

IMPLEMENTING ORGANIZATION: CSA

IDENTIFICATION																			
LOCALITY NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER .....																			
HOUSEHOLD NUMBER .....																			
REGION .....																			
ALTITUDE (METRES) .....																			

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></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 _____ <div style="text-align: right; font-size: small;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table>	6	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		LANGUAGE OF RESPONDENT: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
6															
LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6															
TRANSLATOR USED: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (YES = 1, NO = 2)															

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Agency (CSA). We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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



**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14
	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 5-19 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 = MARRIED 2 = LIVING TOGETHER 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED AND NEVER LIVED TOGETHER				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11A)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	10

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

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

LINE NO.	IF AGE 0-17 YEARS				IF AGE 18-59	IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				CHRONIC ILLNESS	EVER ATTENDED SCHOOL	CURRENT SCHOOL ATTENDANCE		
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) been very sick for at least 3 months in the last 12 months? By very sick I mean has (NAME) been too sick to work or to carry out his/her normal activities at home?	Has (NAME) ever attended school?  SEE CODES BELOW.  What is the highest grade/number of years (NAME) completed at that level?  SEE CODES BELOW.	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade/number of years (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2003 E.C. school year?	During this school year, what level and grade/year is (NAME) attending?  SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(15A)	(16)	(17)	(18)	(19)
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N DK 1 2 8	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

- 1 = PRIMARY
- 2 = SECONDARY
- 3 = TECHNICAL/VOCATIONAL
- 4 = HIGHER
- 8 = DON'T KNOW

- GRADE**
- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
  - 98 = DON'T KNOW

**NOTE:**  
IF PRIMARY OR SECONDARY, RECORD COMPLETED GRADE.  
IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11A)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

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

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 guest 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  
 07 = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = NIECE/NEPHEW  
 10 = OTHER RELATIVE  
 11 = ADOPTED/FOSTER/STEPCHILD  
 12 = NOT RELATED  
 98 = DONT KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 18-59	IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				CHRONIC ILLNESS	EVER ATTENDED SCHOOL	CURRENT SCHOOL ATTENDANCE		
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) been very sick for at least 3 months in the last 12 months? By very sick I mean has (NAME) been too sick to work or to carry out his/her normal activities at home?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade/ number of years (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2003 E.C. school year?	During this school year, what level and grade/year is (NAME) attending?  SEE CODES BELOW.
	(12)	(13)	(14)	(15)	(15A)	(16)	(17)	(18)	(19)
11	Y N DK 1 2 8 ↓ GO TO 14	[ ] [ ]	Y N DK 1 2 8 ↓ GO TO 16	[ ] [ ]	Y N DK 1 2 8	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [ ] [ ] [ ]	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [ ] [ ] [ ]
12	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
13	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
14	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
15	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
16	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
17	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
18	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
19	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]
20	1 2 8 ↓ GO TO 14	[ ] [ ]	1 2 8 ↓ GO TO 16	[ ] [ ]	1 2 8	1 2 ↓ NEXT LINE	[ ] [ ] [ ]	1 2 ↓ NEXT LINE	[ ] [ ] [ ]

**CODES FOR Qs. 17 AND 19: EDUCATION**

- |                          |                                 |
|--------------------------|---------------------------------|
| 1 = PRIMARY              | <b>GRADE</b>                    |
| 2 = SECONDARY            | 00 = LESS THAN 1 YEAR COMPLETED |
| 3 = TECHNICAL/VOC CERTIF | (USE '00' FOR Q. 17 ONLY.       |
| 4 = HIGHER               | THIS CODE IS NOT ALLOWED        |
| 8 = DON'T KNOW           | FOR Q. 19).                     |
|                          | 98 = DON'T KNOW                 |

