

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2011
HOUSEHOLD QUESTIONNAIRE

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION																																								
DIVISION _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																							
DISTRICT _____																																								
UPAZILA _____																																								
UNION/WARD _____																																								
VILLAGE/MOHALLA/BLOCK _____																																								
CLUSTER NUMBER																																								
HOUSEHOLD NUMBER																																								
RURAL=1, CITY CORPORATION=2, OTHER URBAN=3																																								
NAME OF THE HOUSEHOLD HEAD _____																																								
HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2) _____																																								
ALTITUDE (METER)																																								
INTERVIEWER VISITS																																								
	1	2	3	FINAL VISIT																																				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>									2	0	1	1																								
2	0	1	1																																					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																																				
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>																																				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table;"><tr><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;"><tr><td> </td><td> </td></tr></table> TOTAL WOMEN 12-49 YR <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> TOTAL MEN 15-54 YR <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> TOTAL ADULTS 35+ YEARS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>																																				
SUPERVISOR	FIELD EDITOR	HEALTH TECHNICIAN	OFFICE EDITOR	KEYED BY																																				
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with NIPORT, the Ministry of Health and Family Welfare, and Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh. 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 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 12 OR OLDER	IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	
				MARITAL STATUS	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE	CURRENT WORK STATUS				
1	2	3	4	5	6	7	8	9	10	11	12	13
	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 5-22 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 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED/ DESERTED/ WIDOWED 3 = NEVER- MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2010-2011) school year?	During this/that school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 13	LEVEL CLASS <input type="text"/>	Y N 1 2 ↓ GO TO 13	LEVEL CLASS <input type="text"/>	Y N 1 2
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	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 = DONT KNOW

CODES FOR Qs. 10 AND 12: EDUCATION

- LEVEL**
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 6 = PRE-PRIMARY
- 8 = DONT KNOW
- CLASS**
- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 10 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 12)
- 98 = DONT KNOW

IF AGE 0-4 YEARS	ELIGIBILITY							
	INTERVIEW			BIOMARKERS				
	WOMEN	MEN	ALL HOUSEHOLDS		HOUSEHOLDS SELECTED FOR MEN'S SURVEY			
			CHILDREN	WOMEN	WOMEN		MEN	
14	15	16	17	18	19	20	21	22
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 = DONT KNOW	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-54 IF HOUSEHOLD SELECTED FOR MALE SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 IF COLUMN 7 IS 0 TO 5	HEIGHT WEIGHT ANEMIA CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 12-49 IF COL. 4 IS 2 AND IF COL. 7 IS 12 - 49 AND IF COL. 8 IS 1 OR 2.	BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 35 -49 IF COL. 4 IS 2 AND IF COL. 7 IS 35 - 49 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 50 + IF COL. 4 IS 2 AND IF COL. 7 IS 50 + AND IF COL. 8 IS 1 or 2. NEVER-MARRIED WOMEN AGE 35+ IF COL. 4 IS 2 AND IF COL. 7 IS 35+ AND IF COL. 8 IS 3.	HEIGHT WEIGHT CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-34 IF COL. 4 IS 1 AND IF COL. 7 IS 15-34 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER OF ALL MEN AGE 35 + IF COL. 4 IS 1 AND IF COL. 7 IS 35 +.
<input type="checkbox"/>	01	01	01	01	01	01	01	01
<input type="checkbox"/>	02	02	02	02	02	02	02	02
<input type="checkbox"/>	03	03	03	03	03	03	03	03
<input type="checkbox"/>	04	04	04	04	04	04	04	04
<input type="checkbox"/>	05	05	05	05	05	05	05	05
<input type="checkbox"/>	06	06	06	06	06	06	06	06
<input type="checkbox"/>	07	07	07	07	07	07	07	07
<input type="checkbox"/>	08	08	08	08	08	08	08	08
<input type="checkbox"/>	09	09	09	09	09	09	09	09
<input type="checkbox"/>	10	10	10	10	10	10	10	10

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12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2 ↓ GO TO 13	<input type="text"/>	1 2

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

CODES FOR Qs. 10 AND 12: EDUCATION

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
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IF AGE 0-4 YEARS	ELIGIBILITY							
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	WOMEN	MEN	ALL HOUSEHOLDS		HOUSEHOLDS SELECTED FOR MEN'S SURVEY			
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<input type="checkbox"/>	11	11	11	11	11	11	11	11
<input type="checkbox"/>	12	12	12	12	12	12	12	12
<input type="checkbox"/>	13	13	13	13	13	13	13	13
<input type="checkbox"/>	14	14	14	14	14	14	14	14
<input type="checkbox"/>	15	15	15	15	15	15	15	15
<input type="checkbox"/>	16	16	16	16	16	16	16	16
<input type="checkbox"/>	17	17	17	17	17	17	17	17
<input type="checkbox"/>	18	18	18	18	18	18	18	18
<input type="checkbox"/>	19	19	19	19	19	19	19	19
<input type="checkbox"/>	20	20	20	20	20	20	20	20

