

HOUSEHOLD QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION				
		QUESTIONNAIRE No.: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
GOVERNORATE: _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	BLOCK No.:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
DISTRICT: _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	BUILDING No.: _____	
SUB-DISTRICT: _____			HOUSING UNIT No.: _____	
LOCALITY: _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	CLUSTER No.:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
AREA: _____			HOUSEHOLD No.:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
SUB-AREA: _____	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	TELEPHONE/ MOBILE No. (if available)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
STRATUM: _____				
URBAN/RURAL (Urban=1; Rural=2)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA TESTING (YES = 1; NO = 2)				<input type="checkbox"/>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 9
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
RESULT*	_____	_____	_____	RESULT <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
TIME	_____	_____		
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 HOUSING UNIT VACANT OR ADDRESS NO MORE A DWELLING</p> <p>7 HOUSING UNIT DESTROYED</p> <p>8 HOUSING UNIT NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>TOTAL ELIGIBLE WOMEN <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>LINE NO. OF RESPONDENT HOUSEHOLD QUESTIONNAIRE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		NAME _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
DATE _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		DATE _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
				KEYED BY
				<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Introduction and Consent

Hello. My name is _____ and I am working with the Department of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The interview 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 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		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?					INDIVIDUAL INTERVIEW	CHECK COVER PAGE IS SELECTED FOR ANTHROPOMETRY AND ANEMIA	
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
01	02	03	M F 1 2	Y N 1 2	Y N 1 2	MONTH YEAR [][] [][][][]	IN YEARS [][]	[] []	[] []	01	01	01
02		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	02	02	02
03		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	03	03	03
04		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	04	04	04
05		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	05	05	05
06		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	06	06	06
07		[] []	1 2	1 2	1 2	[][] [][][][]	[][]	[] []	[] []	07	07	07

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = STEPSON OR STEPDAUGHTER
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = GRAND FATHER/MOTHER
- 10 = OTHER RELATIVE
- 11 = ADOPTED/ FOSTERED CHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?					INDIVIDUAL INTERVIEW	CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY AND ANEMIA MEASUREMENTS	
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
08		<input type="checkbox"/>	M 1 F 2	Y 1 N 2	Y 1 N 2	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/>	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08	08	08
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09	09	9
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	10	10
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	11	11
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	12	12
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	13	13
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	14	14

TICK HERE IF CONTINUATION SHEET USED

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 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 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 NO

ADD TO TABLE

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07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRAND FATHER/MOTHER
10 = OTHER RELATIVE
11 = ADOPTED/
FOSTERED CHILD
12 = NOT RELATED
98 = DONT KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was she a guest last night?	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?	What is the highest grade (NAME) completed at that level?	Did (NAME) attend school at any time during the (2008 - 2009) school year?
	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)
01	Y N DK 1 2 8 GO TO 14		Y N K 1 2 8 GO TO 16		Y N 1 2 GO TO 17	Y N 1 2 NEXT LINE			Y N 1 2
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 17	1 2 NEXT LINE			1 2

CODES FOR EDUCATION LEVEL (Q.17)

OLD SYSTEM

- 01 = OLD ELEMENTARY
- 02 = OLD PREPARATORY
- 03 = OLD SECONDARY

NEW SYSTEM

- 04 = NEW BASIC
- 05 = NEW SECONDARY
- 06 = INTERMEDIATE DIPLOMA
- 07 = BACHELOR
- 08 = HIGHER EDUCATION
- 98 = DON'T KNOW

CODES FOR GRADE (Q.17A)

- 00 = LESS THAN ONE YEAR COMPLETED
- 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				
	(12)	(13)	(12)	(13)	(16)	(16A)	(17)	(17A)	(18)
	Y N DK	Y N K	Y N K	Y N	Y N	Y N	LEVEL	GRADE	Y N
08	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
09	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
10	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
11	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
12	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
13	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2
14	1 2 ↓ GO TO 14	8 ↓ GO TO 14	1 2 ↓ GO TO 16	1 2 ↓ GO TO 16	1 2 ↓ GO TO 17	1 2 ↓ NEXT LINE	1 2 ↓ SEE CODES.	1 2 ↓ SEE CODES.	1 2

