

IDENTIFICATION																												
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER STRUCTURE NUMBER HOUSEHOLD NUMBER REGION DISTRICT URBAN/RURAL (URBAN = 1; RURAL = 2) CITY/LARGE TOWN/SMALL TOWN/VILLAGE (CITY=1, LARGE TOWN=2, SMALL TOWN=3, VILLAGE=4) HOUSEHOLD SELECTED FOR INDIVIDUAL INTERVIEW(S) (YES = 1, NO = 2) PERSON TO BE INTERVIEWED WITH THE DV MODULE IN THIS HOUSEHOLD (WOMAN = 1, MAN = 2, NO ONE = 3)	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																											
INTERVIEWER VISITS																												
	1	2	3	FINAL VISIT																								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px; text-align: center;">2</td><td style="width: 15px; height: 15px; text-align: center;">0</td><td style="width: 15px; height: 15px; text-align: center;">0</td><td style="width: 15px; height: 15px; text-align: center;">8</td></tr></table>					2	0	0	8																
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RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																								
TIME	_____	_____																										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> TOTAL ELIGIBLE DEATHS FOR VERBAL AUTOPSY <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																								
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px; text-align: center;">1</td></tr></table>	1	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; width: 20px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px; height: 10px;"></td></tr></table>			LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																							
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LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY)																												
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR _____	KEYED BY _____																									

Introduction and Consent

Hello. My name is _____ and
I am working for Ghana Statistical Service and Ministry of Health.
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 and 20 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 and will not be seen by anyone other than
members of our survey team.
Participation in the survey is completely voluntary.
If we should come to any question you don't want to answer, just let me know and I
will go on to the next question; or you can stop the interview at any time.
However, we hope you will participate in the survey since
your views are important.

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

Signature of interviewer: _____ Date: _____

RESPONDENT
AGREES TO BE INTERVIEWED ... 1

RESPONDENT
DOES NOT AGREE TO BE INTERVIEWED 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 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
	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 5-32 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)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
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
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	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 BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological 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) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current school year, that is, 2008 - 2009?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2007 - 2008?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
01	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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07	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 23	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL	GRADE
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 24 ONLY.)
2 = MIDDLE/JSS/JHS	THIS CODE IS NOT ALLOWED
3 = SECONDARY/SSS/SHS/TECH/VOC	FOR QS. 26 AND 28)
4 = HIGHER	98 = DON'T KNOW
8 = DON'T KNOW	

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	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 → 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 → TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES → 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 BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s biological mother alive?	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive?	Does (NAME)'s biological 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) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current school year, that is, 2008 - 2009?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2007 - 2008?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(13)	(14)	(16)	(17)	(23)	(24)	(25)	(26)	(27)	(28)	(32)
11	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
12	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
13	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
14	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
15	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
16	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
17	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
18	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
19	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>
20	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 23	<input type="text"/>	Y N 1 2 ↓ GO TO 32	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 27	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 32	<input type="text"/>	<input type="text"/>

