



6/19/2013

QUES. NO.

HOUSEHOLD QUESTIONNAIRE

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IDENTIFICATION	
<b>ADMINISTRATIVE INFORMATION</b>	<b>LISTING INFORMATION</b>
GOVERNORATE _____ <input type="text"/>	SECTOR NUMBER _____ <input type="text"/>
DIRECTORATE NAME _____ <input type="text"/>	SECTION NUMBER _____ <input type="text"/>
SUB-DIRECTORATE NAME _____ <input type="text"/>	CLUSTER NUMBER _____ <input type="text"/>
URBAN = 1      RURAL = 2 <input type="text"/>	HOUSEHOLD NUMBER _____ <input type="text"/>
NAME OF HOUSEHOLD HEAD _____	HOUSEHOLD CLUSTER NUMBER _____ <input type="text"/>

IS THIS HOUSEHOLD SELECTED FOR ANEMIA TESTING? YES = 1 NO = 2

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 3
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <input type="text"/>
RESULT*	_____	_____	_____	RESULT <input type="text"/>
NEXT VISIT: DATE	____ / ____ / 2013	____ / ____ / 2013		TOTAL NUMBER OF VISITS <input type="text"/>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT 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 <input type="text"/>  TOTAL ELIGIBLE EVER MARRIED WOMEN IN AGE 15-49 <input type="text"/>  TOTAL ELIGIBLE NEVER MARRIED WOMEN IN AGE 15-49 <input type="text"/>  TOTAL CHILDREN 0-5 <input type="text"/>  LINE NO. OF RESPONDENT IN HH <input type="text"/>	

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYER
NAME	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
DATE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013
CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## INTRODUCTION AND CONSENT

### INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am working on the National Health & Demographic Survey which is implemented (by the Ministry of Public Health & Population and the Central Statistical Organization). We are conducting a survey about health all over Yemen. The information we collect will help the government to plan health services. Your household was selected for the survey. All of the answers you give will be confidential under Article (5) of the Statistics Law No. (28) for the year 1995 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? May I begin the interview now?

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



SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

**1. HOUSEHOLD SCHEDULE - GENERAL INFORMATION**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	9a	10
1	2	3	4	5	6	7	8	9	9a	10
	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 5-35 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'.  IF LESS THAN 1 YEAR, RECORD '00'.	What is (NAME)'s current marital status?  1 = MARRIED 2 = DIVORCED/ 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL NEVER-MARRIED WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	IN YEARS				
01		0 1	1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15

TICK HERE IF CONTINUATION SHEET USED

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

YES  → TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES  → TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES  → TABLE NO

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

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

LINE NO.	IF 6 YEARS OR MORE	IF 15 YEARS OR MORE	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	
	EMPLOYMENT STATUS	EMPLOYMENT STATUS	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	
	11A	11B		12	13	14	15	16	17	18	19	20
		OCCUPATION	CODE									
	Was (NAME) working most of the time last month?  01 = WORKING 02 = NOT WORKING/USED TO WORK 03 = NOT WORKING/NEVER WORKED 04=STUDENT 05=HOUSEWIFE 06=SELF 07=RETIRED 08=HANDICAPPED 96= OTHER (SPECIFY)	ONLY IF THE ANSWER IS 01, 02 OR 07 TO Q. 11A, ASK:  What was/is your main occupation?		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:  RECORD MOTHER'S LINE NUMBER.  IF NO, '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:  RECORD FATHER'S LINE NUMBER.  IF NO, '00'.	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 current school year (2013-2014)?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
				Y N DK		Y N DK		Y N DK	LEVEL GRADE	Y N DK	LEVEL GRADE	
01				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
02				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
03				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
04				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
05				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
06				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
07				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
08				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
09				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
10				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
11				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
12				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
13				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
14				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		
15				1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 8 GO TO Q21		1 2 8 GO TO Q21		

