

HOUSEHOLD SCHEDULE

We would like some information about people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE				SEX	AGE	MARITAL STATUS	ELIGIBILITY	
			007	008	009	010				IF AGE 15 OR OLDER	WOMEN
001	002	006	007	008	009	010	011	012	013		
	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 NAMES, ASK QUESTIONS 003-005 TO BE SURE THAT THE LISTING IS COMPLETE. THEN GO ON TO QUESTION 006.	What is the relationship of (NAME) to the head of the household? (SEE CODES BELOW).	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old was (NAME) at his/her last birthday?	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED/ SIGNED CONTRACT	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (i.e., EVER-MARRIED WOMEN AGE 15-49 YEARS WHO ARE USUAL RESIDENTS OR STAYED THERE ON THE NIGHT BEFORE INTERVIEW)	CIRCLE LINE NUMBER OF CHILD UNDER AGE 6		
			YES NO	YES NO	M F	IN YEARS		LINE NO.	LINE NO.		
01	_____	HEAD <input type="checkbox"/> 0 <input type="checkbox"/> 1	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	01	01		
02	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	02	02		
03	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	03	03		
04	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	04	04		
05	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	05	05		
06	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	06	06		
07	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	07	07		
08	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	08	08		
09	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	09	09		
10	_____	<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	10	10		

Just to make sure that I have a complete listing:

003 Are there any other persons such as small children or infants who are not listed?
 YES → ADD TO 002 NO

004 In addition, 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 002 NO

005 Do you have any guests or temporary visitors staying here, or anyone else who slept here last night?
 YES → ADD TO 002 NO

CODES FOR Q006 RELATIONSHIP TO HOUSEHOLD HEAD:

- | | |
|-----------------------------------|-------------------------------------|
| 01 = HEAD | 08 = BROTHER / SISTER |
| 02 = WIFE / HUSBAND | 09 = BROTHER-IN-LAW / SISTER-IN-LAW |
| 03 = SON / DAUGHTER | 10 = OTHER RELATIVE |
| 04 = SON-IN-LAW / DAUGHTER-IN-LAW | 11 = ADOPTED / FOSTER CHILD |
| 05 = GRANDCHILD | 12 = STEP CHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

