

NIPORT, MOHFW
Mitra and Associates

IDENTIFICATION																															
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																														
DISTRICT _____																															
UPAZILA _____																															
UNION/WARD _____																															
VILLAGE/MOHALLA/BLOCK _____																															
CLUSTER NUMBER																															
HOUSEHOLD NUMBER																															
RURAL=1, MUNICIPALITY=2, OTHER URBAN=3, SMA=4																															
HOUSEHOLD IN A SLUM (YES=1, NO=2)																															
NAME OF THE SLUM _____																															
NAME OF THE HOUSEHOLD HEAD _____																															
HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2) _____																															

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	2	0	0	7				
2	0	0	7									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>								

SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> </table>				FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> </table>				OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>		

Introduction and Consent

Hello. My name is _____ and I am working with Mitra and Associates, a private research organization located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a national survey about the health of women, men and children under the authority of NIPORT of Ministry of Health and Family Welfare. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER	ELIGIBILITY		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	IF AGE 8 OR OLDER	
				Does (NAME) usually live here?	Did (NAME) stay here last night?			CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 10-49	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-54	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended?			CURRENT SCHOOL ATTENDANCE
(1)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	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 THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-15 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 AGE LESS THAN 1 YEAR WRITE 00.	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED/DESERTED/WIDOWED 3 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 10-49 (Q8=1 OR 2) PUT A * FOR THE LINE NO. OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-54 (Q8=1 OR 2) PUT A * FOR THE LINE NO. OF THE MAN SELECTED FOR THE DOMESTIC VIOLENCE	Has (NAME) ever attended school?	What is the level of schooling (NAME) has last attended? SEE CODES BELOW.	Is (NAME) currently attending school?	Is (NAME) currently working?	
01			M 1 2	Y 1 2	Y 1 2	IN YEARS	1 2 3	01	01	01	Y 1 2	Y 1 2	Y 1 2	
02			1 2	1 2	1 2		1 2 3	02	02	02	1 2	1 2	1 2	
03			1 2	1 2	1 2		1 2 3	03	03	03	1 2	1 2	1 2	
04			1 2	1 2	1 2		1 2 3	04	04	04	1 2	1 2	1 2	
05			1 2	1 2	1 2		1 2 3	05	05	05	1 2	1 2	1 2	
06			1 2	1 2	1 2		1 2 3	06	06	06	1 2	1 2	1 2	
07			1 2	1 2	1 2		1 2 3	07	07	07	1 2	1 2	1 2	
08			1 2	1 2	1 2		1 2 3	08	08	08	1 2	1 2	1 2	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = OTHER RELATIVE
 10 = ADOPTED FOSTER/STEPCHILD
 11 = NOT RELATED
 98 = DON'T KNOW

CODES FOR Qs. 13: EDUCATION LEVEL
 1 = PRIMARY
 2 = SECONDARY
 3 = COLLEGE AND HIGHER
 98 = DON'T KNOW
 00 = LESS THAN 1 YEAR COMPLETED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
09		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	09 10	09 10	09	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
10		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	10 11	10 11	10	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
11		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	11 12	11 12	11	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
12		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	12 13	12 13	12	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
13		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	13 14	13 14	13	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
14		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	14 15	14 15	14	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
15		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	15 16	15 16	15	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
16		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	16 17	16 17	16	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
17		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	17 18	17 18	17	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
18		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	18 19	18 19	18	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
19		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	19 20	19 20	19	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2
20		<input type="checkbox"/> <input type="checkbox"/>	1 2 1 2	1 2 1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 3 1 2 3	20	20	20	1 2 ↓ GO TO 15	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2

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 → 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

