

2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
PLACE NAME _____																						
NAME OF HOUSEHOLD HEAD _____																						
EA NUMBER .....	<table border="1" style="width: 100%; height: 100%; 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>																					
HOUSEHOLD NUMBER .....																						
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) .....																						
DISTRICT <sup>1</sup> .....																						
URBAN/RURAL (URBAN=1, RURAL=2) .....																						
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1, NO=2)																						
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 20px; height: 20px;"></table>																		
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 20px; height: 20px;"></table>																		
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>																		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>																		
TIME	_____	_____																				
<p><b>*RESULT CODES:</b></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 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table>  TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>																		
SUPERVISOR		FIELD EDITOR																				
NAME _____	<table border="1" style="width: 20px; height: 20px;"></table>		NAME _____	<table border="1" style="width: 20px; height: 20px;"></table>																		
DATE _____	<table border="1" style="width: 20px; height: 20px;"></table>		DATE _____	<table border="1" style="width: 20px; height: 20px;"></table>																		

<sup>1</sup> 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

**Introduction and Consent**

Hello. My name is \_\_\_\_\_ and I am working with the Ministry of Health and Social Welfare. 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	MARITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here, or elsewhere in Lesotho or outside Lesotho?	In which country outside Lesotho does (NAME) usually live?	How long has (NAME) lived in (COUNTRY)?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL.5) AND/OR SLEPT THERE LAST NIGHT (COL. 8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
01		<input type="text"/>	M F 1 2	UR EL OUT 1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	IN YEARS <input type="text"/>	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	10	10	10	

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

- |                                    |                               |
|------------------------------------|-------------------------------|
| 01 = HEAD                          | 08 = BROTHER OR SISTER        |
| 02 = SPOUSE                        | 09 = OTHER RELATIVE           |
| 03 = SON OR DAUGHTER               | 10 = DOMESTIC EMPLOYEE        |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = HERDBOY                  |
| 05 = GRANDCHILD                    | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT                        | 13 = NOT RELATED              |
| 07 = PARENT-IN-LAW                 | 98 = DON'T KNOW               |

**CODES FOR COL. 5 RESIDENTIAL STATUS**

- |                           |
|---------------------------|
| UR = USUAL RESIDENT       |
| EL = ELSEWHERE IN LESOTHO |
| OUT = OUTSIDE LESOTHO     |

**CODES FOR COL. 6 COUNTRY OF RESIDENCE**

- |                   |
|-------------------|
| 1 = RSA           |
| 2 = OTHER COUNTRY |

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
Is (NAME)'s 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 NUMBER.  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) 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 2009 school year?	During this/ that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been reported with the civil authority?  1 = HAS CERTIFICATE 2 = REPORTED 3 = NEITHER 8 = DON'T KNOW
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 02	<input type="text"/>	1 2 ↓ LINE 02	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 03	<input type="text"/>	1 2 ↓ LINE 03	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 04	<input type="text"/>	1 2 ↓ LINE 04	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 05	<input type="text"/>	1 2 ↓ LINE 05	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 06	<input type="text"/>	1 2 ↓ LINE 06	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 07	<input type="text"/>	1 2 ↓ LINE 07	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 08	<input type="text"/>	1 2 ↓ LINE 08	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 09	<input type="text"/>	1 2 ↓ LINE 09	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 10	<input type="text"/>	1 2 ↓ LINE 10	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 11	<input type="text"/>	1 2 ↓ LINE 11	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 19 AND 21: EDUCATION: LEV**

- 1 = PRIMARY
- 2 = VOC. /TECH. TRAINING AFTER PRIMARY
- 3 = SECONDARY/HIGH
- 4 = VOC. /TECH. TRAINING AFTER SECONDARY/HIGH
- 5 = COLLEGE
- 6 = GRADUATE/POST GRADUATE
- 8 = DON'T KNOW

**CODES FOR Qs. 19 AND 21: EDUCATION: GRADE**

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 26 ONLY.THIS CODE IS NOT ALLOWED FOR Qs. 28 AND 30)
- STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)
- YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)
- FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
- YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)
- YEAR 01-03 = LEVEL 5 (COLLEGE)
- YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).
- 98 = DON'T KNOW