**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. 17 ONLY.)      |
| 2= FUNDAMENTAL (PREPARATORY, UNIFIED) | THIS CODE IS NOT ALLOWED        |
| 3= DIPLOMA BEFORE SECONDARY           | FOR Q. 19)                      |
| 4= SECONDARY                          | 98 = DON'T KNOW                 |
| 5= DIPLOMA AFTER SECONDARY            |                                 |
| 6= UNIVERSITY/HIGHER                  |                                 |
| 8= DON'T KNOW                         |                                 |

**2. PREVALENCE OF CHRONIC DISEASES & SOME HARMFUL PRACTICES**

LINE NO.	SPREAD OF CHRONIC DISEASES									IF 10 YEARS OR PLUS SOCIAL HABITS		
	21	22	23	24	25	26	27	27a	28	29	30	
	I would now like to ask you some questions about the health of all family members. Does (NAME) suffer from any chronic disease?	What is the disease suffered by (NAME)?  RECORD THE NAME OF THE DISEASE AND THE CODE	Does any physician inform (NAME) that (s)he suffers from this disease?	Does (NAME) get treatment regularly?	Does (NAME) suffer from any other chronic disease?	What is the second disease suffered by (NAME)?  RECORD THE NAME OF THE SECOND DISEASE AND THE CODE	Does any physician inform (NAME) that (s)he suffers from this second disease?	Does (NAME) take treatment regularly?	Does (NAME) smoke cigarettes, or any other kind of tobacco, or was smoking in the past?	Does (NAME) currently chew al-Qat?	Does (NAME) use orange snuff, or was using snuff in the past?	
	Y N	DISEASE CODE	Y N	Y N	Y N	DISEASE CODE	Y N	Y N	CODE	CODE	CODE	
01	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
02	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
03	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
04	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
05	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
06	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
07	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
08	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
09	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	1 2 ↓ GO TO 28	<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**CODES FOR Qs 22-26: CHRONIC DISEASE**

- |                           |                        |  |
|---------------------------|------------------------|--|
| 01=BLOOD PRESSURE         | 10=ARTHRITIS           | 19=PROSTATITIS                                       |
| 02=DIABETES               | 11=TB                  | 20=CATARACT  |
| 03=INFLAMMATION OR ULCERS | 12=CHRONIC HEADACHE    | 21=OPACITY OF EYE LENS                               |
| 04=ANEMIA                 | 13=STROKE              | 22= CHRONIC BACK PAIN OR PROBLEMS IN THE SPINAL CORD |
| 05=SICKLE CELL ANEMIA     | 14=EPILEPSY            | 23=MENTAL/PSYCHOLOGICAL ILLNESS                      |
| 06=THALASSAMIA            | 15= ASTHMA             | 24=SKIN DISEASE                                      |
| 07=HEART DISEASE          | 16=LUNG DISEASE        | 25= CANCEROUS TUMORS                                 |
| 08=KIDNEY DISEASE         | 17=HYPERACTIVE THYROID | 26= GUM AND MOUTH DISEASE                            |
| 09=LIVER DISEASE          | 18=HYPOACTIVE THYROID  | 96= OTHER  |

(SPECIFY)

**3. DISABILITY MODULE**

DISABILITY					
LINE NO.	31	32	33	34	35
	<p>Has (NAME) suffered from any physical or mental conditions in the past 6 months or more that would limit from exercising or performing normal daily activities as other people of the same age?</p> <p>IF 'YES' PROBE BY ASKING: Does this state severely or moderately limit exercising or daily activities?</p> <p>1 = YES, SEVERELY 2 = YES, FAIRLY 3 = NO 8 = DON'T KNOW</p>	<p>Does (NAME) face limitations of any of the following:</p> <p>A = SIGHT? B = HEARING? C = COMPREHENSION &amp; COMMUNICATION? D = MOBILITY? E = SELF-CARE? F = DEALING WITH PEOPLE?</p> <p>CIRCLE ALL MENTIONED</p>	<p>What is the main reason for (NAME)'s disability?</p> <p>01=CONGENITAL 02=CONDITIONS RELATED TO CHILDBIRTH 03=CONTAGIOUS 04=OTHER DISEASE 05=PHYSICAL &amp; PSYCH. ABUSE 06=AGING 07=INJURY/ ACCIDENT 08=ENVY/MAGIC 96=OTHER 98=DON'T KNOW</p>	<p>How old was (NAME) when this condition started?</p> <p>95=AT BIRTH 98=DON'T KNOW</p>	<p>During the last 12 months did (NAME) receive any care or support?</p> <p>A = MEDICAL CARE B = WELFARE C = FINANCIAL SUPPORT D = NUTRITIONAL SUPPORT Y = NO CARE/SUPPORT</p> <p>WITH THE EXCEPTION OF 'Y' CIRCLE ALL MENTIONED IF YES CIRCLE TYPE OF CARE OR SUPPORT</p>
	Y-S Y-F N DK	CODE	CODE	AGE	CODE
01	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
02	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
03	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
04	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
05	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
06	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
07	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
08	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
09	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
10	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
11	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
12	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
13	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
14	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y
15	1 2 3 8 ↓ GO TO NEXT LINE OR 41	A B C D E F	<input type="text"/>	<input type="text"/>	A B C D Y

