

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Uganda Bureau of Statistics. We are conducting a survey about health all over UGANDA. 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 30 to 45 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.

Do you have any questions? YES NO

May I begin the interview now? YES NO

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



START TIME HOUR

MINUTES

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | IF AGE 15 OR OLDER | ELIGIBILITY | | |
|----------|--|--|---------------------------|--------------------------------|----------------------------------|--|--|--|--|---|
| | | | | (5) | (6) | | MARITAL STATUS | (9) | (10) | (11) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-29 FOR EACH PERSON. | What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? IF 95 OR MORE RECORD '95'. | What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER MARRIED AND NEVER LIVED TOGETHER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-54 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| | | | M F | Y N | Y N | YEARS | | | | |
| 01 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <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 |
| 11 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <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 |

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES 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

- 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 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = CO-WIFE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DONT KNOW
- 00 = MOTHER NOT LISTED

| LINE NO. | IF AGE 0-17 YEARS | | | | IF AGE 3 YEARS OR OLDER | | IF AGE 3-24 YEARS | | 0-4 YEARS | IF AGE 5-17 YEARS | | |
|----------|--|---|-----------------------------------|--|----------------------------------|---|---|--|--|-----------------------------|-----------------------------------|--|
| | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION | BASIC MATERIAL NEEDS | | |
| (1) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) |
| | Is (NAME)'s natural mother alive? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD 00 | Is (NAME)'s natural father alive? | Does (NAME)'s natural father live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD 00 | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) attend school at any time during the 2011 school year? | During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW. | Does (NAME) have a birth certificate? IF YES, ASK RESPONDENT TO SHOW CERTIFICATE. IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HAS CERTIFICATE SEEN 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DONT KNOW | Does (NAME) have a blanket? | Does (NAME) have a pair of shoes? | Does (NAME) have at least two sets of clothes? |
| | Y N DK | | Y N DK | | Y N | LEVEL GRADE | Y N | LEVEL GRADE | | Y N | Y N | Y N |
| 01 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 02 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 03 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 04 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 05 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 06 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 07 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 08 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 09 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 10 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 11 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 12 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 13 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 14 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |
| 15 | 1 2 8 ↓ GO TO 14 | | 1 2 8 ↓ GO TO 16 | | 1 2 ↓ GO TO 20 | | 1 2 ↓ GO TO 20 | | | 1 2 | 1 2 | 1 2 |

CODES FOR Qs 17 AND 19: EDUCATION

- | | |
|----------------|---|
| LEVEL | GRADE |
| 0 = PRESCHOOL | 00 = LESS THAN 1 YEAR COMPLETED |
| 1 = PRIMARY | (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19) |
| 2 = 'O' LEVEL | |
| 3 = 'A' LEVEL | |
| 4 = TERTIARY | 98 = DONT KNOW |
| 5 = UNIVERSITY | |
| 6 = FAL | |
| 8 = DONT KNOW | |

| COMPLETE COLUMNS 24-29 FOR ALL HH MEMBERS AGED 5 OR OLDER | | | | | | |
|---|--|---|---|--|---|--|
| LINE NO. | DIFFICULTIES | | | | | |
| (1) | (24) | (25) | (26) | (27) | (28) | (29) |
| | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty seeing even if he/she is wearing glasses? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty hearing even if he/she is using a hearing aid? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty walking or climbing steps? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty remembering or concentrating? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty with self care such as washing all over, dressing, feeding, toileting? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW | Because of a physical, mental or, emotional health condition. . . Does (NAME) have difficulty communicating foreexample understanding others or being understood by others? 1 = NO - NO DIFFICULTY 2 = YES - SOME DIFFICULTY 3 = YES - A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL 8 = DONT KNOW |
| 01 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 02 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 03 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 04 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 05 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 06 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 07 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 08 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 09 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 10 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 11 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 12 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 13 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 14 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |
| 15 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 |

TABLE FOR SELECTION OF RESPONDENT FOR THE VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV

HOUSEHOLD IS NOT SELECTED FOR DV

101



INSTRUCTIONS

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE VIOLENCE QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR COLUMN (10) IF THE HH IS SELECTED FOR A **MALE** RESPONDENT, AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE DV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

| LAST DIGIT OF THE QUESTIONNAIRE NUMBER | TOTAL NUMBER OF ELIGIBLE WOMEN/MEN IN THE HOUSEHOLD | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| | 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 |