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8 = DON'T KNOW	

INFORMATION ABOUT DEATHS IN THE HOUSEHOLD IN THE PREVIOUS 5 YEARS

<p>32A Now I would like to ask you about any deaths that occurred in this household <u>in the last 5 years</u>. Since January 2003 has any usual member of this household died? YES 1 NO 2 → 101</p>				
<p>32B How many deaths occurred to usual residents in this household <u>in the last 5 years</u>? <input style="width: 30px; height: 20px;" type="text"/></p>				
NO.	What were the names of the people who died in the last 5 years?	Was (NAME) male or female?	In what month and year did (NAME) die? IF MONTH DON'T KNOW RECORD '98'	How old was (NAME) when he/she died? RECORD IN DAYS IF LESS THAN 1 MONTH; RECORD IN MONTHS IF LESS THAN 6 YEARS; OTHERWISE, RECORD IN YEARS.
32C	32D	32E	32F	32G
01	_____	MALE 1 FEMALE 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>
02	_____	MALE 1 FEMALE 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>
03	_____	MALE 1 FEMALE 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>
04	_____	MALE 1 FEMALE 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>
05	_____	MALE 1 FEMALE 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>
<p>We would like to get more information on the circumstances surrounding the deaths of children under the age of 5 years so that the government can provide health services to help reduce these deaths. If you don't mind, another member of our team will be coming later to interview members of the household about the death(s) you have just told me about.</p> <p>CHECK HERE IF RESPONDENT DOES NOT AGREE TO THE VERBAL AUTOPSY VISIT. GO TO Q.101 IF THE RESPONDENT DOES NOT AGREE TO THE VISIT. OTHERWISE PROCEED WITH Q.33. <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>33 CHECK COLS. 32F AND 32G : RECORD NUMBER OF DEATHS TO CHILDREN UNDER 6 YEARS (AGE 0 to 71 MONTHS) SINCE JANUARY 2005. <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>RECORD THIS NUMBER ON THE COVER PAGE AND ON THE INTERVIEWER'S ASSIGNMENT SHEET FOR TOTAL DEATHS ELIGIBLE FOR VERBAL AUTOPSY</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																															
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 108																																																															
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/ALLOY B STRAIN THROUGH A CLOTH 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																																																																
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET/PAN 31 COMPOSTING TOILET 41 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 111																																																															
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																																																															
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																																
111	Does your household have:	<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>CLOCK</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>BLACK/WHITE TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>COLOR TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>LAND-LINE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>FREEZER</td><td>1</td><td>2</td></tr> <tr><td>GENERATOR/INVERTOR</td><td>1</td><td>2</td></tr> <tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>COMPUTER</td><td>1</td><td>2</td></tr> <tr><td>DIGITAL CAMERA</td><td>1</td><td>2</td></tr> <tr><td>NON-DIGITAL CAMERA</td><td>1</td><td>2</td></tr> <tr><td>VIDEO DECK</td><td>1</td><td>2</td></tr> <tr><td>DVD/VCD</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CABINET/ CUPBOARD</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	CLOCK	1	2	RADIO	1	2	BLACK/WHITE TELEVISION	1	2	COLOR TELEVISION	1	2	MOBILE TELEPHONE	1	2	LAND-LINE TELEPHONE	1	2	REFRIGERATOR	1	2	FREEZER	1	2	GENERATOR/INVERTOR	1	2	WASHING MACHINE	1	2	COMPUTER	1	2	DIGITAL CAMERA	1	2	NON-DIGITAL CAMERA	1	2	VIDEO DECK	1	2	DVD/VCD	1	2	SEWING MACHINE	1	2	BED	1	2	TABLE	1	2	CABINET/ CUPBOARD	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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/FIREWOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP RESIDUE 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 113A → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 COAL POT 2 OPEN STOVE 3 CLOSED STOVE/COAL POT WITH CHIMNEY 4 OTHER _____ 6 (SPECIFY)	
113A	What type of oil does your household mainly use for cooking?	PALM OIL 01 FRYTOL/FORTIFIED VEGETABLE OIL 02 OTHER VEGETABLE OIL 03 LARD OR SUET 04 BUTTER OR MARGARINE 05 SHEA BUTTER 06 OTHER _____ 96 (SPECIFY)	
115	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)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR IN THE DWELLING. 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/TERRAZO 33 CEMENT 34 WOOLEN CARPET/SYNTHETIC CARPET 35 LINOLEUM/RUBBER CARPET 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL OF THE ROOF IN THE DWELLING RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/SOD 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES/BRICK TILES 34 CEMENT 35 ROOFING SHINGLES 36 ASBESTOS/SLATE ROOFING SHEETS 37 OTHER _____ 96 (SPECIFY)																						
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 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)																						
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? A boat without a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR	1	2	