**4. INJURIES, ACCIDENTS & HEALTH SERVICES IN THE TWO YEARS PRECEDING THE SURVEY**

<b>41</b>	Have you and/or any member of your household been injured or had an accident in the two years preceding the survey?	YES ..... 1 NO ..... 2	→ MODULE 5
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<b>41A</b>	<b>FOR HOUSEHOLD MEMBERS WITH INJURIES</b>	<b>NO. OF HH WITH INJURIES</b> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>
------------	--	--

<b>LINE NO.</b>			
-----------------	--	--	--

	<b>42</b>	<b>43</b>	<b>44</b>
--	-----------	-----------	-----------

	Who are the members of your household injured in the two years preceding the survey? Please provide their names.	What injury or accident did you or any member of your household have?  <b>CIRCLE INJURY OR ACCIDENT CODE AS SHOWN BELOW.</b>	IF (NAME) IS DEAD, ASK: What is the injury or the accident that caused the death?  IF (NAME) IS NOT DEAD, GO TO NEXT LINE OR Q.45
--	--	--	---

	NAME	CODE (SPECIFY)	INJURY/ACCIDENT/ (SPECIFY)	CODE
01		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
02		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
03		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
04		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
05		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
06		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
07		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
08		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
09		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>
10		A B C D E F G H I X _____	_____	<input style="width:20px; height:20px;" type="text"/>

**CODE Q. 43:**  
A = TRAFFIC ACCIDENT  
B = FALL  
C = BLOW/BY A PERSON OR OBJECT  
D = STABBED  
E = GUNSHOT  
F = BURNS (FIRE, THERMAL FLAMES)  
G = DROWNING  
H = POISONING  
I = ELECTRIC SHOCK  
X = OTHER \_\_\_\_\_  
(SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
45	Did a member of your household go to any health facility for treatment in the two years preceding the survey?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 51																																
46	Where did (s)he receive the health services last time?	PUBLIC HEALTH FACILITY ..... 1 PRIVATE HEALTH FACILITY ..... 2 MILITARY/POLICE HEALTH FACILITY ..... 3 NGOs ..... 4 FREE MEDICAL CAMPS ..... 5 OTHER _____ 6 (SPECIFY)																																	
47	Did you have to pay a fee for the service?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 49																																
48	Who paid for the fees?	THE PERSON HIMSELF ..... 01 EMPLOYER ..... 02 FAMILY MEMBER ..... 03 HEALTH INSURANCE ..... 04 PHILANTHROPIST ..... 05 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98																																	
49	Were the following health services were provided:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1- Medical examination?</td> <td>MEDICAL EXAMINATION ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2- Laboratory work?</td> <td>LABORATORY ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3- Radiology?</td> <td>RADIOLOGY ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>4- Operations</td> <td>OPERATIONS ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>5- Hospital stay?</td> <td>HOSPITAL STAY ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>6- Medicine?</td> <td>MEDICINE ..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>7- Physiotherapy?</td> <td>PHYSIOTHERAPY ..... 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	1- Medical examination?	MEDICAL EXAMINATION ..... 1	2	8	2- Laboratory work?	LABORATORY ..... 1	2	8	3- Radiology?	RADIOLOGY ..... 1	2	8	4- Operations	OPERATIONS ..... 1	2	8	5- Hospital stay?	HOSPITAL STAY ..... 1	2	8	6- Medicine?	MEDICINE ..... 1	2	8	7- Physiotherapy?	PHYSIOTHERAPY ..... 1	2	8	
	YES	NO	DK																																
1- Medical examination?	MEDICAL EXAMINATION ..... 1	2	8																																
2- Laboratory work?	LABORATORY ..... 1	2	8																																
3- Radiology?	RADIOLOGY ..... 1	2	8																																
4- Operations	OPERATIONS ..... 1	2	8																																
5- Hospital stay?	HOSPITAL STAY ..... 1	2	8																																
6- Medicine?	MEDICINE ..... 1	2	8																																
7- Physiotherapy?	PHYSIOTHERAPY ..... 1	2	8																																