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	IF AGE 15 OR OLDER	MARRITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here, or elsewhere in Lesotho or outside Lesotho?	In which country outside Lesotho does (NAME) usually live?	How long has (NAME) lived in (COUNTRY)?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL.5) AND/OR SLEPT THERE LAST NIGHT (COL. 8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
11		<input type="text"/>	M F 1 2	UR EL OUT 1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	IN YEARS <input type="text"/>	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	20	20	20	

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  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 guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  ADD TO TABLE NO

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

- 01 = HEAD
- 02 = SPOUSE
- 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

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
Is (NAME)'s 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 NUMBER.  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) 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 2009 school year?	During this/ that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been reported with the civil authority?  1 = HAS CERTIFICATE 2 = REPORTED 3 = NEITHER 8 = DON'T KNOW
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 12	<input type="text"/>	1 2 ↓ LINE 12	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 13	<input type="text"/>	1 2 ↓ LINE 13	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 14	<input type="text"/>	1 2 ↓ LINE 14	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 15	<input type="text"/>	1 2 ↓ LINE 15	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 16	<input type="text"/>	1 2 ↓ LINE 16	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 17	<input type="text"/>	1 2 ↓ LINE 17	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 18	<input type="text"/>	1 2 ↓ LINE 18	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 19	<input type="text"/>	1 2 ↓ LINE 19	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 20	<input type="text"/>	1 2 ↓ LINE 20	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 21	<input type="text"/>	1 2 ↓ LINE 21	<input type="text"/>	<input type="text"/>

**CODES FOR COL. 5 RESIDENTIAL STATUS**

UR = USUAL RESIDENT  
EL = ELSEWHERE IN LESOTHO  
OUT = OUTSIDE LESOTHO

**CODES FOR COL. 6 COUNTRY OF RESIDENCE**

1 = RSA  
2 = OTHER COUNTRY

**CODES FOR Qs. 19 AND 21: EDUCATION B CODES FOR Qs. 19 AND 21: EDUCATION**

**LEVEL**  
1 = PRIMARY  
2 = VOC./TECH. TRAINING AFTER PRIMARY  
3 = SECONDARY/HIGH  
4 = VOC./TECH. TRAINING AFTER SECONDARY/HIGH  
5 = COLLEGE  
6 = GRADUATE/POST GRADUATE  
8 = DON'T KNOW

**GRADE**  
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 26 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 28 AND 30)  
STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)  
YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)  
FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)  
YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)  
YEAR 01-03 = LEVEL 5 (COLLEGE)  
YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).  
98 = DON'T KNOW

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 LESS THAN MONTHLY ..... 4 NEVER ..... 5	
101	Has any member of this household age 18 or older been very sick for at least 3 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
101A	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 SURFACE WATER (RIVER/DAM LAKE/POND/STREAM) RIVER/STREAM ..... 71 DAM/LAKE/POND ..... 72 BOTTLED WATER ..... 81 OTHER ..... 96	 → 106  → 103  → 106 → 106  → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 SURFACE WATER (RIVER/DAM LAKE/POND/STREAM) RIVER/STREAM ..... 71 DAM/LAKE/POND ..... 72 BOTTLED WATER ..... 81 OTHER ..... 96	 → 106      → 106  → 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	 → 106
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT MAN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER ..... 6	
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 STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F OTHER ..... X 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 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 51 OTHER ..... 96	→ 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"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
111	Does your household have:	YES NO ELECTRICITY ..... 1 2 BATTERY/GENERATOR ... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE TELEPHONE ..... 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR ..... 1 2 BED/MATRRESS ..... 1 2 COMPUTER ..... 1 2 INTERNET ACCESS ..... 1 2	



