

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY  
2008**

**HOUSEHOLD QUESTIONNAIRE**

**DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL  
AND WILL BE USED FOR SCIENTIFIC PURPOSES ONLY**



HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
KISM/MARKAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	HOUSEHOLD NO. URBAN/RURAL <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"/>
HOUSEHOLD NUMBER _____	LOCALITY SUBSAMPLE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
URBAN ..... 1 RURAL ..... 2	
LARGE CITY ..... 1 SMALL CITY ... 2 TOWN ..... 3 VILLAGE ..... 4	
HEPATITIS C TESTING SUBSAMPLE: YES ..... 1 NO ..... 2	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
TELEPHONE: CELLULAR _____ LANDLINE _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 0 0 8
TEAM	_____	_____	_____	TEAM .....
INTERVIEWER	_____	_____	_____	INT. NUMBER ...
SUPERVISOR	_____	_____	_____	SUP. NUMBER .
RESULT	_____	_____	_____	RESULT .....
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <input style="width: 30px; height: 20px;" type="text"/>
TIME	_____	_____	_____	
<b>RESULT CODES:</b> 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 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> TOTAL ELIGIBLE WOMEN <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> TOTAL ELIGIBLE RESPONDENTS HEPATITIS C TESTING SUBSAMPLE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> LINE NO. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
ADDRESSED CHECKED BY: _____			YES 1	NO 2
REINTERVIEW: .....			1	2
	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	/ / 2008	/ / 2008	/ / 2008	/ / 2008
SIGNATURE	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

**Introduction and Consent**

Hello. My name is \_\_\_\_\_ and we are working with the Ministry of Health and Population. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 to 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**

Now we would like some information about the 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		
			007	008					
001	002	006	007	008	009	010	011		
	Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, <u>starting with the head of the household.</u>  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? RECORD IN COMPLETED YEARS	What is (NAME'S) current marital status?		
				YES NO	YES NO	M F	IN YEARS		
01			HEAD	<input type="text" value="0"/> <input type="text" value="1"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
02				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
03				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
04				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
05				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
06				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
07				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
08				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
09				<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>
10		<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>		

Just to make sure that I have a complete household listing

003 Are there any other persons such as small children or infants that we have 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 Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?

YES  → ADD TO 002 NO

**CODES FOR Q006**

**RELATIONSHIP TO HEAD OF HOUSEHOLD:**

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

LINE NO.	ELIGIBLE FOR WOMAN QUESTIONNAIRE (EVER-MARRIED AGE 15-49)	ELIGIBLE FOR HEALTH ISSUES INTERVIEW AND HEPATITIS C TESTING (ALL PERSONS AGE 15-59)	ELIGIBLE FOR HEIGHT AND WEIGHT MEASURES			
			CHILDREN AGE 0-5	PERSONS AGE 10-19	EVER-MARRIED WOMEN AGE 20-49	PERSONS AGE 20-59
	012	013	014	015	016	017
	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 15-49.	FOR HOUSEHOLDS IN HEPATITIS C SUBSAMPLE: CIRCLE LINE NUMBER OF ALL PERSONS AGE 15-59.	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF CHILDREN AGE 0-5.	FOR ALL HOUSEHOLDS: CIRCLE LINE NUMBER OF PERSONS AGE 10-19.	FOR HOUSEHOLDS NOT IN HEPATITIS C TESTING SUBSAMPLE: CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 20-49.	FOR HOUSEHOLDS IN HEPATITIS C TESTING SUBSAMPLE: CIRCLE LINE NUMBER OF ALL PERSONS AGE 20-59.
01	01	01	01	01	01	01
02	02	02	02	02	02	02
03	03	03	03	03	03	03
04	04	04	04	04	04	04
05	05	05	05	05	05	05
06	06	06	06	06	06	06
07	07	07	07	07	07	07
08	08	08	08	08	08	08
09	09	09	09	09	09	09
10	10	10	10	10	10	10

**ELIGIBLE FOR WOMAN INTERVIEW**  
029 CHECK 012 AND ENTER THE TOTAL NUMBER OF ELIGIBLE EVER-MARRIED WOMEN AGE 15-49

**ELIGIBLE FOR HEPATITIS C SUBSAMPLE**  
030 CHECK 013 AND ENTER THE TOTAL NUMBER OF ELIGIBLE PERSONS AGE 15-59 YEARS

**ELIGIBLE FOR ANTHROPOMETRY**  
031 CHECK 014 AND ENTER THE TOTAL NUMBER OF CHILDREN AGE 0-5 YEARS

032 CHECK 015 AND ENTER THE TOTAL NUMBER OF PERSONS AGE 10-19 YEARS

033 CHECK 016 AND ENTER THE TOTAL NUMBER OF EVER-MARRIED WOMEN AGE 20-49 YEARS

034 CHECK 017 AND ENTER THE TOTAL NUMBER OF ADULTS AGE 20-49 YEARS

035 TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
	IF AGE 0-17 YEARS			
	018	019	020	021
	<p>Is (NAME)'s natural mother alive?</p> <p>QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.</p>	<p>Does (NAME)'s natural mother live in this household?</p> <p>IF YES: What is her name?</p> <p>RECORD MOTHER'S LINE NUMBER.</p> <p>IF NO: RECORD 00.</p>	<p>Is (NAME)'s natural father alive?</p> <p>QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.</p>	<p>Does (NAME)'s natural father live in this household?</p> <p>IF YES: What is his name?</p> <p>RECORD FATHER'S LINE NUMBER.</p> <p>IF NO: RECORD 00.</p>
	YES NO DK		YES NO DK	
01	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
02	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
03	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
04	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
05	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
06	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
07	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
08	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
09	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>
10	1 2 8 ↓ GO TO 020	<input type="text"/>	1 2 8 ↓ GO TO 022	<input type="text"/>