**5. MODULE ON CONTROLLING CHILDREN'S BEHAVIOR**

**TABLE 1: FOR CHILDREN AGE 2-14 YEARS**

RECORD IN THE FOLLOWING TABLE IN ORDER THE LINE NUMBER IN THE FIRST COLUMN AND DON'T TAKE INTO ACCOUNT INDIVIDUALS OUTSIDE THE AGE GROUP 2-14 YEARS. ENTER THE CHILDREN'S LINE NUMBERS, THE NAME, SEX AND AGE OF CHILDREN, AND IN Q.56, ENTER THE TOTAL OF CHILDREN AGED 2-14 YEARS.

51	52	53	54		55
LINE NO.	LINE NUMBER FROM THE HOUSEHOLD SCHEDULE, COL.1	CHILDREN'S NAMES FROM THE HOUSEHOLD SCHEDULE, COL.2	SEX FROM THE HOUSEHOLD SCHEDULE, COL.4		AGE FROM THE HOUSEHOLD SCHEDULE, COL.7
	LINE NO.		MALE	FEMALE	AGE
01	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
02	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
03	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
04	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
05	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
06	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
07	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
08	<input type="text"/> <input type="text"/>	.....	1	2	<input type="text"/> <input type="text"/>
56	RECORD THE TOTAL NUMBER OF CHILDREN AGE 2-14 YEARS				<input type="text"/> <input type="text"/>

CHECK Q.56, IF ONLY ONE CHILD AGE 2-14, SKIP TABLE 2, AND GO TO Q.58. ENTER THE LINE NO. FROM TABLE 1 Q.51 AND CONTINUE

**TABLE 2: RANDOM SELECTION OF THE CHILD FOR THE QUESTIONS ON CHILDREN BEHAVIOR**

USE THIS TABLE TO SELECT A CHILD IN THE AGED GROUP 2-14 YEARS, IF THERE IS MORE THAN ONE CHILD IN THAT CATEGORY IN THE HOUSEHOLD. CHECK THE HOUSEHOLD NUMBER OF THE COVER PAGE AND THE FIRST DIGIT OF THE HOUSEHOLD NUMBER IS THE ROW NUMBER AND THE TOTAL NUMBER OF CHILDREN 2-14 YEARS RECORDED IN Q.56 IS THE COLUMN NUMBER. THE NUMBER IN THE BOX WHICH MEETS THE SELECTED ROW AND COLUMN IS THE ORDINAL NUMBER OF THE CHILD THAT WILL BE SELECTED TO THE QUESTIONS ON CHILDREN'S BEHAVIOR. ENTER THIS NUMBER IN Q.58, AND IN Q. 59, RECORD THE LINE NUMBER AND THE NAME OF THE SELECTED CHILD AS INDICATED IN Qs. 52 AND 53. THEN LOOK FOR THE MOTHER/CARETAKER OF THE CHILD AND ASK HER THE QUESTIONS STARTING WITH Q. 61.

