHITE STRIPE  3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE..... 2 BLUE AND WHITE STRIPE  3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE..... 2 BLUE AND WHITE STRIPE  3 OTHER ..... 6 (SPECIFY)
130	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT..... 11 OLYSET ..... 12 NETPROTEC..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT..... 11 OLYSET ..... 12 NETPROTEC..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT..... 11 OLYSET ..... 12 NETPROTEC..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16  CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 ADDO ..... 04 SHOP/MARKET ..... 05 CHW ..... 06 RELIGIOUS INSTITUTION ..... 07 SCHOOL ..... 08 OTHER ..... 96 DON'T KNOW ..... 98
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8

MOSQUITO NETS

		NET #1	NET #2	NET #3
137	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM 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"/>
		GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139
137A	Why not?  RECORD ALL MENTIONED	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASH. .... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	NO MOSQUITOE ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASH. .... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATEF ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	NO MOSQUITOE ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASH. .... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATEF ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.



MOSQUITO NETS

		NET #4	NET #5	NET #6
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
129A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE 3 OTHER ..... 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE 3 OTHER ..... 6 (SPECIFY)
130	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
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANENT ..... 11 OLYSET ..... 12 NETPROTEC ..... 13 DURANET ..... 14 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) CONVENTIONAL POLYESTER NET .. 21 OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP) ?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 (SKIP TO 136) ← NO ..... 5
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 98
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137A) ← NOT SURE ..... 8

MOSQUITO NETS

		NET #4	NET #5	NET #6
137	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM 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"/>
		GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139	GO BACK TO Q129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO Q139
137A	Why not?  RECORD ALL MENTIONED	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TOR ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHEC ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TOR ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHEC ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TOR ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHEC ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

**ADDITIONAL HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON ..... 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES, TERRAZZO ..... 33 CEMENT/CONCRETE ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 GRASS/THATCH/PALM LEAF/MUD ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> IRON SHEET ..... 31 CONCRETE ..... 32 TILES ..... 33  OTHER _____ 96 (SPECIFY)	
144	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALL ..... 11 GRASS ..... 12 CANE/PALM/TRUNKS/BAMBOO ..... 13 <b>RUDIMENTARY WALLS</b> POLES WITH MUD ..... 21 STONE WITH MUD ..... 22 WOOD, TIMBER ..... 23 <b>FINISHED WALLS</b> CEMENT/CONCRETE ..... 31 STONE WITH LIME/CEMENT ..... 32 SUN-DRIED BRICKS/MUD BRICK ..... 33 BAKED BRICKS ..... 34 CEMENT BLOCKS ..... 35  OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1                      NO IODINE ..... 2                      NO SALT IN HOUSEHOLD ..... 3                      SALT NOT TESTED _____ 6                      (SPECIFY REASON)</p>	
146	<p>CHECK COVER OF HOUSEHOLD QUESTIONNAIRE. IF HOUSEHOLD SELECTED FOR ADDITIONAL SALT TESTING ASK FOR ADDITIONAL FULL TABLESPOON OF SALT. PLACE SALT IN CONTAINER</p> <p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 1px dashed black; width: 300px; height: 30px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S CONTAINER OF SALT AND THE 3RD ON THE TRANSIMITAL FORM</p>		

INPATIENT HEALTH EXPENDITURES MODULE

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             ONE OR MORE INPATIENTS <input type="checkbox"/> </div> <div style="text-align: center;">             NO INPATIENTS <input type="checkbox"/> </div> </div>			301
202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. THEN ASK: Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).			
203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER . . . . . <input type="text"/>	INPATIENT LINE NUMBER . . . . . <input type="text"/>	INPATIENT LINE NUMBER . . . . . <input type="text"/>
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	NAME _____	NAME _____	NAME _____
205	Where did (NAME) most recently stay overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . . . 23 DISTRICT HOSPITA' . . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> SPECIALISED HOSPIT . . . . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . . . 23 DISTRICT HOSPITA' . . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> SPECIALISED HOSPIT . . . . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . . . 21 REGIONAL REFERRAL HOSE 22 REGIONAL HOSPITAL . . . . . 23 DISTRICT HOSPITA' . . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL 32 HOSPITAL 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> SPECIALISED HOSPIT . . . . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR' . . . . . 44 CLINIC 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY
206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . . 03 OTHER _____ 06 (SPECIFY)
207	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including	COST (TSH) <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"/> NO COST/ FREE . . . . . 00000000 IN KIND ONL . . . . . 99999995 DON'T KNOW . . . . . 99999998	COST (TSH) <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"/> NO COST/ FREE . . . . . 00000000 IN KIND ONL . . . . . 99999995 DON'T KNOW . . . . . 99999998	COST (TSH) <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"/> NO COST/ FREE . . . . . 00000000 IN KIND ONL . . . . . 99999995 DON'T KNOW . . . . . 99999998
208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←