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 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 VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110																																							
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																							
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" data-bbox="1236 857 1329 909" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																							
0																																										
110	Does your household have:	<table border="0" style="width: 100%;"> <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 style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A radio?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A non-mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>An almirah/wardrobe?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A table?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A chair?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>An electric fan?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A DVD/VCD player?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A water pump?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	A radio?	1	2	A television?	1	2	A mobile telephone?	1	2	A non-mobile telephone?	1	2	A refrigerator?	1	2	An almirah/wardrobe?	1	2	A table?	1	2	A chair?	1	2	An electric fan?	1	2	A DVD/VCD player?	1	2	A water pump?	1	2	
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111	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 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 113A																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS TIN 31 CEMENT 32 STONE WITH LIME/CEMENT 33 BRICKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																													
117	How many rooms in this household are used for sleeping?	ROOMS <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>																													
118	Does any member of this household own: An autobike? A rickshaw/van? A bicycle? A motorcycle or motor scooter/tempo/CNG?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>AUTOBIKE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RICKSHAW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	AUTOBIKE	1	2	RICKSHAW	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2														
	YES	NO																													
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BICYCLE	1	2																													
MOTORCYCLE/SCOOTER ...	1	2																													
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 122A																												
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Buffaloes? Cows? Goats or sheep? Chickens or ducks?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">BULLS/BUFFALOES</td> <td style="width: 15%;"><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></td> <td style="width: 15%;"><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></td> </tr> <tr> <td>MILK COWS/BULLS</td> <td><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></td> <td><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></td> </tr> <tr> <td>GOAT/SHEEP</td> <td><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></td> <td><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></td> </tr> <tr> <td>CHICKENS/DUCKS</td> <td><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></td> <td><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></td> </tr> </tbody> </table>	BULLS/BUFFALOES	<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>			<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>			MILK COWS/BULLS	<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>			<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>			GOAT/SHEEP	<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>			<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>			CHICKENS/DUCKS	<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>			<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>			
BULLS/BUFFALOES	<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>			<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>																											
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122A	Does your household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES 1 NO 2	
122B	Does your household own any land (other than the homestead land)?	YES 1 NO 2	→ 123
122C	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____ IF 95 OR MORE CIRCLE '9995'	ACRES DECIMALS AREA <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 95 OR MORE ACRES 9995 DON'T KNOW 9998	
123	Does any member of this household have a bank account?	YES 1 NO 2	
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 (BAR, LIQUID, PASTE) A DETERGENT (BAR, LIQUID, POWDER) ... B ASH, MUD, SAND C NONE D	
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 AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>		HOUSEHOLD NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>					
201	CHECK COLUMN 17 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 17	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
	NAME FROM COLUMN 2	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>
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 style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DAY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> MONTH <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> YEAR <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" 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 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)	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 style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" 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	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	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR MEN'S SURVEY	YES 1 NO 2 (GO TO 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	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 style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" 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) <input style="width:20px;" type="text"/> REFUSED 2	GRANTED 1 (SIGN) <input style="width:20px;" type="text"/> REFUSED 2	GRANTED 1 (SIGN) <input style="width:20px;" type="text"/> REFUSED 2	GRANTED 1 (SIGN) <input style="width:20px;" type="text"/> REFUSED 2	GRANTED 1 (SIGN) <input style="width:20px;" type="text"/> REFUSED 2	GRANTED 1 (SIGN) <input style="width:20px;" type="text"/> REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
213	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 214.						

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT FOR EVER-MARRIED WOMEN AGE 12-49

CLUSTER NUMBER		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		HOUSEHOLD NUMBER		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
214	CHECK COLUMN 18 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE EVER-MARRIED WOMEN IN 215. IF THERE ARE MORE THAN THREE EVER MARRIED WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).						
		WOMAN 1		WOMAN 2		WOMAN 3	
215	LINE NUMBER FROM COLUMN 18 NAME FROM COLUMN 2	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> NAME _____	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> NAME _____	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> NAME _____			
216	WEIGHT IN KILOGRAMS	KG. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996			
217	HEIGHT IN CENTIMETERS	CM. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996			
218	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MEN'S SURVEY	YES 1 ↓		NO 2 (GO TO 223) ←			
219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after 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. Will you take the anemia test?</p>					
220	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)			
221	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			
222	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996			
223	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE: IF NO MORE EVER-MARRIED WOMEN AGE 12-49, BUT HOUSEHOLD IS SELECTED FOR MEN'S SURVEY, GO TO 224; OTHERWISE END MEASUREMENT.						