57	TOTAL NUMBER OF CHILDREN 2-14 YEARS (Q.56)							
FIRST DIGITAL NO. FROM HH NO. IN COVER PAGE	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
58	ENTER THE NUMBER OF THE SELECTED CHILD IN THE BOX							<input type="text"/> <input type="text"/>

**5. MODULE ON CONTROLLING CHILDREN'S BEHAVIOR**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
	<p>IDENTIFY THE ELIGIBLE CHILDREN AGED 2-14 YEARS USING THE TABLES IN THE PREVIOUS PAGE ACCORDING TO THE INSTRUCTIONS. ASK TO INTERVIEW THE MOTHER/CARETAKER OF THE SELECTED CHILD IDENTIFIED BY THE MOTHER'S/CARETAKER'S LINE NUMBER IN 58.</p>						
59	<p>REFER TO Qs. 52 &amp; 53 AND ENTER THE NAME AND THE LINE NUMBER OF THE SELECTED CHILD BASED ON THE ORDINAL NUMBER OF Q.58</p> <p>RECORD MOTHER/CARETAKER'S LINE NUMBER WHO WILL ANSWER THE FOLLOWING QUESTIONS</p>	<p>NAME _____</p> <p>CHILD LINE 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></p> <p>MOTHER/CARETAKER'S LINE 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></tr></table></p>					
60	<p>Many parents use some of these ways to teach their children proper behavior or to deal with behavioral problems. I will tell you some of the ways that are used and I would like you to tell me if you or anyone in the household used this method with (NAME) during last month:</p>						
61	<p>Taking away a privilege from (NAME), taking away something (s)he wants or loves, or not letting him/her leave the house</p>	<p>YES ..... 1 NO ..... 2</p>					
62	<p>Explain to the child why his/her behavior is wrong</p>	<p>YES ..... 1 NO ..... 2</p>					
63	<p>Hitting the child on the shoulder or spanking on the rear</p>	<p>YES ..... 1 NO ..... 2</p>					
64	<p>Hitting on the rear or on any other place of the child's body using something such as a belt, a hair brush, a stick, or something solid</p>	<p>YES ..... 1 NO ..... 2</p>					
65	<p>Hitting the child in the face or hitting the child's head or ear</p>	<p>YES ..... 1 NO ..... 2</p>					
66	<p>Hitting the child's hand, arm, or leg</p>	<p>YES ..... 1 NO ..... 2</p>					
67	<p>Punishing the child by using a tool, and then continuing to hit the child very hard</p> <p>PROBE FOR MORE INFORMATION, IF NECESSARY</p>	<p>YES ..... 1 NO ..... 2</p>					
68	<p>Do you think that a child must be punished physically in order to be raised in an appropriate way?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW/NO OPINION ..... 8</p>					