	YES	NO																						
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CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
BOAT WITHOUT MOTOR	1	2																						
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many hectares, acres or poles of agricultural land do members of this household own?	HECTARES 1 <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> POLES 3 <input type="text"/> <input type="text"/> 95 OR MORE 995 DON'T KNOW 998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Pigs? Rabbits? Grasscutter? Chickens? Other poultry? _____ (SPECIFY) Other? _____ (SPECIFY)	CATTLE <input type="text"/> <input type="text"/> COWS/BULLS <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> GOATS <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> PIGS <input type="text"/> <input type="text"/> RABBITS <input type="text"/> <input type="text"/> GRASSCUTTER <input type="text"/> <input type="text"/> CHICKENS <input type="text"/> <input type="text"/> OTHER POULTRY <input type="text"/> <input type="text"/> OTHER <input type="text"/> <input type="text"/>	
126	Does any member of this household have a bank account?	YES 1 NO 2	
126A	How many household members are covered by health insurance? IF NONE, RECORD '00'.	PERSONS <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	
127	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 137A
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO [] [] 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO [] [] 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO [] [] 37 OR MORE MONTHS AGO 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	LONG LASTING NET OLYSET 10 PERMANET 11 INTERCEPTOR 12 NETPROTECT 13 DURANET 14 ICON LIFE 15 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET DAWA PLUS 21 OTHER/ DK BRAND 26 (SKIP TO 133) ← LOCALLY SEWN NETS 31 OTHER 41 DK BRAND 98	LONG LASTING NET OLYSET 10 PERMANET 11 INTERCEPTOR 12 NETPROTECT 13 DURANET 14 ICON LIFE 15 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET DAWA PLUS 21 OTHER/ DK BRAND 26 (SKIP TO 133) ← LOCALLY SEWN NETS 31 OTHER 41 DK BRAND 98	LONG LASTING NET OLYSET 10 PERMANET 11 INTERCEPTOR 12 NETPROTECT 13 DURANET 14 ICON LIFE 15 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET DAWA PLUS 21 OTHER/ DK BRAND 26 (SKIP TO 133) ← LOCALLY SEWN NETS 31 OTHER 41 DK BRAND 98
131A	Where did you get this net?	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 FIELDWORKER/OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE 22 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE NGO 31 SHOP/MARKET 32 STREET VENDOR 33 PETROL STATION/ MOBILE MART 34 OTHER 36 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 FIELDWORKER/OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE 22 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE NGO 31 SHOP/MARKET 32 STREET VENDOR 33 PETROL STATION/ MOBILE MART 34 OTHER 36 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 FIELDWORKER/OUTREACH/ PEER EDUCATOR 14 CAMPAIGN 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/CHEMICAL/ DRUG STORE 22 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE NGO 31 SHOP/MARKET 32 STREET VENDOR 33 PETROL STATION/ MOBILE MART 34 OTHER 36 (SPECIFY) DON'T KNOW 98
131B	Was a voucher used to purchase this net?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		NET #1	NET #2	NET #3
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8 (SKIP TO 135) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 135) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 135) ←
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO [] [] 25 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO [] [] 25 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO [] [] 25 OR MORE MONTHS AGO 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8 (SKIP TO 137) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 137) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 137) ←
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] [] NAME _____ LINE NO. [] []
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE TO Q. 137A	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE TO Q. 137A	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, CONTINUE TO Q. 137A
137A	In the past 12 months, have you seen or heard any messages telling you that: a) The Ghana Health Service recommends Artesunate and Amodiaquine as a drug for malaria? b) Treatment should be sought from health facility within 24hrs of onset of fever, especially for a child under 5 years? c) The full course of the malaria drug Artesunate and Amodiaquine should be completed? d) Pregnant women should attend ANC and take 3 doses of SP/Fansidar during pregnancy to prevent malaria? e) Families should sleep under an insecticide treated mosquito net to protect them from mosquito bites that lead to malaria, especially pregnant women and children under 5 years?		YES NO	
			GHS RECOMMENDATION 1 SEEKING URGENT CARE 1 COMPLETING FULL COURSE 1 ATTENDING ANC 1 SLEEPING UNDER NET:..... 1	2 2 2 2 2
137B	In the past 12 months, have you seen or heard any of the messages about malaria: a) On the television? b) On the radio? c) In a newspaper or magazine? d) From a poster? e) From leaflets or brochures? f) From a health worker? g) From a Community volunteer?		YES NO	
			TELEVISION 1 RADIO 1 NEWSPAPER/MAGAZINE 1 POSTER 1 LEAFLET/BROCHURE 1 HEALTH WORKER 1 VOLUNTEER 1	2 2 2 2 2 2 2
137C	Have you ever listened to the radio program "He Ha Ho"?		YES 1 NO 2	

SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

138 ONLY ONE PERSON PER HOUSEHOLD SHOULD BE SELECTED FOR DV MODULE

LOOK AT THE IDENTIFICATION PANEL ON THE COVER OF THE HOUSEHOLD QUESTIONNAIRE, CHECK WHETHER A WOMAN OR A MAN IS TO BE INTERVIEWED WITH THE DOMESTIC VIOLENCE MODULE IN THIS HOUSEHOLD:

<p>WOMAN <input type="checkbox"/></p> <p>USE THE TABLE BELOW TO SELECT ONE WOMAN TO BE INTERVIEWED WITH DV MODULE IN THIS HH</p> <p>NAME OF SELECTED WOMAN _____</p> <p>HH LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>GO TO COL. 9 IN THE HH SCHEDULE AND WRITE 'DV' NEXT TO THE LINE NUMBER OF THE WOMAN SELECTED</p>	<p>MAN <input type="checkbox"/></p> <p>USE THE TABLE BELOW TO SELECT ONE MAN TO BE INTERVIEWED WITH DV MODULE IN THIS HH</p> <p>NAME OF SELECTED MAN _____</p> <p>HH LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>GO TO COL. 10 IN THE HH SCHEDULE AND WRITE 'DV' NEXT TO THE LINE NUMBER OF THE MAN SELECTED</p>
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HOW TO USE THE TABLE FOR SELECTION OF RESPONDENTS FOR DV

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALES (COLUMN 9) OR MALES (COLUMN 10) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN YOU SHOULD GO TO. THE CELL WHERE THE ROW AND THE COLUMN MEET IS THE NUMBER OF THE SELECTED WOMAN OR MAN FOR THE DOMESTIC VIOLENCE MODULE IN THE HOUSEHOLD SCHEDULE.

FOR EXAMPLE, THE HOUSEHOLD WAS SELECTED TO INTERVIEW A WOMAN WITH THE DV MODULE AND THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 (LINE NUMBERS 02, 04, AND 05). IF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '216', THE LAST DIGIT IS "6", THEREFORE GO TO ROW '6'. THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD, THEREFORE GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER WHERE THE ROW AND COLUMN MEET ('2') AND CIRCLE THE BOX. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER "04" IN OUR EXAMPLE). WRITE HER LINE NUMBER ABOVE IN THE BOXES INDICATED.

TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

LAST DIGIT OF THE HOUSEHOLD Q-RE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 / MEN 15-59 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

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

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA PROCEDURE IN 513			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) 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"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
CONSENT STATEMENT FOR ANEMIA FOR CHILDREN				
<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 2003 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 confidential and will not be seen by anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?</p>				

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

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) 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"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____(SIGN)_____ REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____(SIGN)_____ REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____(SIGN)_____ REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

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

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519 AND FOR THE ANEMIA TEST PROCEDURE IN 528.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	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 _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ↙
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ↙
522	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"/>
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 528).
CONSENT STATEMENT FOR ANEMIA TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <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.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential and will not be seen by anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>				

		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 _____
524	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 2
526	CHECK 523 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
528	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
530D	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE END			