LINE NO.	EDUCATION									
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS						IF AGE 3-5 YEARS	
	022	023	024	025	026	027	028			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?  (SEE CODES BELOW)	Did (NAME) attend school at any time during the this school year, that is, the 2007/2008 school year?	During this school year, that is, the 2007/2008 school year, that is, what level and grade [is/was] (NAME) attending?  (SEE CODES BELOW)	Did (NAME) attend school at any time during the previous school year, that is, in the 2006-2007 school year?	During that school year, that is, the 2006/2007 school year, what level and grade did (NAME) attend?  (SEE CODES BELOW)	Has (NAME) ever attended kindergarten, private nursery or other program to prepare (him/her) for primary school?  (SEE CODES BELOW)			
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE				
01	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
02	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
03	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
04	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
05	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
06	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
07	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
08	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
09	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			
10	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 026	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 029	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>			

CODES FOR COLUMNS 023, 025, AND 027

**EDUCATION LEVEL:**

- 0 = NURSERY SCHOOL
- 1 = PRIMARY
- 2 = PREPARATORY
- 3 = SECONDARY
- 4 = UPPER INTERMEDIATE
- 5 = UNIVERSITY
- 6 = MORE THAN UNIVERSITY

**EDUCATION GRADE:**

- 0 = LESS THAN 1 YEAR COMPLETED (FOR Q. 023 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 025 AND 027.)
- 8 = DON'T KNOW

CODES FOR COLUMN 028

- 1 = KINDERGARTEN AT PUBLIC SCHOOL
- 2 = KINDERGARTEN AT PRIVATE SCHOOL
- 3 = PRIVATE NURSERY
- 4 = OTHER
- 5 = DIDN'T ATTEND PRESCHOOL PROGRAM
- 8 = DON'T KNOW



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	APARTMENT ..... 1 FREE STANDING HOUSE ..... 2 OTHER ..... 6 (SPECIFY)	
102	Is your dwelling owned or rented by your household?  IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED ..... 1 OWNED JOINTLY ..... 2 RENTED ..... 3 OTHER ..... 6 (SPECIFY)	
103	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>TUBE WELL</b> ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 <b>TANKER TRUCK</b> ..... 61 <b>CART WITH SMALL TANK</b> ..... 71 <b>SURFACE WATER (RIVER/DAM/            LAKE/POND/STREAM/CANAL/            IRRIGATION CHANNEL)</b> ..... 81 <b>BOTTLED WATER</b> ..... 91  OTHER ..... 96 (SPECIFY)	→ 108 → 105 → 108
104	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>TUBE WELL</b> ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 <b>TANKER TRUCK</b> ..... 61 <b>CART WITH SMALL TANK</b> ..... 71 <b>SURFACE WATER (RIVER/DAM/            LAKE/POND/STREAM/CANAL/            IRRIGATION CHANNEL)</b> ..... 81  OTHER ..... 96 (SPECIFY)	→ 108
105	Where is (SOURCE IN 103 OR 104) located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 108
106	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  ON/NEXT TO PREMISES ..... 996 DON'T KNOW ..... 998	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 15+ ..... 1 ADULT MAN 15+ ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4  OTHER _____ 6 (SPECIFY)	
108	During the last two weeks, was there any time when water was not available from (SOURCE IN 103 OR 104)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 110
109	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	
110	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 112
111	What do you usually do to the water to make it safer to drink?  PROBE: Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH/COTTON C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
112	Is the water this household uses for drinking stored?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 116
113	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	→ 115
114	OBSERVE: Do the storage containers have wide or narrow mouths?	WIDE MOUTHS ..... 1 NARROW MOUTHS ..... 2 BOTH TYPES ..... 3	
115	How is water taken from the storage containers?	LADLED ..... 1 HAS TAP/ WATER POURED DIRECTLY 2 OTHER _____ 6 (SPECIFY)	
116	What kind of toilet facility do members of your household usually use?	MODERN FLUSH TOILET ..... 11 TRADITIONAL TANK FLUSH ..... 12 TRADITIONAL BUCKET FLUSH .. 13 PIT TOILET/LATRINE TOILET ..... 21 BUCKET TOILET ..... 41 NO FACILITY/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 119