INPATIENT HEALTH EXPENDITURES

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT	INPATIENT	INPATIENT
		NAME _____	NAME _____	NAME _____
209	Where did (NAME) stay the next-to-last time (he/she) stayed overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY
210	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY . . . . . 01 ILLNESS . . . . . 02 ACCIDENT/INJURY . . . . 03 OTHER _____ 06 (SPECIFY)
211	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory	COST (TSH) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998	COST (TSH) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998	COST (TSH) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  NO COST/ FREE . . . . . .00000000 IN KIND ONL . . . . .99999995 DON'T KNOW . . . . .99999998
212	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←	YES . . . . . 1 NO . . . . . 2 (GO TO 220) ←
213	Where did (NAME) stay the second-to-last time (he/she) stayed overnight for health care?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/ SPEC.HOSPIT. . . 21 REGIONAL REFERRAL HO£22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITA£ . . . . 24 HEALTH CENTR. . . . . 25 DISPENSARY . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSP. 31 DISTRICT HOSPITAL (DD£32 HOSPITAL . . . . . 33 HEALTH CENTRE . . . . . 34 DISPENSARY . . . . . 35 CLINIC . . . . . 36  <b>PRIVATE</b> . . . . . SPECIALISED HOSPIT . . 41 HOSPITA . . . . . 42 HEALTH CENTR. . . . . 43 DISPENSAR` . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ ALTERNATIVE MEDEC. 46  OTHER _____ 96 SPECIFY

**INPATIENT HEALTH EXPENDITURES**

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER _____ 06 (SPECIFY)	PREGNANCY/ DELIVERY ..... 01 ILLNESS ..... 02 ACCIDENT/INJURY ..... 03 OTHER _____ 06 (SPECIFY)
215	How much money in total did you or any other member of your household spend on the treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including	COST (TSH) <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"/> NO COST/ FREE ..... 00000000 IN KIND ONL ..... 99999995 DON'T KNOW ..... 99999998	COST (TSH) <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"/> NO COST/ FREE ..... 00000000 IN KIND ONL ..... 99999995 DON'T KNOW ..... 99999998	COST (TSH) <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"/> NO COST/ FREE ..... 00000000 IN KIND ONL ..... 99999995 DON'T KNOW ..... 99999998
216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←	YES ..... 1 NO ..... 2 (GO TO 220) ←
217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>
220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301

SELECTION FOR OUTPATIENT HEALTH EXPENDITURES MODULE

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE  
OUTPATIENTS

NO ELIGIBLE  
OUTPATIENTS

→ 311

**TABLE FOR SELECTION OF OUTPATIENT WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE

LAST DIGIT OF THE HOUSE- HOLD QUESTION- NAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

302

NAME  
OF SELECTED OUTPATIENT \_\_\_\_\_

HH LINE NUMBER  
OF SELECTED OUTPATIENT



OUTPATIENT HEALTH EXPENDITURES MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	<b>GOVERNMENT/PARASTATAL</b> NATIONAL/ZONAL/SPEC.HOSPIT. 21 REGIONAL HOSPITAL . . . . . 22 REGIONAL HOSPITAL . . . . . 23 DISTRICT HOSPITA . . . . . 24 HEALTH CENTR . . . . . 25 DISPENSAR\ . . . . . 26 CLINIC . . . . . 27 CHW . . . . . 28  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSF . . . . . 31 DISTRICT HOSPITAL . . . . . 32 HEALTH CENTRE . . . . . 33 DISPENSARY . . . . . 34 CLINIC . . . . . 35  <b>PRIVATE</b> SPECIALISED HOSPIT. . . . . 41 HOSPITA . . . . . 42 HEALTH CENTR . . . . . 43 DISPENSAR\ . . . . . 44 CLINIC . . . . . 45 TRADITIONAL HEALER/ALTERNATIVE MEI . . . . 46 PHARMACY . . . . . 47 ADDO . . . . . 48  OTHER _____ 96 SPECIFY _____	
304	How much money in total did you or any other member of your household spend on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST (TSH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . . . . . 999998	
305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING . . . . . 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE . . . . . 02 MALARIA . . . . . 03 FEVER . . . . . 04 DIARRHEA . . . . . 05 HIV/AIDS/STD . . . . . 06 OTHER ILLNESS . . . . . 07 CHECK-UP/ PREVENTIVE CARE . . . . . 08 ACCIDENT/INJURY . . . . . 09 OTHER _____ 96 (SPECIFY) _____ MISSING/DON'T KNOW . . . . . 98	
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES 1 NO . . . . . 2	→ 311
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . . <input type="text"/> <input type="text"/>	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . . <input type="text"/> <input type="text"/>	
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST (TSH) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  NONE . . . . . 000000 IN KIND ONLY . . . . . 999995 DON'T KNOW . . . . . 999998	

SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

312A

CHECK COLUMN 9  
ONE OR MORE WOMEN AGE 15-49 YEARS OLD

NO WOMEN AGE 15-  
49 YEARS OLD

313

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

**EXAMPLE:** THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN

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

NAME OF SELECTED WOMAN \_\_\_\_\_

HH LINE NUMBER OF SELECTED WOMAN

313

RECORD THE TIME.

HOURS .....

MINUTES .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MORNING ..... 1  
AFTERNOON ..... 2  
EVENING ..... 3

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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2015-16 TANZANIZ DEMOGRAPHIC AND HEALTH AND MALARIA INDICATORS SURVEYS  
BIOMARKER QUESTIONNAIRE

THE UNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION																	
PLACE NAME _____																	
NAME OF HOUSEHOLD HEAD _____																	
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>													
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>													
HOUSEHOLD SELECTED FOR MAN'S SURVEY, SALT AND URINE TESTING? (1=YES, 2=N) .....																	
INTERVIEWER VISITS																	
	1	2	3	FINAL VISIT													
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>													
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>													
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td> </td><td> </td></tr> </table>	2	0											
2	0																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>													
TIME	_____	_____															
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>													
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>													
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr> </table>		0	1	LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>				TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>									
0	1																
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 KISWAHILI    04 LANGUAGE 4      06 LANGUAGE 6															
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR													
_____		_____		_____													
NAME	NUMBER	NAME	NUMBER	NUMBER													
<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>	

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	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
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 109) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 109) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 109) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
111	"ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT."	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 2010 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to 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 assist the government to develop programs to prevent malaria.  We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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 LABEL ON THE SLIDE 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 LABEL ON THE SLIDE 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 LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	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
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE..... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE..... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE..... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←
117	<b>SEVERE ANEMIA REFERRAL</b> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)		
117A	LOCATION OF INTERVIEW:	ZANZIBAR <input type="checkbox"/>	MAINLAND TANZANIA <input type="checkbox"/>	→ SKIP TP Q118
117B	<b>MALARIA REFERRAL</b> RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)		



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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
118	Does (NAME) suffer from any of the following illnesses or symptoms:  Extreme weakness? Heart problems? Loss of consciousness?  Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine?  IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y
119	CHECK 118:  ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←
120	CHECK 113:  HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←
122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 130)		
123	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFU ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<b>Weight (in Kg) – Approximate Age</b> 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		<b>Dosage *</b> 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	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
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 109) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 109) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 109) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
111	"ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT."	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 2010 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER. 3 112B ←
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to 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 assist the government to develop programs to prevent malaria.  We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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 LABEL ON THE SLIDE 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 LABEL ON THE SLIDE 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 LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	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
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6	POSITIVE..... 1 (SKIP TO 117A) ← NEGATIVE..... 2 OTHER..... 6
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE... 2 NOT PRESENT..... 3 REFUSED..... 4 OTHER..... 6 (SKIP TO 130) ←
117	<b><u>SEVERE ANEMIA REFERRAL</u></b> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)		
117A	LOCATION OF INTERVIEW:  ZANZIBAR <input type="checkbox"/> ↓ MAINLAND TANZANIA <input type="checkbox"/> → SKIP TP Q118			
117B	<b><u>MALARIA REFERRAL</u></b> RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
118	Does (NAME) suffer from any of the following illnesses or symptoms:  Extreme weakness? Heart problems? Loss of consciousness?  Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine?  IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y
119	CHECK 118:  ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←
120	CHECK 113:  HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←
122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 130)		
123	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	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 _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFU ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<b>Weight (in Kg) – Approximate Age</b> 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		<b>Dosage *</b> 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 9.	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	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2
204A	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 3 (RELATIONSHIP):	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2
205	WEIGHT IN KILOGRAMS.	KG .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESEN..... 99994 REFUSE..... 99995 OTHER..... 99996	KG .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESEN..... 99994 REFUSE..... 99995 OTHER..... 99996	KG .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESEN..... 99994 REFUSE..... 99995 OTHER..... 99996
206	HEIGHT IN CENTIMETERS.	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESEN..... 9994 REFUSE..... 9995 OTHER..... 9996	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESEN..... 9994 REFUSE..... 9995 OTHER..... 9996	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESEN..... 9994 REFUSE..... 9995 OTHER..... 9996
207	MEASURER: ENTER YOUR INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
208	CHECK 203: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 3 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 3 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 3 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ←	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ←	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ←
209A	CHECK 204A: RELATIONSHIP	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ←	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ←	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ←



WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. 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 or no. It is up to you to decide.</p>		
	211	CIRCLE THE CODE AND SIGN YOUR	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 RESPONDENT REFUSE 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 RESPONDENT REFUSE 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 221) ←</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 221) ←</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 (SKIP TO 221) ←</p>
216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p> <p><input type="text"/> <input type="text"/></p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p> <p><input type="text"/> <input type="text"/></p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT</p> <p><input type="text"/> <input type="text"/></p> <p>RECORD '00' IF NOT LISTED</p>	

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

PARENT RESPONSIBLE ADULT CONSENT	217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p>		
	218	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>(SIGN AND ENTER YOUR)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE. . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>(SIGN AND ENTER YOUR)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE. . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>(SIGN AND ENTER YOUR)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE. . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**MINOR RESPONDENT CONSENT FOR ANEMIA TEST**

219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p>		
220	CIRCLE THE CODE AND SIGN YOUR	<p>_____ (SIGN)</p> <p>GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>_____ (SIGN)</p> <p>GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>	<p>_____ (SIGN)</p> <p>GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←</p>
220A	CHECK 226 IN WOMAN'S QUESTIONNAIR F OR ASK: Are you pregnant?	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
221	CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIR E. HOUSEHOLD SELECTED FOR MANS' SURVEY AND IODINE TESTING.	<p>SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←</p>	<p>SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←</p>	<p>SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←</p>
222	CHECK 203: AGE	<p>15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 224) ←</p>	<p>NOT EM. 15..... 1 18-49 YEARS 2 (SKIP TO 224) ←</p>	<p>15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 224) ←</p>
223	CHECK 204: MARITAL	<p>NEVER IN UNION . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←</p>	<p>NEVER IN UNION . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←</p>	<p>NEVER IN UNION . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←</p>
223A	CHECK 204A: RELATIONSHIP	<p>HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←</p>	<p>HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←</p>	<p>HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←</p>

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR URINARY IODINE TEST**

ADULT RESPONDENT CONSENT	224	ASK CONSENT FOR IODINE TEST.	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 or no. It is up to you to decide.</p>		
	225	CIRCLE THE CODE AND	_____ (SIGN)	_____ (SIGN)	_____ (SIGN)
			GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←	GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←	GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←

226	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> RECORD '00' IF NOT LISTED	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> RECORD '00' IF NOT LISTED	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> RECORD '00' IF NOT LISTED
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR URINARY IODINE TEST**

PARENTAL/RESPONSIBLE ADULT CONSENT	227	ASK CONSENT FOR IODINE TEST FROM PARENT/ADULT .	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 or no. It is up to you to decide. Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>		
	228	CIRCLE THE CODE AND SIGN YOUR NAME.	_____ (SIGN)	_____ (SIGN)	_____ (SIGN)
			GRANTE..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←	GRANTE..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←	GRANTE..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>MINOR RESPONDENT CONSENT FOR URINARY IODINE TEST</b>				
<b>MINOR RESPONDENT CONSENT</b>	229	<p>ASK CONSENT FOR IODINE TEST FROM RESPONDENT.</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 or no. It is up to you to decide.</p>		
	229A	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>	<p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>	<p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>
	229B	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)</p>		
	230	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.</p> <p>G/DL..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSED ..... 995 OTHER ..... 996</p>	<p>G/DL..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSED ..... 995 OTHER ..... 996</p>	<p>G/DL..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSED ..... 995 OTHER ..... 996</p>
	231	<p>BAR CODE LABEL</p> <p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 2px dashed black; width: 150px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p> <p style="text-align: center;"><b>URINARY IODINE</b></p>	<p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 2px dashed black; width: 150px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p>	<p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 2px dashed black; width: 150px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p>
	232	<p>OUTCOME OF URINARY IODINE TEST PROCEDURE</p> <p>URINE GIVEN ..... 1 NOT PRESENT/OTHER . 2 REFUSED ..... 3</p>	<p>URINE GIVEN ..... 1 NOT PRESENT/OTHER . 2 REFUSED ..... 3</p>	<p>URINE GIVEN ..... 1 NOT PRESENT/OTHER . 2 REFUSED ..... 3</p>
	233	<p>GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE ELIGIBLE WOMEN, END THE BIOMARKER COLLECTION.</p>		

INTERVIEWER'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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