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED MEN AGE 15-34

CLUSTER NUMBER <input type="text"/> <input type="text"/> <input type="text"/>		HOUSEHOLD NUMBER <input type="text"/> <input type="text"/> <input type="text"/>		
HOUSEHOLD SELECTED FOR MEN'S SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> </div> (END MEASUREMENT)				
	MAN 1	MAN 2	MAN 3	
224	CHECK COLUMN 21 IN HOUSEHOLD SCHEDULE, RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE EVER-MARRIED MEN AGE 15-34 IN 225. IF THERE ARE MORE THAN THREE EVER-MARRIED MEN AGE 15-34, USE ADDITIONAL QUESTIONNAIRE(S).			
225	LINE NUMBER FROM COLUMN 21 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 _____
226	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	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
227	HEIGHT IN CENTIMETERS CM. <input type="text"/> <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"/> <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"/> <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"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
228	GO BACK TO 225 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE: IF NO MORE EVER-MARRIED MEN AGE 15-34, GO TO 229.			

BIOMARKER DATA FORM (FOR ADULTS 35 OR OLDER)					
CLUSTER NUMBER		<input type="text"/>	HOUSEHOLD NUMBER		<input type="text"/>
USE THIS BIOMARKER DATA FORM ONLY IF HOUSEHOLD IS SELECTED FOR MEN'S SURVEY AND RESPONDENT IS 35 OR OLDER					
229	CHECK COLUMNS 19, 20, AND 22 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE WOMEN AND MEN AGE 35 AND ABOVE FOR BIOMARKER MEASUREMENTS IN 230. IF THERE ARE MORE THAN THREE ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).				
		ADULT 1	ADULT 2	ADULT 3	
230	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	
231	SEX FROM COLUMN 4 OF THE HOUSEHOLD SCHEDULE	MALE 1 (GO TO 233) ↘ FEMALE 2	MALE 1 (GO TO 233) ↘ FEMALE 2	MALE 1 (GO TO 233) ↘ FEMALE 2	
232	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	
233	CHECK HOUSEHOLD SCHEDULE: COLUMN 19 CIRCLED	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 240)	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 240)	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 240)	
233A	PROVIDE INFORMATION ABOUT BIOMARKER TESTING Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.				
234	AGE How old were you at your last birthday?	YEARS <input type="text"/>	YEARS <input type="text"/>	YEARS <input type="text"/>	
235	MARITAL STATUS What is your current marital status?	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2	
236	EDUCATION Have you ever attended school or madrasa?	YES 1 NO 2 (GO TO 238) ↘	YES 1 NO 2 (GO TO 238) ↘	YES 1 NO 2 (GO TO 238) ↘	
237	What is the highest level of school you attended, primary, secondary, college or higher?	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3	
238	WORK Are you currently working?	YES 1 NO 2 (GO TO 240) ↘	YES 1 NO 2 (GO TO 240) ↘	YES 1 NO 2 (GO TO 240) ↘	
239	What is your occupation, that is the kind of work do you mainly do?	_____ <input type="text"/> _____	_____ <input type="text"/> _____	_____ <input type="text"/> _____	

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
240	<p>ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT</p> <p>I would like to measure your blood pressure. This will be done three times during the interview, with an interval of about five to ten minute period. This is a harmless procedure. It is used to find out if a person has high blood pressure.</p> <p>If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the measurement process is completed. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p>			
241	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(MARK CODE 3 ONLY IF YOU HAVE MADE AT LEAST 3 CALL BACKS TO FIND THE RESPONDENT)</p>	<p>GRANTED 1 _____</p> <p>RESPONDENT REFUSED 2 _____ (GO TO 248)</p> <p>RESPONDENT NOT PRESENT 3 _____ (GO TO 266)</p> <p>_____ ←</p> <p>(SIGN)</p>	<p>GRANTED 1 _____</p> <p>RESPONDENT REFUSED 2 _____ (GO TO 248)</p> <p>RESPONDENT NOT PRESENT 3 _____ (GO TO 266)</p> <p>_____ ←</p> <p>(SIGN)</p>	<p>GRANTED 1 _____</p> <p>RESPONDENT REFUSED 2 _____ (GO TO 248)</p> <p>RESPONDENT NOT PRESENT 3 _____ (GO TO 266)</p> <p>_____ ←</p> <p>(SIGN)</p>
242	<p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>Eaten anything?</p> <p>Had coffee, tea, cola or other drink that has caffeine?</p> <p>Smoked any tobacco product?</p>	<p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p>	<p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p>	<p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p>
243	<p>May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER.</p> <p>RECORD THE MEASUREMENT IN CENTIMETRES.</p>	<p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/></p>	<p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/></p>	<p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/></p>