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
117	Into where does this toilet flush drain?	PIPED SEWER SYSTEM ..... 01 VAULT (BAYARA) ..... 02 SEPTIC SYSTEM ..... 03 PIPED CONNECTED TO CANAL ..... 04 PIPED CONNECTED TO GROUND WATER ..... 05 EMPTIED (NO CONNECTION) ..... 06 OTHER ..... 96 (SPECIFY) DON'T KNOW WHERE ..... 98																																											
118	Including your own household, how many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text"/>  10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW ..... 98																																											
119	Does your household have:  Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player? A mobile? A telephone? A personal home computer? A sewing machine? An electric fan? An air conditioner?	<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 .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COLOR TV .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLACK AND WHITE TV .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO/DVD .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMPUTER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC FAN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	COLOR TV .....	1	2	BLACK AND WHITE TV .....	1	2	VIDEO/DVD .....	1	2	MOBILE TELEPHONE .....	1	2	NON-MOBILE TELEPHONE ...	1	2	COMPUTER .....	1	2	SEWING MACHINE .....	1	2	ELECTRIC FAN .....	1	2	AIR CONDITIONER .....	1	2							
	YES	NO																																											
ELECTRICITY .....	1	2																																											
RADIO .....	1	2																																											
COLOR TV .....	1	2																																											
BLACK AND WHITE TV .....	1	2																																											
VIDEO/DVD .....	1	2																																											
MOBILE TELEPHONE .....	1	2																																											
NON-MOBILE TELEPHONE ...	1	2																																											
COMPUTER .....	1	2																																											
SEWING MACHINE .....	1	2																																											
ELECTRIC FAN .....	1	2																																											
AIR CONDITIONER .....	1	2																																											
120	Does your household own a satellite dish?  IF NO: In your home, are you connected to satellite from elsewhere?	YES, OWNS DISH ..... 1 YES, CONNECTED ..... 2 NO ..... 3																																											
121	How does your household mainly dispose of kitchen waste and trash?  RECORD MAIN METHOD OF DISPOSAL ONLY. IF TWO OR MORE METHODS ARE USED EQUALLY, RECORD THE METHOD HIGHEST ON THE LIST.	COLLECTED FROM HOME ..... 11 FROM CONTAINER IN STREET ... 12 DUMPED INTO STREET/EMPTY PLOT ..... 21 INTO CANNAL/DRAINAGE ..... 22 BURNED ..... 31 FED TO ANIMALS ..... 41 OTHER ..... 96 (SPECIFY)																																											
122	Does your household have:  A refrigerator? A freezer? A water heater? A dishwasher? An automatic washing machine? Any other washing machine? A bed? A sofa? A hanging lamp (yellow with no cover)? A table? A tablia (very low round table)? A chair? Kolla/Zeer (a container for reserving water)?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>REFRIGERATOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FREEZER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER HEATER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISHWASHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AUTOMATIC WASHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER WASHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HANGING LAMP .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLIA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHAIR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>KOLLA/ZEER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	REFRIGERATOR .....	1	2	FREEZER .....	1	2	WATER HEATER .....	1	2	DISHWASHER .....	1	2	AUTOMATIC WASHER .....	1	2	OTHER WASHER .....	1	2	BED .....	1	2	SOFA .....	1	2	HANGING LAMP .....	1	2	TABLE .....	1	2	TABLIA .....	1	2	CHAIR .....	1	2	KOLLA/ZEER .....	1	2	
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CHAIR .....	1	2																																											
KOLLA/ZEER .....	1	2																																											
123	How many rooms does your household use for living (excluding the bathrooms, kitchens and stairway areas)?	ROOMS ..... <input type="text"/> <input type="text"/>																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND ..... 11</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS ..... 21</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD ..... 31</p> <p>CERAMIC/MARBLE TILES ..... 32</p> <p>CEMENT TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>WALL-TO-WALL CARPET ..... 35</p> <p>VINYL ..... 36</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
125	<p>Does any member of this household own:</p> <p>A watch?</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>An animal-drawn cart?</p> <p>A car or truck?</p>	<p>YES NO</p> <p>WATCH ..... 1 2</p> <p>BICYCLE ..... 1 2</p> <p>MOTORCYCLE/SCOOTER ... 1 2</p> <p>ANIMAL-DRAWN CART ..... 1 2</p> <p>CAR/TRUCK ..... 1 2</p>	
126	<p>Does any member of your household have an account in a bank or any saving institution?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
127	<p>Does any member of this household own any land that can be used for agriculture?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 129
128	<p>How many feddans or kirates of agricultural land do members of this household own?</p> <p>IF MORE THAN 95 FEDDAN, ENTER '9995'.</p>	<p>FEDDAN KIRATE</p> <p>LAND AREA <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 9998</p>	
129	<p>Does your household own any livestock, herds, or farm animals?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 131
130	<p>How many of the following does your household own?</p> <p>Cattle(buffalo, calf)?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>IF NONE, ENTER '00'.</p> <p>IF MORE THAN 95, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p>	<p>CATTLE ..... <input type="text"/> <input type="text"/></p> <p>COWS/BULLS ..... <input type="text"/> <input type="text"/></p> <p>HORSES/DONKEYS/MULES . <input type="text"/> <input type="text"/></p> <p>GOATS ..... <input type="text"/> <input type="text"/></p> <p>SHEEP ..... <input type="text"/> <input type="text"/></p>	
131	<p>INTERVIEWER: RECORD IF YOU OBSERVE POULTRY/BIRDS:</p> <p>INSIDE DWELLING UNIT?</p> <p>OUTSIDE/NEAR DWELLING UNIT?</p>	<p>YES NO</p> <p>INSIDE DWELLING ..... 1 2</p> <p>OUTSIDE NEAR DWELLING... 1 2</p>	
132	<p>Does your household own any poultry or birds?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 134