LINE NO.	EDUCATION			ATTENDANCE DURING THE 2002-2003 SCHOOL YEAR			ATTENDANCE DURING THE 2001-2002 SCHOOL YEAR				
	IF AGE 6 YEARS OR OLDER			IF AGE 3 – 24 YEARS			IF AGE 3 – 24 YEARS				
	001	014	015	016	017	018	019	020	021	022	
	Has (NAME) ever been to school? IF YES: ASK QUESTIONS 015-022 AS APPROPRIATE. IF NO: GO TO 006 FOR NEXT PERSON	IF ATTENDED SCHOOL What is the highest level of school (NAME) attended? 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY		Has (NAME) attended school at any time during the 2002-2003 school year, that is since September 2002 current (school year)? IF YES: ASK QUESTIONS 018-019. IF NO: GO TO 020	IF ATTENDED SCHOOL During this school year, what level is (NAME) been attending? 0 NURSERY/ KINDERGARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY		What grade is he/she attending?	Did (NAME) attend school at any time during the 2001-2002 school year, that is the school year beginning in September 2001(the pervious school year)? IF YES: ASK QUESTIONS 021-022. IF NO: GO TO 006	IF ATTENDED SCHOOL What level of school did (NAME) attend during the 2001- 2002 school year? 0 NURSERY/ KINDERGARTEN 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 UPPER INTERMEDIATE 5 UNIVERSITY 6 MORE THAN UNIVERSITY		What grade did he/she attend during the 2001-2002 school year? GO TO 006 FOR NEXT PERSON
	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE	YES NO	LEVEL	GRADE		
01	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
02	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
03	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
04	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
05	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
06	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
07	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
08	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
09	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
10	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	<input type="checkbox"/>		
023	CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE WOMEN			<input type="text"/>	<input type="text"/>						
024	CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE CHILDREN			<input type="text"/>	<input type="text"/>						
025	TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED			<input type="checkbox"/>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
026	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER 6 (SPECIFY)	
027	Is your dwelling owned by your household or not? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER 6 (SPECIFY)	→ 030
028	Is there a possibility that you could be evicted from this dwelling?	YES 1 NO 2 DON'T KNOW 8	→ 030
029	How likely is it that you could be evicted, would you say very likely, somewhat likely or very little likely?	LIKELY 1 SOMEWHAT LIKELY 2 VERY LITTLE LIKELY 3 DON'T KNOW 8	
030	MAIN MATERIAL OF THE FLOOR. RECORD YOUR OBSERVATIONS.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 VINYL 36 OTHER 96 (SPECIFY)	
031	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS <input type="text"/> <input type="text"/>	
032	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN RESIDENCE 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 WATER FROM PROTECTED WELL PROTECTED WELL IN RESIDENCE 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL 33 SURFACE WATER NILE/CANALS 41 BOTTLED WATER 51 OTHER 96 (SPECIFY)	→ 034 → 034 → 034 → 034 → 034 → 034 → 034
033	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
034	During the last two weeks, has there been any time when <u>water was not</u> available from (source in 032)?	YES 1 NO 2 DON'T KNOW 8	→ 036
035	Did this happen on a daily or almost daily basis, only a few times per week, or less frequently?	DAILY/ALMOST DAILY..... 1 FEW TIMES PER WEEK..... 2 LESS FREQUENTLY..... 3 DON'T KNOW 8	
036	Do you store water in the household?	YES 1 NO 2 DON'T KNOW 8	→ 039
037	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED Could you show me in which container(s) you store water? OBSERVE: Are the container(s) covered?	ALL COVERED 1 SOME COVERED 2 NONE COVERED 3 NOT ABLE TO OBSERVE 8	→ 039
038	OBSERVE: Do(es) the container(s) have a narrow or wide mouth (s)?	NARROW MOUTH(S) 1 WIDE MOUTH(S) 2 BOTH TYPES 3	
039	What kind of toilet facility do most members of your household use?	MODERN FLUSH TOILET 11 TRADITIONAL WITH TANK FLUSH 12 TRADITIONAL WITH BUCKET FLUSH 13 PIT TOILET/LATRINE 21 NO FACILITY 31 OTHER 96 (SPECIFY)	→ 045
040	Is this toilet in working condition at this time?	YES 1 NO 2 DON'T KNOW 8	
041	Into where does this facility drain?	PUBLIC SEWER 01 VAULT (BAYARA) 02 SEPTIC SYSTEM 03 PIPE CONNECTED TO CANAL 04 PIPE CONNECTED TO GROUND WATER 05 EMPTIED (NO CONNECTION) 06 OTHER 96 (SPECIFY)	→ 043 → 043
042	Are you or your neighbors currently experiencing any problems with this drainage system? IF YES: What type of problems?	POOLING AROUND OWN DWELLING A POOLING AROUND NEIGHBOR'S DWELLING B COST OF EVACUATION C OTHER X (SPECIFY) NO PROBLEM (S) Y DON'T KNOW Z	
043	Do you share this facility with other households? IF YES: How many other households sharing this facility?	NUMBER OF OTHER HOUSEHOLDS SHARING TOILET FACILITY <input type="text"/> <input type="text"/> NOT SURE HOW MANY SHARING 98 TOILET NOT SHARED 00	
044	ASK TO SEE THE TOILET FACILITY USED BY MOST HOUSEHOLD MEMBERS. OBSERVE WHETHER THERE IS FECAL MATTER INSIDE THE FACILITY ON THE FLOOR OR WALLS.	YES, MATTER PRESENT 1 NO, NO MATTER 2 NOT ABLE TO DETERMINE 3 NOT ABLE TO OBSERVE TOILET 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
045	Does your household have any place used for hand washing?	YES..... 1 NO..... 2	→ 048																																				
046	ASK TO SEE THE PLACE USED MOST OFTEN FOR HANDWASHING. INDICATE IF PLACE IS IN SAME ROOM/IN ROOM ADJACENT TO THE TOILET FACILITY USED BY HOUSEHOLD MEMBERS.	IN SAME/ADJACENT ROOM 1 NOT NEAR TOILET FACILITY 2 NOT ABLE TO DETERMINE/ NO TOILET FACILITY 3 NOT ABLE TO OBSERVE HANDWASHING AREA 8	→ 048																																				
047	OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT IN THE AREA USED FOR HANDWASHING. Water/tap? Soap, ash or other cleansing agent? Towel or cloth? Basin?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOAP/ASH/OTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>TOWEL/CLOTH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BASIN</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATER/TAP	1	2	SOAP/ASH/OTHER	1	2	TOWEL/CLOTH	1	2	BASIN	1	2																						
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048	How does this household primarily dispose of kitchen waste and trash? RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE HIGHEST METHOD ON THE LIST.	COLLECTED FROM HOME 11 FROM CONTAINER IN THE STREET 12 DUMPED INTO STREET/EMPTY PLOT 21 INTO CANAL/DRAINAGE 22 BURNED 31 FED TO ANIMALS 41 OTHER 96 (SPECIFY) DON'T KNOW 98																																					
049	What type of fuel does your household use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 KEROSENE 03 COAL/IGNITE 04 CHARCOAL 05 FIREWOOD/STRAW 06 DUNG 07 OTHER 96 (SPECIFY)																																					
050	Does your household have: Electricity? A radio with cassette recorder? A television? A video? A telephone? A Mobile? A personal home computer?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO WITH CASSETTE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMPUTER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO WITH CASSETTE	1	2	TELEVISION	1	2	VIDEO	1	2	TELEPHONE	1	2	MOBILE	1	2	COMPUTER.....	1	2													
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051	Does your household have: An electric fan? A water heater? A refrigerator? A freezer? A sewing machine? An automatic washing machine? Any other washing machine? A Gas/electric cooking stove? An air condition? A dish washer? A satallite dish?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRIC FAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER HEATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>FREEZER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>AUTOMATIC WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>GAS/ELECTRIC COOKING STOVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITION</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISH WASHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>SATALLITE DISH</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRIC FAN	1	2	WATER HEATER	1	2	REFRIGERATOR	1	2	FREEZER	1	2	SEWING MACHINE	1	2	AUTOMATIC WASHING MACHINE	1	2	OTHER WASHING MACHINE	1	2	GAS/ELECTRIC COOKING STOVE	1	2	AIR CONDITION	1	2	DISH WASHER	1	2	SATALLITE DISH	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
052	Do you or any member of your household own: A bicycle? A motorcycle or motor scooter? A car/van/truck? Farm or other land? Livestock (donkeys, horses, cows, sheep, etc.)/poultry?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE OR MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/VAN/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FARM/OTHER LAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIVESTOCK/POULTRY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE OR MOTOR	1	2	CAR/VAN/TRUCK	1	2	FARM/OTHER LAND	1	2	LIVESTOCK/POULTRY.....	1	2	
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LIVESTOCK/POULTRY.....	1	2																			
053	How much on average does your household pay in month for the electric bill?	IN POUNES <input type="text"/> <input type="text"/> <input type="text"/> NO ELECTRICITY..... 997 DON'T KNOW 998																			
054	ASK RESPONDENT FOR A TEASPOON OF SALT. TEST SALT FOR IODINE RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 1-25 PPM 2 26-50 PPM 3 51-75 PPM 4 76-100 PPM 5																			