**6.HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What type of dwelling unit does your household live in?	INDEPENDENT HOUSE/ROOM ..... 01 VILLA ..... 02 APARTMENT IN BUILDING ..... 03 TENT ..... 04 HUT ..... 05 TEMPORARY SHELTER ..... 06 OTHER ..... 96 (SPECIFY)	
102	What is the main source of drinking water for members of your household?	PIPED GOVERNMENT NETWORK ..... 01 PIPED LOCAL NETWORK ..... 02 TUBE WELL OR BOREHOLE ..... 03 REGULAR WELL ..... 04 WATER FROM SPRING ..... 05 SURFACE WATER/PROTECTED ..... 06 SURFACE WATER/UNPROTECTED ..... 07 TANKER TRUCK ..... 08 RAIN WATER COLLECTION ..... 09 BOTTLED WATER ..... 10 OTHER ..... 96 (SPECIFY)	
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 6 (SPECIFY)	→ 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	
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 107
106	What do you usually do to make the water safer to drink?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER ..... D TREATED AT SOURCE ..... E LET IT STAND AND SETTLE ..... F OTHER ..... X (SPECIFY)	
107	Is there a special room or closed space used as a toilet facility inside or outside the dwelling?	YES IN DWELLING ..... 1 YES OUTSIDE DWELLING ..... 2 NO TOILET FACILITY IN DWELLING ..... 3	→ 108
107A	Where do you go or what do you use when you need to go to the toilet?	IN OPEN AIR ..... 1 PUBLIC TOILET ..... 2 OTHER ..... 6 (SPECIFY)	→ 109
108	Do you share this toilet facility with other households?	YES SHARED ..... 1 NO, NOT SHARED ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108A	What type of toilet?	FLUSH TO PIPED SEWER SYSTEM ..... 1 FLUSH TO SEPTIC TANK ..... 2 BUCKET ..... 3 PIT ..... 4 LATRINE ..... 5 OTHER _____ 6 (SPECIFY)	
109	Is there a special room used for cooking inside or outside the dwelling?	YES INSIDE THE DWELLING ..... 1 YES OUTSIDE THE DWELLING ..... 2 NO KITCHEN ..... 3	
110	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 BIOGAS ..... 02 KEROSENE ..... 03 CHARCOAL ..... 04 WOOD ..... 05 ANIMAL DUNG ..... 06 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	
111	What is the main source of light?	PUBLIC ELECTRIC NETWORK ..... 01 COOP. ELECTRIC NETWORK ..... 02 PRIVATE ELECTRIC NETWORK ..... 03 SPECIAL GENERATOR ..... 04 SOLAR ENERGY ..... 05 GAZ (KEROSENE) ..... 06 OTHER _____ 96 (SPECIFY) NO LIGHTING ..... 97	
112	MAIN MATERIAL OF THE FLOOR  RECORD OBSERVATION.	CEMENT ..... 01 PLAIN TILE ..... 02 PLASTER ..... 03 DIRT/CLAY ..... 04 STONE ..... 05 MARBLE ..... 06 OTHER _____ 96 (SPECIFY)	
113	MAIN MATERIAL OF THE ROOF  RECORD OBSERVATION.	CONCRETE ROOF/CEMENT ..... 01 WOOD AND CEMENT ..... 02 WOOD AND DIRT ..... 03 WOOD ..... 04 METAL PLATES (ZINC) ..... 05 STRAW/CANE ..... 06 CANE AND MUD ..... 07 METAL PLATES AND MUD ..... 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
114	MAIN MATERIAL OF THE EXTERIOR WALLS	CARVED STONE ..... 01 PLAIN STONE ..... 02 CEMENT BLOCKS ..... 03 LOCAL ADOBE ..... 04 COVERED ADOBE ..... 05 DIRT ..... 06 STRAW/CANE ..... 07 CLOTH/WOOL ..... 08 OTHER _____ 96 (SPECIFY)																																																	
115	How many rooms in this household are used by the family?	ROOMS ..... <input type="text"/> <input type="text"/>																																																	
116	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																																																	
117	Does any member of your household own:  1- A bicycle? 2- A motorcycle or motor scooter? 3- An animal-drawn cart? 4- A car or truck? 5- A boat with a motor? 6- A radio? 7- A TV? 8- A cell phone? 9- A fixed phone? 10- A refrigerator? 11- A washer? 12- An air conditioner? 13- A fan? 14- A generator? 15- A water heater?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CELL PHONE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FIXED PHONE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GENERATOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER HEATER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	RADIO .....	1	2	TV .....	1	2	CELL PHONE .....	1	2	FIXED PHONE .....	1	2	REFRIGERATOR .....	1	2	WASHER .....	1	2	AIR CONDITIONER .....	1	2	FAN .....	1	2	GENERATOR .....	1	2	WATER HEATER .....	1	2	
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GENERATOR .....	1	2																																																	
WATER HEATER .....	1	2																																																	
118	Does any member of this household own any:  1- Agricultural land? 2- Real state? 3- Commercial or industrial property?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>AGRICULTURAL LAND .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REAL STATE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMER. OR INDUS. PROPERTY. 1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	AGRICULTURAL LAND .....	1	2	REAL STATE .....	1	2	COMMER. OR INDUS. PROPERTY. 1		2																																					
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REAL STATE .....	1	2																																																	
COMMER. OR INDUS. PROPERTY. 1		2																																																	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 137																																																
122	How many of the following animals does this household own?  IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF DON'T KNOW, ENTER '98'.  1- Cows? 2- Horses, donkeys, or mules? 3- Camels? 4- Goats? 5- Sheep? 6- Chickens?	COWS ..... <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> CAMELS ..... <input type="text"/> <input type="text"/> GOATS ..... <input type="text"/> <input type="text"/> SHEEP ..... <input type="text"/> <input type="text"/> CHICKENS ..... <input type="text"/> <input type="text"/>																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 ..... 6 (SPECIFY)	140
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HAND WASHING.	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 ..... Y	
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)	
140A	In the last four weeks, were there cases where you did not have any kind of food to eat because of the lack of resources?	RARELY ..... 1 SOMETIMES ..... 2 OFTEN ..... 3 NEVER ..... 4	
140B	In the last four weeks, were there cases where you or a family member went to bed hungry because there was not enough food?	RARELY ..... 1 SOMETIMES ..... 2 OFTEN ..... 3 NEVER ..... 4	
140C	In the last four weeks, were there cases where you or anyone from your family spent the whole day without eating because there was not enough food?	RARELY ..... 1 SOMETIMES ..... 2 OFTEN ..... 3 NEVER ..... 4	