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
133	<p>How many of the following does your household have?</p> <p>Chickens?</p> <p>Geese?</p> <p>Ducks?</p> <p>Pigeons?</p> <p>Quail?</p> <p>Turkey?</p> <p>Ornamental/song birds?</p> <p>Any other birds?</p> <p>IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.</p>	<p>CHICKENS .....</p> <p>GEESE .....</p> <p>DUCKS .....</p> <p>PIGEONS .....</p> <p>QUAIL .....</p> <p>TURKEY .....</p> <p>ORNAMENTAL/SONG BIRDS</p> <p>OTHER .....</p> <table border="1" data-bbox="1252 153 1346 560"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			
134	<p>Is your household currently keeping any poultry or birds that belong to another household, e.g., to breed?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																			
135	<p>CHECK 132 AND 134:</p> <p>OWNS AND/OR KEEPS POULTRY/BIRDS FOR ANOTHER HOUSEHOLD <input type="checkbox"/></p> <p>NEITHER OWNS NOR KEEPS POULTRY/BIRDS FOR ANOTHER <input type="checkbox"/> → 147</p>																				
136	<p>Now I would like to ask some questions about the poultry or birds that your household owns (and/or that belong to another household).</p> <p>Does your household keep any of the poultry or birds:</p> <p>Within the family living area?</p> <p>In the dwelling but away from the family living area?</p> <p>On the rooftop?</p> <p>Outside but near dwelling?</p> <p>Elsewhere?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>FAMILY LIVING AREA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IN DWELLING AWAY FROM LIVING AREA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ROOFTOP .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OUTSIDE NEAR DWELLING...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELSEWHERE .....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	FAMILY LIVING AREA .....	1	2	IN DWELLING AWAY FROM LIVING AREA .....	1	2	ROOFTOP .....	1	2	OUTSIDE NEAR DWELLING...	1	2	ELSEWHERE .....	1	2	
	YES	NO																			
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OUTSIDE NEAR DWELLING...	1	2																			
ELSEWHERE .....	1	2																			
137	<p>CHECK 134</p> <p>DOES NOT HAVE POULTRY/ BIRDS BELONGING TO TO ANOTHER HOUSEHOLD <input type="checkbox"/></p> <p>HAS POULTRY/ BIRDS BELONGING TO TO ANOTHER HOUSEHOLD <input type="checkbox"/> → 139</p>																				
138	<p>CHECK 133:</p> <p>HAS BOTH DUCKS AND OTHER POULTRY/BIRDS <input type="checkbox"/></p> <p>DOES NOT OWN DUCKS <input type="checkbox"/> → 140</p> <p>OWNS DUCKS ONLY <input type="checkbox"/> → 140</p>																				
139	<p>is your household keeping any ducks (even if they do not belong to your household) in the same location as other poultry or birds?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																			
140	<p>CHECK 136:</p> <p>KEEPS POULTRY/BIRDS IN/NEAR DWELLING <input type="checkbox"/></p> <p>NO POULTRY/BIRDS KEPT IN/NEAR DWELLING <input type="checkbox"/> → 147</p>																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
141	Do you have a cage(s) or enclosure(s) for the birds you keep at home? IF YES: When do you put the poultry/birds in the cage(s)/ enclosure(s)? RECORD ALL MENTIONED.	ALL THE TIME ..... A AT NIGHT ..... B DURING THE DAY ..... C WHEN IT IS COLD ..... D WHEN THEY ARE FED ..... E OTHER _____ X (SPECIFY) NOT KEPT IN CAGE/ENCLOSURE ... Y DON'T KNOW ..... Z	
142	Did you keep poultry/birds in cage(s)/enclosure(s) prior to the avian influenza outbreak in 2006?	YES ..... 1 NO ..... 2	
143	ASK TO SEE ALL LOCATIONS WHERE THE POULTRY/BIRDS ARE KEPT IN/NEAR THE HOME.	OBSERVED ALL LOCATIONS ..... 1 OBSERVED SOME NOT ALL ..... 2 NO LOCATIONS OBSERVED ..... 3	→ 147
144	INDICATE IF ALL THE POULTRY/BIRDS WERE CAGED/ ENCLOSED IN THE LOCATIONS OBSERVED.	CAGED/ENCLOSED IN ALL OBSERVED LOCATIONS ..... 1 CAGED/ENCLOSED ONLY IN SOME OBSERVED LOCATIONS ..... 2 NOT CAGED/ENCLOSED IN ANY OBSERVED LOCATIONS ..... 3	→ 147
145	INDICATE IF THE OBSERVED CAGE(S)/ENCLOSURE(S) HAD LOCKS/CLOSED SECURELY.	ALL OBSERVED CAGES/ENCLOSURES LOCKED/CLOSED SECURELY..... 1 ONLY SOME OF THE OBSERVED CAGES/ ENCLOSURES LOCKED/CLOSED SECURELY ..... 2 NONE OF THE OBSERVED CAGES/ ENCLOSURES LOCKED/CLOSED SECURELY ..... 3	
146	INDICATE IF THE OBSERVED CAGE(S)/ENCLOSURE(S) WERE ADEQUATE TO PREVENT TO POULTRY/BIRDS INCLUDING SMALL CHICKS FROM GETTING OUT.	ALL OBSERVED CAGES/ENCLOSURES ADEQUATE ..... 1 ONLY SOME OF OBSERVED CAGES/ ENCLOSURES ADEQUATE ..... 2 NONE OF THE OBSERVED CAGES/ ENCLOSURES ADEQUATE ..... 3	
147	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	NO IODINE ..... 1 15 PPM OR LESS ..... 2 MORE THAN 15 PPM ..... 3 NO SALT IN HH ..... 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	
148	THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.  Thank you for taking the time to answer these questions. We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.		
149	COMPLETE THE QUESTIONS FROM 201-204 AND FROM 309-319 WHEN APPROPRIATE BEFORE INTERVIEWING ANY ELIGIBLE RESPONDENT FOR THE WOMAN OR HEALTH ISSUES QUESTIONNAIRE.		

**2 WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AND ADOLESCENTS**

HEIGHT AND WEIGHT MEASURES SHOULD BE OBTAINED FOR CHILDREN AGE 0-5 YEARS AND YOUTH/ADOLESCENTS AGE 10-19 YEARS IN **ALL** OF THE SURVEY HOUSEHOLDS. CHECK COLUMN 014 AND RECORD THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL CHILDREN AGE 0-5 YEARS IN THE FIRST BLOCK BELOW. THEN CHECK COLUMN 015 AND RECORD THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL YOUTH AND ADOLESCENTS AGE 10-19 IN THE SECOND BLOCK BELOW..