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 PARAFFIN ..... 05 COAL ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96	→ 115           → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE ..... 1 OPEN STOVE ..... 2 CLOSED STOVE WITH CHIMNEY ..... 3 OTHER ..... 6	→ 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY ..... 1 HOOD ..... 2 NEITHER ..... 3	
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	→ 117
116	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
117	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR MUD/EARTH ..... 11  RUDIMENTARY FLOOR WOOD PLANKS ..... 21  FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 BRICK TILES ..... 34 CEMENT ..... 35 CARPET ..... 36 OTHER ..... 96	
118	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING THATCH/GRASS ..... 11 SOD ..... 12  RUDIMENTARY ROOFING WOOD PLANKS ..... 21 CARDBOARD ..... 22  FINISHED ROOFING METAL ..... 31 WOOD ..... 32 ASBESTOS/CEMENT FIBER ..... 33 CERAMIC/CLAY TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 OTHER ..... 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
119	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS CANE/TREE TRUNKS ..... 11 SOD ..... 12 RUDIMENTARY WALLS STONE WITH MUD ..... 21 PLYWOOD ..... 22 CARDBOARD ..... 23 REUSED WOOD ..... 24 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 35 OTHER ..... 96																																									
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 watch? A bicycle? A motorcycle or motor scooter? A scotch 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>WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</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>SCOTCH 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	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	SCOTCH CART .....	1	2	CAR/TRUCK .....	1	2																							
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SCOTCH CART .....	1	2																																									
CAR/TRUCK .....	1	2																																									
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 124																																								
123	How many hectares of agricultural land do members of this household own?	HECTARES ..... <input type="text"/> <input type="text"/>  95 OR MORE HECTARES ..... 95 DON'T KNOW ..... 98																																									
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? I'll ask about each type of animal. IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '095'. IF UNKNOWN, ENTER '098'.  Cattle?  Milk cows?  Horses, donkeys, or mules?  Goats?  Sheep?  Improved chickens?  Ordinary free range chickens?  Ordinary pigs  Improved pigs?  Rabbits?	<table border="0"> <tr> <td>CATTLE .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS .....</td> <td><input type="text"/></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> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></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> <td><input type="text"/></td> </tr> <tr> <td>IMPROVED CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>FREE RANGE CHICKENS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ORDINARY PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>IMPROVED PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	CATTLE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	COWS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	IMPROVED CHICKENS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	FREE RANGE CHICKENS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORDINARY PIGS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	IMPROVED PIGS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	RABBITS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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RABBITS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>																																								
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2																																									
127	What is the name of the nearest health facility that provides health services to this community?  _____ (NAME OF HEALTH FACILITY)	DON'T KNOW ..... 99998  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 130																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI ..... 01 MOTORCYCLE/SCOOTER ..... 02 BICYCLE ..... 03 HORSE/DONKEY/MULE ..... 04 SCOTCH CART ..... 05 WALKING ..... 06 OTHER ..... 96	
129	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
130	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) ..... 1 BELOW 15 PPM ..... 2 15 PPM AND ABOVE ..... 3 NO SALT IN HH ..... 4 SALT NOT TESTED ..... 5	

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

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

201	CHECK COLUMN 13. 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 ANAEMIA PROCEDURE IN 213.			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 13 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 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"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996
206	HEIGHT IN CENTIMETRES	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
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	RECORD MUAC HERE AND IN THE MUAC PAMPHLET	CM. ... <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"/> NOT PRESENT 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED ..... 9995 OTHER ..... 9996
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"/>

DHS CLUSTER NUMBER

HOUSEHOLD NUMBER

NAME OF HH HEAD: \_\_\_\_\_

211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	<p><b>CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN</b></p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia.</p> <p>We request that all children born in 2004 or later participate in the anaemia testing part of this survey and give a few drops of blood from a finger.</p> <p>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 anaemia 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 anaemia test?</p>		
211A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA 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
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 HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 13 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 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"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED ..... 995 OTHER ..... 996
206	HEIGHT IN CENTIMETRES	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
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	RECORD MUAC HERE AND IN THE MUAC PAMPHLET	CM. ... <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"/> NOT PRESENT 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED ..... 9995 OTHER ..... 9996
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"/>

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD:

211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	<p align="center"><b>CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN</b></p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia.</p> <p>We request that all children born in 2004 or later participate in the anaemia 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 anaemia 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 anaemia test?</p>		
211A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 (IF REFUSED, GO TO 214)
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA 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
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