HOUSEHOLD LINE NUMBER OF PERSON SELECTED FOR VIOLENCE MODULE

| | |
|--|--|
| | |
|--|--|

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--|
| 101 | Some times people smoke inside our houses for example our family members,our neighbours or even our friends. How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never? | DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 | |
| 102 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 WATER FROM OPEN WELL/SPRING OPEN WELL/SPRING IN YARD/PLOT 21 OPEN PUBLIC WELL/SPRING 22 WATER FROM PROTECTED WELL/SPRING PROTECTED WELL/SPRING IN YARD/PLOT 31 PROTECTED PUBLIC WELL/SPRING..... 32 WATER FROM BOREHOLE BOREHOLE IN YARD/PLOT 41 PUBLIC BOREHOLE 42 SURFACE WATER (RIVER/DAM ETC) RIVER/STREAM 51 POND/LAKE 52 DAM 53 RAIN WATER 61 TANKER TRUCK 71 VENDOR 72 BOTTLED WATER 91 OTHER 96 (SPECIFY) | → 105 → 105 → 105 → 105 |
| 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"/> DONT KNOW 998 | |
| 105 | Do you do anything to the water to make it safer to drink? | YES 1 NO 2 DONT KNOW 8 | → 107 |
| 106 | What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED. | BOIL A ADD WATER GUARD B ADD BLEACH/CHLORINE..... C STRAIN THROUGH A CLOTH..... D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) E SOLAR DISINFECTION F LET IT STAND AND SETTLE G OTHER X (SPECIFY) DONT KNOW Z | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--------|-----|----|-----------------|---|---|-------------|---|---|-----------------------|---|---|------------------|---|---|--------------------|---|---|-------------------|---|---|--------------------|---|---|-------------|---|---|-------------|---|---|----------------|---|---|-----------|---|---|----------------|---|---|-------------|---|---|--|
| 107 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET.....01 VIP LATRINE..... 02 COVERED PIT LATRINE NO SLAB.....03 COVERED PIT LATRINE W/ SLAB.....04 UNCOVERED PIT LATRINE NO SLAB.....05 UNCOVERED PIT LATRINE W/ SLAB.....06 COMPOSTING TOILET..... 07 NO FACILITY/BUSH/FIELD.....08 ECOSAN.....09 OTHER _____ 96 (SPECIFY) | → 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | Do you share this toilet facility with other households? | YES 1 NO 2 | → 109A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | How many households use this toilet facility? | NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109A | Does this toilet have any facility for washing hands after use? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | Does your household have: | <table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> </tr> </thead> <tbody> <tr><td>a) Electricity?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>b) A radio?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>c) A cassette player?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>d) A television?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>e) A mobile phone?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>f) A fixed phone?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>g) A refrigerator?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>h) A table?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>i) A chair?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>j) A sofa set?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>k) A bed?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>l) A cupboard?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> <tr><td>m) A clock?</td><td style="text-align:center">1</td><td style="text-align:center">2</td></tr> </tbody> </table> | | YES | NO | a) Electricity? | 1 | 2 | b) A radio? | 1 | 2 | c) A cassette player? | 1 | 2 | d) A television? | 1 | 2 | e) A mobile phone? | 1 | 2 | f) A fixed phone? | 1 | 2 | g) A refrigerator? | 1 | 2 | h) A table? | 1 | 2 | i) A chair? | 1 | 2 | j) A sofa set? | 1 | 2 | k) A bed? | 1 | 2 | l) A cupboard? | 1 | 2 | m) A clock? | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Electricity? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) A radio? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) A cassette player? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) A television? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) A mobile phone? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) A fixed phone? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) A refrigerator? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) A table? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) A chair? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) A sofa set? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k) A bed? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l) A cupboard? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m) A clock? | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 111 | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 04 KEROSENE/PARAFFIN 05 CHARCOAL 07 FIREWOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) | → 114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY) | → 114 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | NET #1 | NET #2 | NET #3 |
|-----|---|--|---|---|
| 128 | ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED NOT OBSERVED | OBSERVED 1 NOT OBSERVED 2 | OBSERVED 1 NOT OBSERVED 2 |
| 129 | How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO .. 95 NOT SURE 98 | MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO .. 95 NOT SURE 98 | MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 |
| 130 | OBSERVE THE BRAND/TYPE OF MOSQUITO NET. IF NOT OBSERVED ASK What brand is this net? IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT. | 'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ← | 'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ← | 'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR 13 NETPROTECT 14 OLYSET 15 DAWANET 16 ICONLIFE 17 (SKIP TO 134) ← |
| | | FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET .. 22 ICONET 23 SAFI NET 24 | FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET .. 22 ICONET 23 SAFI NET 24 | FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOOPER NET .. 22 ICONET 23 SAFI NET 24 |
| | | FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT .. 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 | FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT .. 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 | FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT .. 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 |
| | | HOMEMADE NET . 41 OTHER 96 (SPECIFY) DK BRAND 98 | HOMEMADE NET . 41 OTHER 96 (SPECIFY) DK BRAND 98 | HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98 |
| 132 | Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 |
| 133 | How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 |
| 134 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 |

| | | NET #1 | NET #2 | NET #3 |
|-----|--|--|---|--|
| 135 | Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| 136 | | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137. | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137. | GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137. |
| 137 | Please show me where members of your household most often wash their hands. | OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 140) ← | | |
| 138 | OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 | | |
| 139 | OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C | | |
| 140 | ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. | IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON) | | |

