

MALAWI DEMOGRAPHIC AND HEALTH SURVEY-II
MALAWI GOVERNMENT – NATIONAL STATISTICAL OFFICE
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION										
VILLAGE/PLACE NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
NAME OF HOUSEHOLD HEAD _____										
MDHS CLUSTER NUMBER										
HOUSEHOLD NUMBER										
URBAN/RURAL (URBAN=1, RURAL=2)										

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

LANGUAGE OF QUESTIONNAIRE ENGLISH 3	LANGUAGE OF INTERVIEW CHICHEWA 1 TUMBUKA 2 OTHER _____ 3 <div style="text-align: center;">(SPECIFY)</div>
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
DATE _____	DATE _____	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)			
			M F	YES NO	YES NO	IN YEARS						
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01	01			
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02	02			
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03	03			
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04	04			
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05	05			
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06	06			
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07	07			
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08	08			
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09	09			
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10	10			

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

- 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
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DONT KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION								
	Is (NAME)'s natural mother alive?	IF ALIVE		Is (NAME)'s natural father alive?	IF ALIVE		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				
Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER					Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest year (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and class [is/was] (NAME) attending?***	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and year did (NAME) attend?***	
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		
	YES NO DK		YESNO DK		YES NO	LEVEL YEARS	YES NO	YES NO	LEVEL YEARS	YES NO	LEVEL YEARS		
01	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
02	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
03	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
04	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
05	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
06	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
07	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
08	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
09	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		
10	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 L GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>		

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

YEARS COMPLETED:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY		
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			M F	YES NO	YES NO	IN YEARS				
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	11	11	11	
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	12	12	12	
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	13	13	13	
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	14	14	14	
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	15	15	15	
16		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	16	16	16	
17		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	17	17	17	
18		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	18	18	18	
19		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	19	19	19	
20		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	20	20	20	

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	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL YEAR	YES NO	YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	
11	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
12	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
13	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
14	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
15	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
16	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
17	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
18	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
19	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	
20	1 2 8	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="checkbox"/>	1 2 NEXT LINE	<input type="checkbox"/>	

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 → 23 PIPED INTO YARD/PLOT 12 → 23 COMMUNITY STAND PIPE 13 UNPROTECTED WELL 21 PROTECTED WELL 31 BOREHOLE 41 SURFACE WATER SPRING 51 RIVER/STREAM 52 POND/LAKE 53 DAM 54 RAINWATER 61 → 23 TANKER TRUCK/BOWSER 71 BOTTLED WATER 81 → 23 OTHER _____ 96 (SPECIFY)																
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																
23	What kind of toilet facility does your household use?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY 31 → 25 OTHER _____ 96 (SPECIFY)																
24	Do you share this facility with other households?	YES 1 NO 2																
25	Does your household have: Electricity? A paraffin lamp? A radio? A television?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PARAFFIN LAMP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	PARAFFIN LAMP	1	2	RADIO	1	2	TELEVISION	1	2	
	YES	NO																
ELECTRICITY	1	2																
PARAFFIN LAMP	1	2																
RADIO	1	2																
TELEVISION	1	2																
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 PARAFFIN 02 CHARCOAL 03 FIREWOOD 04 STRAW 05 OTHER _____ 96 (SPECIFY)																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 BROKEN BRICKS 23 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 BRICK 35 OTHER _____ 96 (SPECIFY)													
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	
	YES	NO													
BICYCLE	1	2													
MOTORCYCLE/SCOOTER ...	1	2													
CAR/TRUCK	1	2													
29	Does your household have any mosquito nets that can be used while sleeping? IF YES ASK: How many?	YES <input type="checkbox"/> NO 2 → 33													
30	How many mosquito nets are white in color?	NUMBER <input type="checkbox"/> NONE 0													
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 → 35 NOWHERE 3 → 35													
34	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>WATER/TAP</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2	
	YES	NO													
WATER/TAP	1	2													
SOAP, ASH OR OTHER CLEANSING AGENT	1	2													
BASIN	1	2													
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 - 14 PPM 1 15 - 20 PPM 2 20 - 74 PPM 3 75 + PPM 4													

CHILD LABOUR

Now I would like to ask you about any work children in this household may do.							
36. LINE NO. COPY LINE NUMBER OF CHILDREN AGES 5 - 14 YEARS FROM THE HOUSEHOLD LISTING	37. CHILD'S NAME COPY THE NAMES OF CHILDREN AGES 5 - 14 YEARS FROM THE HOUSEHOLD LISTING	38. During the past week, did (NAME) do any kind of work for someone who is not a memeber of this household? IF YES: For pay?	39. Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of the household?*	40. During the past week, did (NAME) help with housekeeping chores such as cooking, shopping, cleaning, washing clothes, fetching water, or caring for children?	41. Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores?	42. During the past week, did (NAME) do any other family work on the farm or in a business?	43. Since last (DAY OF THE WEEK), about how many hours did he/she do this work?
		PAID UNPAID NO 1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
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		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>
		1 2 3 GO TO → J 40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J 42	<input type="checkbox"/> <input type="checkbox"/>	1 2 GO TO → J NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>



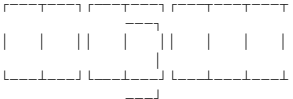

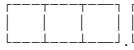

* IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS.

WEIGHT AND HEIGHT MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)
		YEARS					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1995 OR LATER			
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MO. YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

				0 		1	2	
TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>				