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

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

215	CHECK COLUMN 11 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 RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219, FOR THE ANEMIA TEST PROCEDURE IN 227, AND FOR THE HIV TEST PROCEDURE IN 229.						
		WOMAN 1		WOMAN 2		WOMAN 3	
216	LINE NUMBER (COLUMN 11)  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"/> 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			
218	HEIGHT IN CENTIMETRES	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			
220	AGE: CHECK COLUMN 9	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223A) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223A) ↙	15-17 YEARS ..... 1 1 18-49 YEARS ..... 2 2 (GO TO 223A) ↙			
221	MARITAL STATUS: CHECK COLUMN 10	CODE 4 (NEVER MARRIED) ... 1 OTHER ..... 2 (GO TO 223A) ↙	CODE 4 (NEVER MARRIED) ... 1 OTHER ..... 2 (GO TO 223A) ↙	CODE 4 (NEVER MARRIED) ... 1 1 OTHER ..... 2 2 (GO TO 223A) ↙			
222	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"/>			
223A	ASK CONSENT FOR ANAEMIA TEST. FOR NEVER-MARRIED WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	<p><b>CONSENT STATEMENT FOR ANAEMIA TEST</b></p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia.</p> <p>For the anaemia 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 anaemia 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 OF ADOLESCENT to) take the anemia test?</p>					
223B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 225A).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 225A).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 225A).			



DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 11) 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 _____
224	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
225A	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-MARRIED WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	<p><b>CONSENT STATEMENT FOR HIV TEST</b></p> <p>As part of the survey we also are 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 Lesotho.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again 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>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/NAME OF ADOLESCENT's) 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.</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 OF ADOLESCENT to) take the HIV test?</p>		
225B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)
226	CHECK 223B AND 225B 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 ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 227 AND FOR THE HIV TEST PROCEDURE IN 229 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
227	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA 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
229	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.    PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PUT THE 1ST BAR CODE LABEL HERE.    PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PUT THE 1ST BAR CODE LABEL HERE.    PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
230	GO BACK TO 216 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 231.			

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

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

231	<p>CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 232. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT MEASUREMENT IN 233 AND HEIGHT MEASUREMENT IN 234, FOR THE ANAEMIA TEST PROCEDURE IN 242, AND FOR THE HIV TEST PROCEDURE IN 244.</p>			
		MAN 1	MAN 2	MAN 3
232	<p>LINE NUMBER (COLUMN 12)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
233	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>
234	<p>HEIGHT IN CENTIMETRES</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT ..... 9994</p> <p>REFUSED ..... 9995</p> <p>OTHER ..... 9996</p>
236	<p>AGE: CHECK COLUMN 9.</p>	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 239) ←</p>	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 239) ←</p>	<p>15-17 YEARS ..... 1</p> <p>18-49 YEARS ..... 2</p> <p>(GO TO 239) ←</p>
237	<p>MARITAL STATUS: CHECK COLUMN 10</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 239) ←</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 239) ←</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER ..... 2</p> <p>(GO TO 239) ←</p>
238	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>
239	<p>READ ANAEMIA TEST CONSENT STATEMENT. FOR NEVER-MARRIED MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 238 BEFORE ASKING RESPONDENT'S CONSENT.</p>	<p>CONSENT STATEMENT FOR ANAEMIA TEST</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia.</p> <p>For the anaemia 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 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 OF ADOLESCENT to) take the anemia test?</p>		
240	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2</p> <p>RESPONDENT REFUSED ..... 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>

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

DHS CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 12)  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 _____
240A	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-MARRIED MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 238 BEFORE ASKING RESPONDENT'S CONSENT.	<p><b>CONSENT STATEMENT FOR HIV TEST</b></p> <p>As part of the survey we also are 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 Lesotho.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again 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>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/NAME OF ADOLESCENT's) test results either.</p> <p>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.</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 OF ADOLESCENT to) take the HIV test?</p>		
240B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)
241	CHECK 240 AND 240B AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 242 AND FOR THE HIV TEST PROCEDURE IN 244 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
242	RECORD HEMO-GLOBIN 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
244	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.          PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PUT THE 1ST BAR CODE LABEL HERE.          PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PUT THE 1ST BAR CODE LABEL HERE.          PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
245	GO BACK TO 232 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			