CODES FOR EDUCATION LEVEL (Qs.17)

OLD SYSTEM

- 01 = OLD ELEMENTARY
- 02 = OLD PREPARATORY
- 03 = OLD SECONDARY

NEW SYSTEM

- 04 = NEW BASIC
- 05 = NEW SECONDARY
- 06 = INTERMEDIATE DIPLOMA
- 07 = BACHELOR
- 08 = HIGHER EDUCATION
- 98 = DON'T KNOW

CODES FOR GRADE (Qs.17A)

- 00 = LESS THAN ONE YEAR COMPLETED
- 98 = DON'T KNOW

HOUSING UNIT AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	TYPE OF HOUSING UNIT. RECORD OBSERVATION.	APARTMENT 1 DAR 2 VILLA 3 HUT/BARRACK 4 OTHER _____ 6 (SPECIFY)	
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSING UNIT 11 PIPED TO YARD 12 SPRING 21 RAINWATER 31 TANKER TRUCK 41 BOTTLED WATER 51 OTHER _____ 96 (SPECIFY)	
101A	Is water normally available all day from this source?	YES 1 NO 2	
101B	In the last two weeks, was water unavailable for an entire day or longer?	YES 1 NO 2	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B USE WATER FILTER C OTHER _____ X (SPECIFY) DONT KNOW Z	
108	What kind of toilet facility do members of your household usually use? IF FLUSH TOILET: Is your toilet connected to a public sewer system, a pit latrine or somewhere else?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO PIT LATRINE 12 FLUSH TO SOMEWHERE ELSE 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110A
109	Do you share this toilet facility with other households?	YES 1 NO 2	
110A	Is your house connected with electricity?	YES 1 NO 2	
110B	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
111	Does your household have: A radio/tape recorder? A television? Satellite? A land telephone? A refrigerator? A washing machine? Solar heater? Air conditioner? Fan? Water cooler? Microwave? Digital camera?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>RADIO/TAPE RECORDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>SATELLITE</td> <td>1</td> <td>2</td> </tr> <tr> <td>LAND TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLAR HEATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>WATER COOLER</td> <td>1</td> <td>2</td> </tr> <tr> <td>MICROWAVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIGITAL CAMERA</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	RADIO/TAPE RECORDER	1	2	TELEVISION	1	2	SATELLITE	1	2	LAND TELEPHONE	1	2	REFRIGERATOR	1	2	WASHING MACHINE	1	2	SOLAR HEATER	1	2	AIR CONDITIONNER	1	2	FAN	1	2	WATER COOLER	1	2	MICROWAVE	1	2	DIGITAL CAMERA	1	2	
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MICROWAVE	1	2																																								
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111A	Does your household have a computer? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF COMPUTERS	<input type="text"/>																																							
111B	Does your household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILES	<input type="text"/>																																							
111C	CHECK 111A and 111B: 111A OR 111B = 1 OR MORE <input type="text"/> 111A AND 111B = 0 <input type="text"/>		<input type="text"/> 11Z																																							
111D	Do you have internet access at home?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																				
YES	1																																									
NO	2																																									
112	What type of fuel does your household mainly use for cooking?	<table border="0"> <tr> <td>ELECTRICITY</td> <td>1</td> </tr> <tr> <td>NATURAL GAS</td> <td>2</td> </tr> <tr> <td>KEROSENE</td> <td>3</td> </tr> <tr> <td>COAL/WOOD</td> <td>4</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </table>	ELECTRICITY	1	NATURAL GAS	2	KEROSENE	3	COAL/WOOD	4	OTHER _____	6		(SPECIFY)																												
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116	Do you have a separate room which is used as a kitchen?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																				
YES	1																																									
NO	2																																									
116A	Do you have an independent bathroom?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																				
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NO	2																																									
117	MAIN MATERIAL OF THE FLOOR.	<table border="0"> <tr> <td>NATURAL FLOOR</td> <td></td> </tr> <tr> <td> EARTH</td> <td>11</td> </tr> <tr> <td>FINISHED FLOOR</td> <td></td> </tr> <tr> <td> PARQUET OR POLISHED</td> <td></td> </tr> <tr> <td> WOOD</td> <td>31</td> </tr> <tr> <td> TILE</td> <td>32</td> </tr> <tr> <td> MARBLE/CERAMIC TILES</td> <td>33</td> </tr> <tr> <td> CEMENT</td> <td>34</td> </tr> <tr> <td> OTHER _____</td> <td>96</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </table>	NATURAL FLOOR		EARTH	11	FINISHED FLOOR		PARQUET OR POLISHED		WOOD	31	TILE	32	MARBLE/CERAMIC TILES	33	CEMENT	34	OTHER _____	96		(SPECIFY)																				
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119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	<table border="0"> <tr> <td>RUDIMENTARY</td> <td></td> </tr> <tr> <td> MUD BRICKS</td> <td>21</td> </tr> <tr> <td> MUD BRICKS WITH STONES</td> <td>22</td> </tr> <tr> <td> ASBESTOS/WOOD/ZINC</td> <td>23</td> </tr> <tr> <td>FINISHED</td> <td></td> </tr> <tr> <td> CEMENT BRICKS</td> <td>31</td> </tr> <tr> <td> CUT STONE</td> <td>32</td> </tr> <tr> <td> CUT STONE AND CONCRETE</td> <td>33</td> </tr> <tr> <td> CONCRETE</td> <td>34</td> </tr> <tr> <td>HAIR/WOOL/CLOTH</td> <td>41</td> </tr> <tr> <td> OTHER _____</td> <td>96</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </table>	RUDIMENTARY		MUD BRICKS	21	MUD BRICKS WITH STONES	22	ASBESTOS/WOOD/ZINC	23	FINISHED		CEMENT BRICKS	31	CUT STONE	32	CUT STONE AND CONCRETE	33	CONCRETE	34	HAIR/WOOL/CLOTH	41	OTHER _____	96		(SPECIFY)																
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MUD BRICKS WITH STONES	22																																									
ASBESTOS/WOOD/ZINC	23																																									
FINISHED																																										
CEMENT BRICKS	31																																									
CUT STONE	32																																									
CUT STONE AND CONCRETE	33																																									
CONCRETE	34																																									
HAIR/WOOL/CLOTH	41																																									
OTHER _____	96																																									
	(SPECIFY)																																									
119A	How many rooms do you have in your house?	NUMBER OF ROOMS	<input type="text"/>																																							
120	How many rooms in this household are used for sleeping?	ROOMS FOR SLEEPING	<input type="text"/>																																							
120A	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF CARS/PICKUPS	<input type="text"/>																																							
126A	Does any member of this household have a credit card?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																																				
YES	1																																									
NO	2																																									