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
244	USE THE ARM CIRCUM-FERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3
245	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
246	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO Q.248. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.247.	BLOOD PRESSURE MEASURED SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/>
247	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
248	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
249	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
250	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 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 _____
252	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.			
253	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
254	May I take your blood pressure this time?	YES 1 NO 2 (GO TO 256) ←	YES 1 NO 2 (GO TO 256) ←	YES 1 NO 2 (GO TO 256) ←
255	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO Q. 257. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.256.	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/>
256	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
257	Have you ever heard of an illness called diabetes (local name)?	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←
258	Have you ever been told by a doctor or nurse that you have diabetes?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
259	Are you taking medication for diabetes prescribed by a doctor or nurse?	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←
260	How do you take the medication?	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 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 _____
261	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.			
262	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
263	May I take your blood pressure this time?	YES 1 NO 2 (GO TO 265) ←	YES 1 NO 2 (GO TO 265) ←	YES 1 NO 2 (GO TO 265) ←
264	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q. 266. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.265.	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/>	BLOOD PRESSURE MEASURED SYSTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ... <input type="text"/> <input type="text"/> <input type="text"/>
265	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
266	CHECK HOUSEHOLD SCHEDULE: COLUMN 19 CIRCLED	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 275)	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 275)	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (GO TO 275)

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 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
271	RECORD THE WEIGHT IN KILOGRAMS THEN PROCEED TO Q273. IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS WEIGHT RECORD THE REASON IN Q272.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
272	RECORD REASON WEIGHT IS NOT MEASURED	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996
273	RECORD THE HEIGHT IN CENTIMETERS THEN PROCEED TO Q275. IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS HEIGHT RECORD THE REASON IN Q274.	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"/>
274	RECORD REASON HEIGHT IS NOT MEASURED	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 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 _____
275	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As part of this survey, we are also measuring the level of sugar in blood. If it is not treated, high level of blood sugar may increase the risk for heart disease and stroke.</p> <p>For the blood glucose 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 glucose 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>The results of this blood glucose test will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counseling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood glucose measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>To obtain correct measurement, we would ask that you do not eat or drink anything except plain water from about the time of call of the evening prayer until my visit tomorrow morning.</p> <p>Would you allow me to return in the morning to take your blood glucose measurement before you break your fast?</p>			
276	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED . 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED . . . 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)
277	FIRST APPOINTMENT FOR BLOOD GLUCOSE TESTING	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
277A	SECOND APPOINTMENT FOR BLOOD GLUCOSE TESTING (IF THE RESPONDENT WAS NOT FASTING AT THE DATE AND TIME IN Q277, TAKE ANOTHER APPOINTMENT)	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
277B	THIRD APPOINTMENT FOR BLOOD GLUCOSE TESTING (IF THE RESPONDENT WAS NOT FASTING AT THE DATE AND TIME IN Q277A, TAKE ANOTHER APPOINTMENT)	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)	DATE _____ HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)
278	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As I mentioned yesterday, we are going to measure the level of sugar in blood. If it is not treated, high level of blood sugar may increase the risk for heart disease and stroke.</p> <p>For the blood glucose 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 glucose 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>The results of this blood glucose test will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counseling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood glucose measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood glucose measurement now.</p> <p>Would you allow me to proceed to take your measurement?</p>			
279	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED . 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED . . . 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 <input type="checkbox"/> RESPONDENT REFUSED 2 <input type="checkbox"/> _____ (SIGN) _____ (IF REFUSED, GO TO 286)

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 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 _____
280	When was the last time you had something to eat?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
281	When was the last time you had something to drink other than plain water?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
282	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.			
283	RECORD TIME FOR BLOOD GLUCOSE TESTING	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"/> HOURS <input type="text"/> <input type="text"/> MINUTES <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"/> HOURS <input type="text"/> <input type="text"/> MINUTES <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"/> HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
284	RECORD FASTING BLOOD SUGAR IN MG/DL THEN PROCEED TO Q286 IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS BLOOD GLUCOSE RECORD THE REASON IN Q285	MG/DL <input type="text"/> <input type="text"/> <input type="text"/>	MG/DL <input type="text"/> <input type="text"/> <input type="text"/>	MG/DL <input type="text"/> <input type="text"/> <input type="text"/>
285	RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996
286	GO BACK TO 230 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE. IF NO MORE ADULTS ELIGIBLE FOR BIOMARKER, END MEASUREMENT.			