**NOTE:**  
IF PRIMARY OR SECONDARY, RECORD COMPLETED GRADE.  
IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED.

QUESTIONS ON CHILD LABOUR FOR CHILDREN AGE 5-14

20	CHECK COLUMN 11A. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 5-14 YEARS IN QUESTION 21. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). THEN PROCEED TO ASK QUESTIONS 22-28 OF MOTHERS OR CARETAKERS OF THE CHILDREN.			
		CHILD 1	CHILD 2	CHILD 3
21	LINE NUMBER FROM COLUMN 1  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 _____
22	During the past week, did (NAME) do any kind of work for someone who is not a member of this household?  IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ↙	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ↙	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ↙
23	During the past week about how many hours did (NAME) do this work for someone who is not a member of this household?  IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>
24	At any time during the past year did (NAME) do any kind of work for someone who is not a member of this household?  IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3
25	During the past week did (NAME) help with household chores such as shopping, collecting fire wood, cleaning, or fetching water?	YES ..... 1 NO ..... 2  (GO TO 27) ↙	YES ..... 1 NO ..... 2  (GO TO 27) ↙	YES ..... 1 NO ..... 2  (GO TO 27) ↙
26	During the past week how many hours did (NAME) spend doing these chores?	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>
27	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES ..... 1 NO ..... 2 (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES ..... 1 NO ..... 2 (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES ..... 1 NO ..... 2 (GO BACK TO 22 IN THE FIRST COLUMN OF THE NEXT PAGE; OR, IF NO MORE CHILDREN, GO TO 101)
28	During the past week how many hours did (NAME) do this work?	NO OF HOURS <input type="text"/> <input type="text"/> (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS <input type="text"/> <input type="text"/> (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS <input type="text"/> <input type="text"/> (GO BACK TO 22 IN THE FIRST COLUMN OF THE NEXT PAGE; OR, IF NO MORE CHILDREN, GO TO 101)

QUESTIONS ON CHILD LABOUR FOR CHILDREN AGE 5-14

20	CHECK COLUMN 11A. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 5-14 YEARS IN QUESTION 21. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). THEN PROCEED TO ASK QUESTIONS 22-28 OF MOTHERS OR CARETAKERS OF THE CHILDREN.			
		CHILD 4	CHILD 5	CHILD 6
21	LINE NUMBER FROM COLUMN 1  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 _____
22	During the past week, did (NAME) do any kind of work for someone who is not a member of this household?  IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ←	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ←	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3  (GO TO 24) ←
23	During the past week about how many hours did (NAME) do this work for someone who is not a member of this household?  IF MORE THAN ONE JOB INCLUDE ALL HOURS AT ALL JOBS	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>
24	At any time during the past year did (NAME) do any kind of work for someone who is not a member of this household?  IF YES: Was (NAME) paid in cash, kind, or not paid?	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3	YES, PAID IN CASH/ KIND ..... 1 YES, UNPAID ..... 2 NO ..... 3
25	During the past week did (NAME) help with household chores such as shopping, collecting fire wood, cleaning, or fetching water?	YES ..... 1 NO ..... 2  (GO TO 27) ←	YES ..... 1 NO ..... 2  (GO TO 27) ←	YES ..... 1 NO ..... 2  (GO TO 27) ←
26	During the past week how many hours did (NAME) spend doing these chores?	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>	NO OF HOURS <input type="text"/> <input type="text"/>
27	During the past week did (NAME) do any other family work, such as on the farm or in a business or selling goods in the street?	YES ..... 1 NO ..... 2  (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES ..... 1 NO ..... 2  (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	YES ..... 1 NO ..... 2 (GO BACK TO 22 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; OR , IF NO MORE CHILDREN, GO TO 101)
28	During the past week how many hours did (NAME) do this work?	NO OF HOURS <input type="text"/> <input type="text"/>  (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS <input type="text"/> <input type="text"/>  (GO BACK TO 22 IN NEXT COLUMN ; OR IF NO MORE CHILDREN GO TO 101)	NO OF HOURS <input type="text"/> <input type="text"/>  (GO BACK TO 22 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; OR , IF NO MORE CHILDREN, GO TO 101)






NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 107
106	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE/ WATER GUARD/PUR/ BISHAN GARI/AQUATABS ..... B STRAIN THROUGH A CLOTH ..... C BIO SAND /COMPOSITE/ CERAMIC POT FILTER ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
107	What kind of toilet facility do members of your household usually use?  IF THE RESPONDENT DOES NOT UNDERSTAND WHICH TYPE OF TOILET THEY HAVE, ASK TO OBSERVE THE TOILET FACILITY AND CIRCLE THE APPROPRIATE CODE.	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 (VIP) ..... 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)	<input type="checkbox"/> → 110
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OF MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
110	Does your household have:  Electricity? A watch/clock? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A table? A chair? A bed with cotton/sponge/spring mattress?  An electric mitad? A kerosene lamp/pressure lamp?	YES NO ELECTRICITY ..... 1 2 WATCH/CLOCK ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE TELEPHONE ..... 1 2 NON-MOBILE TELEPHONE ..... 1 2 REFRIGERATOR ..... 1 2 TABLE ..... 1 2 CHAIR ..... 1 2 A BED WITH COTTON/SPONGE/ SPRING MATTRESS ..... 1 2 ELECTRIC MITAD ..... 1 2 KEROSENE LAMP/PRESSURE LAMP ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE .....05 CHARCOAL .....06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	→ 114
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/LEAF/MUD ..... 12 RUDIMENTARY ROOFING RUSTIC MAT/PLASTIC SHEETS ..... 21 REED/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 FINISHED ROOFING CORRUGATED IRON /METAL ..... 31 WOOD ..... 32 ASBESTOS/CEMENT FIBER ..... 33 CEMENT/CONCRETE ..... 34 ROOFING SHINGLES ..... 35  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/TRUNKS/BAMBOO/REED ..... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO/WOOD WITH MUD .. 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)																						
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																						
118	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</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> <tr> <td>ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2							
	YES	NO																						
BICYCLE .....	1	2																						
MOTORCYCLE/SCOOTER .....	1	2																						
ANIMAL-DRAWN CART .....	1	2																						
CAR/TRUCK .....	1	2																						
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																					
120	How many (LOCAL UNITS) of agricultural land do members of this household own?  LOCAL UNITS _____ (SPECIFY)  IF 95 OR MORE CIRCLE '950'	LOCAL UNITS <input type="text"/> <input type="text"/> <input type="text"/>  95 OR MORE LOCAL UNITS ..... 950 DON'T KNOW ..... 998																						
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																					
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.  Milk cows, oxen or bulls?  Horses, donkeys, or mules?  Camels?  Goats?  Sheep?  Chickens?  Beehives?	<table border="0"> <tr> <td>COWS/BULLS/OXEN .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CAMELS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BEEHIVES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	COWS/BULLS/OXEN .....	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	CAMELS .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS .....	<input type="text"/>	<input type="text"/>	BEEHIVES .....	<input type="text"/>	<input type="text"/>	
COWS/BULLS/OXEN .....	<input type="text"/>	<input type="text"/>																						
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CHICKENS .....	<input type="text"/>	<input type="text"/>																						
BEEHIVES .....	<input type="text"/>	<input type="text"/>																						
123	Does any member of this household have a bank or microfinance saving account?	YES ..... 1 NO ..... 2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	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	 → 127
125	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
126	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... C	
127	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESEN. .... 1 NO IODINE ..... 2 NO SALT IN HOUSEHOLD ..... 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE 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 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN MESKEREM 1998 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GOTO Q214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO Q214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO Q214)
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <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
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
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
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 request that all children born in Meskerem 1998 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. 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.</p> <p>The blood will be tested for anemia immediately, and the result 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(S) OF CHILD(REN) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input 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 AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN MESKEREM 1998 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 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
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 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input 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 request that all children born in Meskerem 1998 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. 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.</p> <p>The blood will be tested for anemia immediately 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(S) OF CHILD(REN) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> NOT PRESENT... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> NOT PRESENT... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> NOT PRESENT... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE. IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease.</p> <p>This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. 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. The blood will be tested for anemia immediately, and the result told to you and to (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 228).