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR CHILDREN AGE 0-5

| | | | | |
|------|---|--|--|--|
| 201 | CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> NAME _____ |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> | DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> | DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING? | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 |
| 208 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 |
| 209 | LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> | LINE NUMBER <input type="text"/> | LINE NUMBER <input type="text"/> |
| 210 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 211 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) REFUSED 2 | GRANTED 1 _____ (SIGN) REFUSED 2 | GRANTED 1 _____ (SIGN) REFUSED 2 |
| 211A | ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to take the vitamin A deficiency test?</p> | | |

| | | CHILD 1 | CHILD 2 | CHILD 3 |
|------|--|---|---|---|
| 211B | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) _____ REFUSED 2 | GRANTED 1 _____ (SIGN) _____ REFUSED 2 | GRANTED 1 _____ (SIGN) _____ REFUSED 2 |
| 211C | CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A | AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 | AGREED TO ANEAMIA AND VITAMIN A TES. 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 | AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 |
| 212 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET . | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 213 | BAR CODE LABEL FOR VITAMIN A TEST | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |
| 215 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 216. | | | |

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|------|---|--|--|--|
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) | YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 216) |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING? | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 |
| 208 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 216) OLDER 2 |
| 209 | LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> |
| 210 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 211 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| 211A | ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to take the vitamin A deficiency test?</p> | | |

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|------|--|---|---|---|
| 211B | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| 211C | CIRCLE THE APPROPRIATE CODE DON'T TAKE DBS IF RESPONDENT DOES NOT AGREE FOR VITAMIN A | AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 | AGREED TO ANEAMIA AND VITAMIN A TES. 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 | AGREED TO ANEAMIA AND VITAMIN A TEST 1 AGREED TO ANEAMIA ONLY (GO TO 212 THEN SKIP 213 AND GO TO 215) 2 AGREED TO VITAMIN A ONLY (SKIP TO 213) 3 AGREED TO NEITHER (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 216) 4 |
| 212 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET . | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 213 | BAR CODE LABEL FOR VITAMIN A TEST | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |
| 215 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 216. | | | |

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A MEASUREMENT FOR WOMEN AGE 15-49

| | | | | | | | |
|-----|---|---|---|---|---|---|---|
| 216 | CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 217. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | | | | |
| | | WOMAN 1 | | WOMAN 2 | | WOMAN 3 | |
| 217 | LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | 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 _____ |
| 218 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 219 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 220 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 225) ← |
| 221 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← | CODE 4 (NEVER IN UNION)..... 1 OTHER 2 (GO TO 225) ← |
| 222 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> |
| 223 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17 | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</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.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p> | | | | | |
| 224 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|------|---|---|---|---|
| | LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 225 | 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 each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the anemia test?</p> | | |
| 226 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 227A) |
| 227 | PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DK 8 | YES 1 NO 2 DK 8 | YES 1 NO 2 DK 8 |
| 227A | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← |
| 227B | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← |
| 228 | ASK FOR CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the vitamin A deficiency test?</p> | | |
| 229 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) |
| 230 | ASK CONSENT FOR VITAMIN A TESTING FROM RESPONDENT | <p>As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the Vitamin A test?</p> | | |
| 231 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME AND ENTER YOUR INTERVIEWER NUMBER | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 237) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|------|--|--|--|--|
| 231A | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ↙ |
| 231B | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ↙ |
| 232 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 222 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p> | | |
| 233 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 236) |
| 234 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT | <p>We ask you to allow Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). this survey.</p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p> | | |
| 235 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 237) |
| 236 | ADDITIONAL TESTS | CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 233 AND 235: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. |
| 237 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). | | | |
| 238 | RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 239 | BAR CODE LABEL FOR VITAMIN A TEST | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> BLOOD TAKEN..... 1 NOT PRESENT..... 2 REFUSED..... 3 OTHER..... 6 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM |
| 240 | GO BACK TO 217 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 241. | | | |

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

| | | | | |
|-----|--|--|--|--|
| 241 | CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 242. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | MAN 1 | MAN 2 | MAN 3 |
| 242 | LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 243 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 244 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 245 | GO BACK TO 242 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW. | | | |

END TIME HOUR MINUTES