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). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208 AND FOR THE ANEMIA PROCEDURE IN 213			
		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"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
206	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"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	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
209	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, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	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"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE 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"/>
213	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
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

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.

We request that all children born in 2004 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.

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.

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?

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"/> <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"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
206	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"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	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
209	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, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	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"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE 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"/>
213	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
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

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

215	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDER FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219 AND FOR THE ANEMIA TEST PROCEDURE IN 227			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 10) 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 _____
217	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"/>
218	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"/>
219	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
220	AGE: CHECK COLUMN 6A.	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) ↙
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) 2 (GO TO 223) ↙	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) 2 (GO TO 223) ↙	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) 2 (GO TO 223) ↙
222	FROM COLUMN 1 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"/>
223	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 227).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 227).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 227).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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.

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.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 10) 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 _____
224	PREGNANCY STATUS: CHECK COLUMN 8: IF EVER MARRIED (CODES 2-5), ASK: Are you pregnant? IF NEVER MARRIED (CODE 1), CIRCLE '3'	YES 1 NO/DK 2 NEVER MARRIED 3	YES 1 NO/DK 2 NEVER MARRIED 3	YES 1 NO/DK 2 NEVER MARRIED 3
225	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 227 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
226	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"/>
227	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
228	GO BACK TO 217 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, END			