CHILDREN AGE 0-5				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN AGE 0-5			
LINE NO. FROM 014	NAME FROM 002	AGE FROM 010	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	1 2	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>

YOUTH AND ADOLESCENTS AGE 10-19				WEIGHT AND HEIGHT MEASUREMENT OF PERSONS AGE 10-19			
LINE NO. FROM 015	NAME FROM 002	AGE FROM 010	What is (NAME'S) date of birth? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY. IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH, AND YEAR.	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
		YEARS	DAY MONTH YEAR				
<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"/>
<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"/>

**WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 20-49 OR ADULTS AGE 20-59**

IN ALL HOUSEHOLDS NOT IN THE HEPATITIS C TESTING SUBSAMPLE, HEIGHT AND WEIGHT MEASURES SHOULD BE OBTAINED FOR ALL EVER-MARRIED WOMEN AGE 20-49. IN HOUSEHOLDS IN THE HEPATITIS C TESTING SUBSAMPLE, HEIGHT AND WEIGHT MEASURES SHOULD BE OBTAINED FOR ALL ADULTS AGE 20-59 YEARS

CHECK IN THE IDENTIFICATION SECTION ON THE COVER PAGE IF THE HOUSEHOLD IS INCLUDED IN THE HEPATITIS C TESTING SUBSAMPLE:

NOT IN THE HEPATITIS C TESTING SUBSAMPLE   
 ↓  
 CHECK COLUMN 016 AND RECORD NAMES OF EVER-MARRIED WOMEN AGE 20-49

IN THE HEPATITIS C TESTING SUBSAMPLE   
 ↓  
 CHECK COLUMN 017 AND RECORD NAMES OF ALL ADULTS AGE 20-59

EVER-MARRIED WOMEN/ADULTS AGE 20-59				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN/ADULTS			
LINE NO.	NAME	AGE	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT
FROM 016 OR 017	FROM 002	FROM 010					1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(201)	(202)	(203)	(204)	(205)	(206)		(208)
		YEARS					
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHECK IN THE IDENTIFICATION SECTION ON THE COVER PAGE IF THE HOUSEHOLD IS INCLUDED IN THE HEPATITIS C TESTING SUBSAMPLE:

IN THE HEPATITIS C TESTING SUBSAMPLE   
 ↓  
 GO TO 301

NOT IN THE HEPATITIS C TESTING SUBSAMPLE   
 ↓  
 GO TO 401

TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

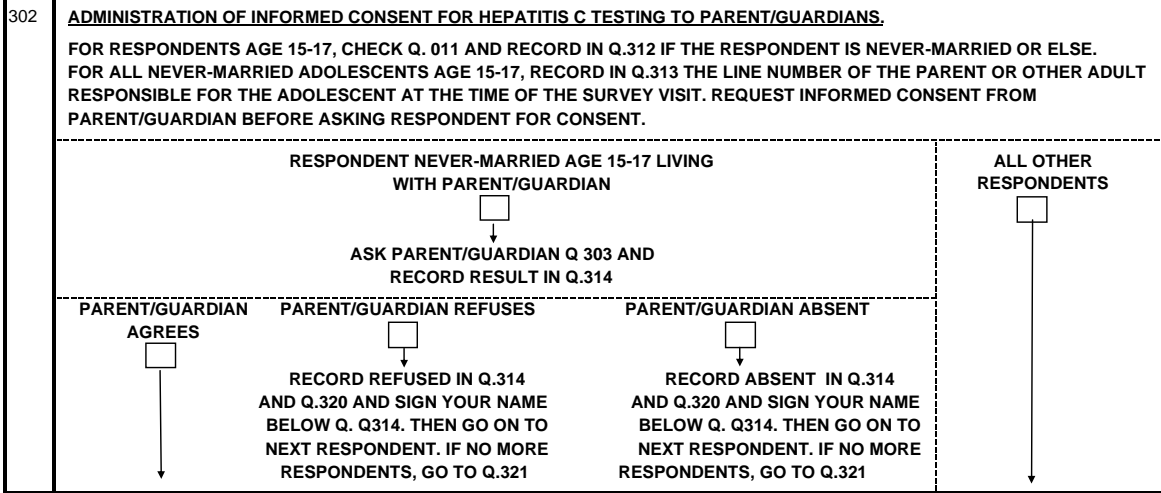
Name of Measurer \_\_\_\_\_

Name of Assistant \_\_\_\_\_



**3 BLOOD TESTING DECISIONS**

301 **IDENTIFICATION OF ELIGIBLE RESPONDENTS AGE 15-59 YEARS**  
 CHECK COLUMN 013 AND RECORD IN Q.309-313 THE LINE NUMBER(S), NAME(S), AND AGE(S) OF ALL PERSONS AGE 15-59 YEARS IN THE SAME ORDER IN WHICH THE INDIVIDUALS ARE LISTED IN THE HOUSEHOLD SCHEDULE.  
 IF AN ELIGIBLE RESPONDENT IS ABSENT DURING ALL OF THE VISITS YOU MAKE TO THE HOUSEHOLD FOR THE HEPATITIS C TESTING, RECORD CODE 2 ('NOT PRESENT') IN Q. 314, 315 AND 320.



303 **REQUEST CONSENT FOR HEPATITIS C TESTING FROM RESPONDENT.**

Good morning/afternoon. My name is \_\_\_\_\_ and I am from the Ministry of Health and Population and part of the survey team.

As you know, we are conducting a national survey about health issues, including hepatitis C. Hepatitis C is a result of an infection with the hepatitis C virus. It may cause liver damage and other serious health problems.