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 104 → 104
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	
104	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 106
105	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/ USE PURIFY TABLET B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D LET IT STAND AND SETTLE E OTHER X (SPECIFY) DON'T KNOW Z	
106	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET TOILET 31 HANGING TOILET/HANGING LATRINE 41 NO FACILITY/BUSH/FIELD 51 OTHER 96 (SPECIFY)	→ 109
107	Do you share this toilet facility with other households?	YES 1 NO 2	→ 109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
108	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text" value=""/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																				
109	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY 1</td><td>2</td></tr> <tr><td>A radio?</td><td>RADIO 1</td><td>2</td></tr> <tr><td>A television?</td><td>TELEVISION 1</td><td>2</td></tr> <tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE 1</td><td>2</td></tr> <tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE 1</td><td>2</td></tr> <tr><td>A refrigerator?</td><td>REFRIGERATOR 1</td><td>2</td></tr> <tr><td>An almirah or wardrobe?</td><td>ALMIRAH 1</td><td>2</td></tr> <tr><td>A table?</td><td>TABLE 1</td><td>2</td></tr> <tr><td>A chair?</td><td>CHAIR 1</td><td>2</td></tr> <tr><td>A watch?</td><td>WATCH 1</td><td>2</td></tr> <tr><td>A bicycle?</td><td>BICYCLE 1</td><td>2</td></tr> <tr><td>A motorcycle or motor scooter or tempo?</td><td>MOTORCYCLE 1</td><td>2</td></tr> <tr><td>An animal-drawn cart?</td><td>ANIMAL-DRAWN CART 1</td><td>2</td></tr> <tr><td>A car or truck?</td><td>CAR/TRUCK 1</td><td>2</td></tr> <tr><td>A boat with a motor?</td><td>BOAT WITH MOTOF 1</td><td>2</td></tr> <tr><td>A ricksha/van?</td><td>RICKSHA/VAN 1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY 1	2	A radio?	RADIO 1	2	A television?	TELEVISION 1	2	A mobile telephone?	MOBILE TELEPHONE 1	2	A non-mobile telephone?	NON-MOBILE TELEPHONE 1	2	A refrigerator?	REFRIGERATOR 1	2	An almirah or wardrobe?	ALMIRAH 1	2	A table?	TABLE 1	2	A chair?	CHAIR 1	2	A watch?	WATCH 1	2	A bicycle?	BICYCLE 1	2	A motorcycle or motor scooter or tempo?	MOTORCYCLE 1	2	An animal-drawn cart?	ANIMAL-DRAWN CART 1	2	A car or truck?	CAR/TRUCK 1	2	A boat with a motor?	BOAT WITH MOTOF 1	2	A ricksha/van?	RICKSHA/VAN 1	2	
	YES	NO																																																				
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110	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 OTHER _____ 96 (SPECIFY)																																																				
111	What type of cooking stove is mainly used in your house?	KEROSENE STOVE 1 GAS STOVE 2 OPEN FIRE 3 OPEN FIRE OR STOVE WITH CHIMNEY OR HOOD 4 CLOSED STOVE WITH CHIMNEY 5 OTHER _____ 6 (SPECIFY)																																																				
113	Where is cooking usually done?	IN A ROOM USED FOR LIVING OR SLEEPING 1 IN A SEPARATE ROOM IN SAME BUILDING USED AS KITCHEN 2 IN A SEPARATE BUILDING USED AS KITCHEN 3 OUTDOORS 4 OTHER _____ 6 (SPECIFY)																																																				
115	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING BAMBOO 23 WOOD PLANKS 24 CARDBOARD 25 FINISHED ROOFING TIN 31 WOOD 32 CERAMIC TILES 33 CEMENT 34 ROOFING SHINGLES 35 OTHER _____ 96 (SPECIFY)	
117	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 22 STONE WITH MUD 23 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS TIN 31 CEMENT 32 STONE WITH LIME/CEMENT 33 BRICKS 34 WOOD PLANKS/SHINGLES 35 OTHER _____ 96 (SPECIFY)	
118	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
119	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 121
120	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cows or bulls or buffalos? Goats or sheep? Chickens or ducks?	COWS/BULLS/BUFFALOS <input type="text"/> <input type="text"/> GOATS/SHEEP <input type="text"/> <input type="text"/> CHICKENS/DUCKS <input type="text"/> <input type="text"/>	
121	Does your household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES 1 NO 2	
122	Does your household own any land (other than the homestead land)?	YES 1 NO 2	→ 501
123	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____	ACRES DECIMALS <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	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 _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR 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"/>
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 509)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
		CHILD 4	CHILD 5	CHILD 6
502	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 _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR 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"/>
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505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 10-49

509	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 510. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
	A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 513						
		WOMAN 1		WOMAN 2		WOMAN 3	
510	LINE NUMBER (COLUMN 9)	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>
	NAME (COLUMN 2)	NAME _____		NAME _____		NAME _____	
511	WEIGHT IN KILOGRAMS	KG.	<input type="text"/>	KG.	<input type="text"/>	KG.	<input type="text"/>
512	HEIGHT IN CENTIMETERS	CM.	<input type="text"/>	CM.	<input type="text"/>	CM.	<input type="text"/>
513	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	
		WOMAN 4		WOMAN 5		WOMAN 6	
510	LINE NUMBER (COLUMN 9)	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>
	NAME (COLUMN 2)	NAME _____		NAME _____		NAME _____	
511	WEIGHT IN KILOGRAMS	KG.	<input type="text"/>	KG.	<input type="text"/>	KG.	<input type="text"/>
512	HEIGHT IN CENTIMETERS	CM.	<input type="text"/>	CM.	<input type="text"/>	CM.	<input type="text"/>
513	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6		MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	

TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE AND MALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN YOU SHOULD GO TO. THE CELL WHERE THE ROW AND THE COLUMN MEET IS THE NUMBER OF THE SELECTED WOMAN OR MAN FOR THE DOMESTIC VIOLENCE MODULE.

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '216', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 10-49 IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW. WRITE HER LINE NUMBER BELOW IN THE BOXES INDICATED. DO THE SAME FOR THE MEN.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 10-49/MEN 15-54 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

Line number from household schedule of woman selected for domestic violence module

Line number from household schedule of man selected for domestic violence module