		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	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 _____	NAME _____	NAME _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking 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 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>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226).	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226).	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226).
225	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
226	AGE: CHECK CHECK 218.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 230) ↙
227	MARITAL STATUS: CHECK 219.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 230) ↙
228	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available.</p> <p>Do you have any questions?</p> <p>If you want to ask more questions later or want to know who to talk with if (NAME OF ADOLESCENT) has any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED.</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
229	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 239)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 239)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	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 _____	NAME _____	NAME _____
230	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available.</p> <p>Do you have any questions?</p> <p>If you want to ask more questions later or want to know who to talk with if you have any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED.</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 HIV test?</p>		
231	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 239)
232	AGE: CHECK 218.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 236) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 236) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 236) ↙
233	MARITAL STATUS: CHECK 219.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 236) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 236) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 236) ↙
234	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER-IN-UNION WOMEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). Therefore, we will not be able to tell (NAME OF ADOLESCENT) the results of any test that is done. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
235	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
236	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.  The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
237	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 239)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 239)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 239)
238	ADDITIONAL TESTS	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
241	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

**MINIMUM HEMOGLOBIN LEVELS FOR ANEMIA**

CHECK THE COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE FOR THE ALTITUDE MEASUREMENT OF THE HOUSEHOLD  
ADJUST THE CUTOFF POINT OF THE READING FROM THE HEMOCUE MACHINE BASED ON THE ALTITUDE MEASUREMENT

HEMOGLOBIN ADJUSTMENTS FOR ALTITUDE						
Altitude of the Place	Severe	Moderate	Mild (non-pregnant)	Mild (pregnant)	Not anemic (non-pregnant)	Not anemic (pregnant)
Less than 1000 metres	<7.0 g/dl	7.0-9.9	10.0-11.9	10.0-10.9	12.0>	11.0>
1000 metres – 1499 metres	<7.2 g/dl	7.2-10.1	10.2-12.1	10.2-11.1	12.2>	11.2>
1500 metres – 1999 metres	<7.5 g/dl	7.5-10.4	10.5-12.4	10.5-11.4	12.5>	11.5>
2000 metres – 2499 metres	<7.8 g/dl	7.8-10.7	10.8-12.7	10.8-11.7	12.8>	11.8>
2500 metres – 2999 metres	<8.3 g/dl	8.3-11.2	11.3-13.2	11.3-12.2	13.3>	12.3>
3000 metres – 3499 metres	<8.9 g/dl	8.9-11.8	11.9-13.8	11.9-12.8	13.9>	12.9>
3500 metres – 3999 metres	<9.7 g/dl	9.7-12.6	12.7-14.6	12.7-13.6	14.7>	13.7>

**WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59**

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
245	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
246	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
247	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 252) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 252) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 252) ↙
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 252) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 252) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 252) ↙
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
250	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
251	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 256)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 256)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 256)

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
252	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>		
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)
254	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ↙
255	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ↙
256	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 247 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SEERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available.</p> <p>Do you have any questions?</p> <p>If you want to ask more questions later or want to know who to talk with if (NAME OF ADOLESCENT) has any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED.</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
257	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 267)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 267)

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
258	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we are also asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Ethiopia.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>FOR SAMPLE CLUSTERS IN WHICH MOBILE VCT SERVICES WILL BE AVAILABLE: The Ministry of Health has also arranged for health workers to offer VCT services in this community shortly after our survey team leaves the area. The kebele leader will know when and where the VCT service will be available.</p> <p>Do you have any questions?</p> <p>If you want to ask more questions later or want to know who to talk with if you have any problem due to the study, I can give you information about how to contact the Regional Office of the CSA. PROVIDE CARD WITH CONTACT INFORMATION FOR CSA REGIONAL OFFICE IF REQUESTED.</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 HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____  <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____  <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____  <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 267)
260	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 264) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 264) ↙	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 264) ↙
261	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ↙	CODE 5 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ↙
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER-IN-UNION MEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). Therefore, we will not be able to tell (NAME OF ADOLESCENT) the results of any test that is done. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) _____  (IF REFUSED, GO TO 266)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) _____  (IF REFUSED, GO TO 266)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) _____  (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____ (IF GRANTED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____ (IF GRANTED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN) _____ (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
268	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
269	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			