**7- WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

201	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
202	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 .....
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 2008 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <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
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
207A	<b>CHECK COVER PAGE:</b> IS THIS HOUSEHOLD SELECTED FOR ANEMIA TESTING?	YES <input type="checkbox"/>	NO <input type="checkbox"/> → 213	
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS .. ..... 1 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS .. ..... 1 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS .. ..... 1 (GO TO 203 FOR NEXT CHILD OR, ← IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD(FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
	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 .....
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 all children born in 2008 or later to take part in anemia testing in this survey and give a few drops of blood from a finger or heel.</p> <p>The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 ] REFUSED ..... 2 ] (SIGN) _____ ←	GRANTED ..... 1 ] REFUSED ..... 2 ] (SIGN) _____ ←	GRANTED ..... 1 ] REFUSED ..... 2 ] (SIGN) _____ ←
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	<input type="text"/> <input type="text"/> . <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	<input type="text"/> <input type="text"/> . <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	<input type="text"/> <input type="text"/> . <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	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 214.			



**7- WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49**

214	CHECK COLUMN 9 AND 9A IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>WOMAN 1</b>	<b>WOMAN 2</b>	<b>WOMAN 3</b>
215	LINE NUMBER FROM COLUMN 9, 9A NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 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
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
217A	MID-UPPER ARM CIRCUMFERENCE IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	CM. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	CM. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
217B	<b>CHECK COVER PAGE:</b> IS THIS HOUSEHOLD SELECTED FOR ANEMIA TESTING?	YES <input type="checkbox"/>	NO <input type="checkbox"/> → 228	
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ←
219	MARITAL STATUS: CHECK COLUMN 8.	NEVER MARRIED ..... 1 MARRIED OR EVER MARRIED ..... 2 (GO TO 223) ←	NEVER MARRIED ..... 1 MARRIED OR EVER MARRIED ..... 2 (GO TO 223) ←	NEVER MARRIED ..... 1 MARRIED OR EVER MARRIED ..... 2 (GO TO 223) ←
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT-RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT .. <input type="text"/> <input type="text"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</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, 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>		

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9, 9A 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 .....
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF GRANTED, GO TO 227) (IF REFUSED, GO TO 228)	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF GRANTED, GO TO 227) (IF REFUSED, GO TO 228)	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF GRANTED, GO TO 227) (IF REFUSED, GO TO 228)
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</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 take the anemia test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF REFUSED, GO TO 228)	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF REFUSED, GO TO 228)	GRANTED ..... 1 REFUSED ..... 2 (SIGN) _____ (IF REFUSED, GO TO 228)
225	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 SINGLE WOMEN ..... 3 DK ..... 8	YES ..... 1 NO ..... 2 SINGLE WOMEN ..... 3 DK ..... 8	YES ..... 1 NO ..... 2 SINGLE WOMEN ..... 3 DK ..... 8
226	CHECK 224 AND PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
227	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	<input type="text"/> <input type="text"/> <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	<input type="text"/> <input type="text"/> <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	<input type="text"/> <input type="text"/> <input type="text"/> G\DL NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
228	GO BACK TO 215 IN NEXT COLUMN OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE HOUSEHOLD INTERVIEW.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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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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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_