As part of the survey, we are asking people to give a small amount of blood to test later in the laboratory in order to know how many people have the hepatitis C virus. This information is very important to help the Ministry of Health and Population to plan for programs to treat this disease.

The results will be kept confidential.

If you agree to take part, I will ask you to let us take about teaspoonful of blood, from a vein in your arm.

The risk to you from this testing is small. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell our study staff or your health worker.

**LABORATORY TECHNICIAN: CHECK Q.311 AND 312. IF THE RESPONDENT IS AGE 15-17 YEARS AND NEVER MARRIED, ADVISE THE RESPONDENT THAT THEIR PARENT OR GUARDIAN WILL ALSO BE GIVEN THE RESPONDENT'S TEST RESULT AT THE TIME OF THE CALL BACK VISIT.**

The blood will be sent to the Central Laboratory of the Ministry of Health and Population in Cairo for the hepatitis C test. We will return to give you [and your parent/guardian] the results of the testing in about two months. If the test shows that you have the hepatitis C virus, we will give you a referral to a special Liver Disease Treatment Center or other health facility for counseling and advice about treatment.

Do you have any questions so far?  
**LABORATORY TECHNICIAN: ENCOURAGE THE RESPONDENT TO ASK ANY QUESTIONS.**

If you have any questions at any time, please ask me.

You can also speak to the head of this survey team. I can also give you information on how to contact the directors of this survey in Cairo.

**LABORATORY TECHNICIAN: IF CONTACT NUMBERS ARE REQUESTED, OFFER TO PROVIDE THE RESPONDENT WITH A CELL PHONE TO USE TO MAKE THE CALL AND/OR GIVE THE FOLLOWING TELEPHONE NUMBERS:**

<p><b>Ministry of Health and Population</b></p> <p>Dr. Nasr El-Sayed                  Assistant Minister for Health and Population for Primary Health Care and Preventative and Family Planning Affairs                  101 Kasr El Ainy Street                  Cairo                  Egypt</p> <p>Telephone: 20-2-2794-8555; Fax: 20-2-2792-4156</p>	<p><b>El-Zanaty and Associates:</b></p> <p>Dr. Fatma El-Zanaty                  Survey Director</p> <p>12 Gamal Salem Street, 3rd Floor                  Dokki, Giza                  Egypt</p> <p>Telephone: 20-2-3762-2310; Fax: 20-2-3336-4120</p>
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**LABORATORY TECHNICIAN: IF THE RESPONDENT IS A NEVER-MARRIED MINOR OR IS NOT HIGHLY EDUCATED, TAKE EXTRA TIME REVIEWING THE HEPATITIS C TESTING IN ORDER TO BE SURE THE RESPONDENT UNDERSTANDS THE PROCESS BEFORE ASKING FOR CONSENT.**

You can say yes or not to giving blood. However, we will be grateful if you can allow us to take a small blood sample. Would you allow me to take a sample of your blood from your arm for the hepatitis C testing?