HEIGHT AND WEIGHT

055 CHECK QUESTIONS 012 AND 013 AND IDENTIFY ALL ELIGIBLE EVER-MARRIED WOMEN 15-49 AND CHILDREN UNDER AGE 6. RECORD THE LINE NUMBERS, NAMES AND AGES OF THE WOMEN AND CHILDREN FROM THE HOUSEHOLD SCHEDULE IN THE APPROPRIATE GRID BELOW. USE AN ADDITIONAL QUESTIONNAIRE IF THERE ARE NOT SUFFICIENT LINES TO RECORD ALL OF THE ELIGIBLE WOMEN AND CHILDREN.

ELIGIBLE WOMEN 15 – 49			HEIGHT AND WEIGHT MEASUREMENT OF ELIGIBLE WOMEN 15 - 49				
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010		WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)		RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
056	057	058	059	060	061	062	063
<input type="text"/>	_____	<input type="text"/>		<input type="text"/> · <input type="text"/>	<input type="text"/> · <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	_____	<input type="text"/>		<input type="text"/> · <input type="text"/>	<input type="text"/> · <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	_____	<input type="text"/>		<input type="text"/> · <input type="text"/>	<input type="text"/> · <input type="text"/>		<input type="checkbox"/>

ELIGIBLE CHILDREN UNDER AGE 6			HEIGHT AND WEIGHT MEASUREMENT OF CHILDREN UNDER AGE 6				
LINE NO. CHECK COLUMN 001	NAME CHECK COLUMN 002	AGE CHECK COLUMN 010	DATE OF BIRTH What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED 1 LYING DOWN 2 STANDING	RESULT: 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
056	057	058	059	060	061	062	063
			DAY MONTH YEAR				
<input type="text"/>	_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/> · <input type="text"/>	<input type="text"/> · <input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>	_____	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="text"/> · <input type="text"/>	<input type="text"/> · <input type="text"/>	1 2	<input type="checkbox"/>
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064 TICK IF ADDITIONAL QUESTIONNAIRE USED TO RECORD MEASUREMENTS FOR:

WOMEN

CHILDREN

065 NAME OF MEASURER _____

NAME OF ASSISTANT _____

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 066 – 067 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.		
066	DEGREE OF COOPERATION.	POOR 1 FAIR 2 GOOD 3 VERY GOOD 4
067	INTERVIEWER'S COMMENTS: <hr/> <hr/> <hr/>	
068	FIELD EDITOR'S COMMENTS: <hr/> <hr/> <hr/>	
069	SUPERVISOR'S COMMENTS: <hr/> <hr/> <hr/>	
070	OFFICE EDITOR'S COMMENTS: <hr/> <hr/> <hr/>	