304	<p><b><u>RECORDING RESPONDENT'S DECISION CONCERNING HEPATITIS C TEST</u></b>  <b>RECORD THE RESPONDENT'S DECISION IN Q.315</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>RESPONDENT AGREES</b></p> <input style="width: 20px; height: 20px;" type="checkbox"/>  ↓ </div> <div style="text-align: center;"> <p><b>RESPONDENT REFUSES</b></p> <input style="width: 20px; height: 20px;" type="checkbox"/>  ↓ </div> </div> <p style="text-align: center;"><b>RECORD REFUSED IN Q.315 AND AND Q.320. THEN GO ON TO NEXT RESPONDENT. IF NO MORE RESPONDENTS, GO TO Q.321</b></p>
305	<p><b><u>REQUEST FOR CONSENT TO STORE AND USE BLOOD SAMPLE FOR FUTURE TESTS</u></b>  <b>BEFORE DRAWING BLOOD SAMPLE, ASK ALL RESPONDENTS WHO CONSENT TO THE HEPATITIS C TEST FOR PERMISSION TO STORE REMAINING BLOOD FOR FUTURE TESTS. RECORD RESPONSE IN Q.316</b></p> <p>We ask you to allow the Ministry of Health and Population to store part of the blood sample at the Central Laboratory in Cairo to be used for testing or research in the future. We are not certain exactly what tests will be done but they will involve testing for infections or chemicals that may be associated with health or illness.</p> <p>We will not be keeping your name on the blood sample after we give back the result of the hepatitis C test. Therefore, we will not be able to contact you with results from future testing. However, if you allow your blood to be used, we may be able to find out things that will help improve health situation for Egyptians.</p> <p>You may join in this study without having your blood sample stored for future studies.</p> <p>If you have any questions at any time, we want you to tell us. Again you can speak to the head of this survey team or I can give you information about how to contact the survey directors in Cairo.</p> <p><b>LABORATORY TECHNICIAN: CHECK Q.303 AND PROVIDE CONTACT NUMBERS FOR MINISTRY OF HEALTH AND/OR EL-ZANATY AND ASSOCIATES IF REQUESTED.</b></p> <p>Will you allow us to keep the blood sample stored for later testing or research?</p>
306	<p><b><u>PLACEMENT AND CHECKING OF BAR CODE LABEL FOR EACH RESPONDENT WHO CONSENTS TO TESTING</u></b></p> <p><b>RECORD THE HOUSEHOLD NUMBER AND LINE NUMBER OF THE RESPONDENT ON THE SPECIMEN TRACKING FORM. BEGIN WITH A NEW SET OF BAR CODE LABELS.</b></p> <p>(a) PLACE A BAR CODE LABEL ON THE QUESTIONNAIRE IN Q.317 FOR THE RESPONDENT.  (b) PLACE A SECOND LABEL WITH THE SAME BAR CODE ON THE TUBE WHICH YOU WILL USE IN TAKING THE SAMPLE.  (c) PLACE A THIRD LABEL WITH THE SAME BAR CODE ON THE SPECIMEN TRACKING FORM NEXT TO THE RESPONDENT'S</p> <p><b>CHECK THAT YOU HAVE USED A NEW SET OF LABELS. ALSO CHECK THAT THE BAR CODE ASSIGNED TO THE RESPONDENT IN THE QUESTIONNAIRE MATCHES THE CODE YOU HAVE PLACED ON THE TUBE YOU WILL USE TO DRAW THE RESPONDENT'S BLOOD AND ON THE SPOECIMEN TRACKING FORM.</b></p> <p><b>SIGN IN Q. 318 TO INDICATE THAT YOU HAVE CHECKED AND THE BAR CODES MATCH.</b></p>
307	<p><b><u>COLLECTION OF VENOUS BLOOD SAMPLE</u></b>  <b>DRAW THE VENOUS BLOOD SAMPLE.</b></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>BLOOD SAMPLE OBTAINED</b></p> <input style="width: 20px; height: 20px;" type="checkbox"/>  ↓ </div> <div style="text-align: center;"> <p><b>BLOOD SAMPLE NOT OBTAINED BECAUSE RESPONDENT REFUSED</b></p> <input style="width: 20px; height: 20px;" type="checkbox"/>  ↓ </div> <div style="text-align: center;"> <p><b>BLOOD SAMPLE NOT OBTAINED DUE TO TECHNICAL PROBLEMS</b></p> <input style="width: 20px; height: 20px;" type="checkbox"/>  ↓ </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>RECORD CODE 1 ('COLLECTED') IN Q. 320. THEN CONTINUE WITH Q.308.</b></p> </div> <div style="text-align: center;"> <p><b>RECORD CODE 2 ('REFUSED') IN Q.320 AND CHANGE RESPONSE IN Q.315 TO REFUSED</b></p> </div> <div style="text-align: center;"> <p><b>RECORD CODE 6 ('OTHER') IN Q.320.</b></p> </div> </div> <p style="text-align: center;"><b>CROSS OUT THE REMAINING BAR CODE LABELS THAT WERE ASSIGNED TO THE RESPONDENT ON THE BAR CODE SHEET. THANK THE RESPONDENT AND GO ON TO THE NEXT ELIGIBLE RESPONDENT. IF THERE ARE NO ADDITIONAL RESPONDENTS, PROCEED TO Q.321.</b></p>
308	<p><b><u>CHECK OF BAR CODE LABEL ASSIGNMENT BY ASSISTANT</u></b></p> <p><b>AFTER THE TECHNICIAN HAS DRAWN THE BLOOD SAMPLE, THE ASSISTANT SHOULD VERIFY THE RESPONDENT'S NAME. THEN CHECK THAT THE BAR CODE ON TUBE MATCHES THE BAR CODE IN Q. 317 IN THE QUESTIONNAIRE FOR THAT RESPONDENT. ALSO CHECK THAT THE RESPONDENT'S LINE NUMBER WAS CORRECTLY RECORDED ON THE SPECIMEN TRACKING FORM. THEN CHECK THAT THE BAR CODE NEXT TO RESPONDENT'S LINE NUMBER MATCHES THE NUMBER ON THE TUBE AND IN Q. 317. SIGN IN Q. 319 TO INDICATE YOU CHECKED AND THE BAR CODES MATCH.</b></p>

RECORD OF BLOOD TESTING DECISIONS

LINE NO. FROM	NAME FROM: 002	AGE FROM 010	MARITAL STATUS FROM 011	LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT FROM	IF NEVER-MARRIED AND <18 YRS. READ CONSENT TO PARENT/ OTHER RESP. ADULT AND RECORD RESPONSE	IF 18-59 YEARS OR < 18 YEARS AND PARENT/OTHER RESP. ADULT AGREED, READ CONSENT STATEMENT AND RECORD RESPONSES FOR TEST AND BLOOD STORAGE		BAR CODE LABEL (317)	TECHNICIAN: CHECK BAR CODES ON QUESTIONNAIRE, TUBE AND FIELD FORM MATCH (318)	ASSISTANT: CHECK BAR CODES ON QUESTIONNAIRE, TUBE AND FIELD FORM MATCH (319)	SAMPLE COLLECTED? 1 COLLECTED 2 REFUSED 3 ABSENT 6 OTHER (SPECIFY) (320)
						PARENTAL CONSENT (314)	TEST (315)				
(309)	(310)	15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315	001 (313)	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2	(317)	SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE (318)	SIGNATURE (319)	<input type="checkbox"/>

TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

310 NAME OF TECHNICIAN \_\_\_\_\_

NAME OF ASSISTANT \_\_\_\_\_

RECORD OF BLOOD TESTING DECISIONS

LINE NO. FROM	NAME FROM: 002	AGE FROM 010	MARITAL STATUS FROM 011	LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT FROM	IF NEVER-MARRIED AND <18 YRS. READ CONSENT TO PARENT/ OTHER RESP. ADULT AND RECORD RESPONSE	IF 18-59 YEARS OR < 18 YEARS AND PARENT/OTHER RESP. ADULT AGREED, READ CONSENT STATEMENT AND RECORD RESPONSES FOR TEST AND BLOOD STORAGE		BAR CODE LABEL (317)	TECHNICIAN: CHECK BAR CODES ON QUESTIONNAIRE, TUBE AND FIELD FORM MATCH (318)	ASSISTANT: CHECK BAR CODES ON QUESTIONNAIRE, TUBE AND FIELD FORM MATCH (319)	SAMPLE COLLECTED? 1 COLLECTED 2 REFUSED 3 ABSENT 6 OTHER (SPECIFY) (320)
						TEST (315)	STORAGE (316)				
(309)	(310)	(311)	(312)	001	(314)	(315)	(316)				
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>
		15-17...1 18-59...2 GO TO 315	NEVER MARRIED..1 ELSE...2 GO TO 315		AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320 SIGN	AGREE...1 REFUSE...2 ABSENT/OTHER...3 GO TO 320	AGREE...1 REFUSE...2		SIGNATURE	SIGNATURE	<input type="checkbox"/>

TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED

310 NAME OF TECHNICIAN \_\_\_\_\_

NAME OF ASSISTANT \_\_\_\_\_

321	<b>IDENTIFICATION OF RESPONDENTS FROM WHOM BLOOD SPECIMENS COLLECTED</b> CHECK Q.309, 310, AND 320. RECORD THE NAME AND LINE NUMBER OF EACH RESPONDENT FROM WHOM A BLOOD SAMPLE WAS OBTAINED IN Q.326-327.			
322	<b>IDENTIFICATION OF RESPONDENTS WHO ARE NOT USUAL HOUSEHOLD RESIDENTS.</b> CHECK COLUMN 010 IN THE HOUSEHOLD SCHEDULE AND RECORD IN Q.328 IF THE RESPONDENT IS A USUAL RESIDENT OF THE HOUSEHOLD.			
323	<b>REQUEST FOR CONTACT INFORMATION FROM RESPONDENTS WHO ARE NOT USUAL RESIDENTS</b> We would like to contact you in two to three months to return the result of the hepatitis C testing. Can you give me the address and telephone number for the place where you expect to be living at that time? <b>RECORD CONTACT INFORMATION Q329. IF THE RESPONDENT SAYS THAT THEY WILL STILL BE LIVING IN THIS HOUSEHOLD, WRITE 'EXPECTS TO BE LIVING IN EDHS HOUSEHOLD'.</b>			
324	<b>REQUEST CONSENT TO LEAVE HEPATITIS C TEST RESULT WITH ANOTHER HOUSEHOLD MEMBER DURING CALLBACK VISIT</b> <b>ASK EACH RESPONDENT FROM WHOM A SPECIMEN WAS COLLECTED</b> As I told you, we will come back in about 3 months to give you the result of your test. If you are not at home at that time, may we leave your result in a sealed envelope with another household member? <b>RECORD RESPONSE IN Q.330.</b>			
325	<b>COMPLETE AND GIVE THE RESPONDENT THE CALL BACK IDENTIFICATION FORM. ASK THE RESPONDENT TO KEEP THE FORM AND PRESENT IT TO THE EDHS STAFF MEMBER WHO WILL RETURN THE RESPONDENT'S TEST RESULT. EXPLAIN THAT THE FORM WILL HELP THE CALL BACK TEAM TO CORRECTLY IDENTIFY THE RESPONDENT.</b> <b>THANK THE RESPONDENT FOR PARTICIPATING IN THE HEPATITIS C TESTING AND GO ON TO THE NEXT ELIGIBLE REPENDENT. IF THERE ARE NO ADDITIONAL RESPONDENTS, GO TO Q.404.</b>			
	LINE NO. FROM  309	NAME FROM:  310	USUAL RESIDENT FROM  007	CONSENT TO LEAVE RESULTS WITH ANOTHER HOUSEHOLD MEMBER
	(326)	(327)	(328)	(329)
	<input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS AGREE ..... 1
	<input type="checkbox"/>	_____	NO ..... 2	TELEPHONE: REFUSE .... 2
	<input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS AGREE ..... 1
	<input type="checkbox"/>	_____	NO ..... 2	TELEPHONE: REFUSE .... 2
	<input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS AGREE ..... 1
	<input type="checkbox"/>	_____	NO ..... 2	TELEPHONE: REFUSE .... 2
	<input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS AGREE ..... 1
	<input type="checkbox"/>	_____	NO ..... 2	TELEPHONE: REFUSE .... 2
	<input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS AGREE ... 1
	<input type="checkbox"/>	_____	NO ..... 2	TELEPHONE: REFUSE . . 2

LINE NO. FROM	NAME FROM:	USUAL RESIDENT FROM		CONSENT TO LEAVE RESULTS WITH ANOTHER HOUSEHOLD MEMBER
309	310	007		
(326)	(327)	(328)	(329)	(330)
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE ..... 1
		NO ..... 2	TELEPHONE:	REFUSE ..... 2
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE ..... 1
		NO ..... 2	TELEPHONE:	REFUSE ..... 2
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE ..... 1
		NO ..... 2	TELEPHONE:	REFUSE ..... 2
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE ..... 1
		NO ..... 2	TELEPHONE:	REFUSE ..... 2
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE ..... 1
		NO ..... 2	TELEPHONE:	REFUSE ..... 2
<input type="checkbox"/> <input type="checkbox"/>	_____	YES..... 1 GO TO 330 ←	ADDRESS	AGREE . . . 1
		NO ..... 2	TELEPHONE:	REFUSE . . . 2

INTERVIEWER OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW

401 COMMENTS ABOUT RESPONDENT:

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402 COMMENTS ON SPECIFIC QUESTIONS:

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403 ANY OTHER COMMENTS:

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404 TECHNICIAN'S OBSERVATION

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405 SUPERVISOR'S OBSERVATIONS

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

406 EDITOR'S OBSERVATIONS

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

