

2015-2016 MALAWI DEMOGRAPHIC AND HEALTH SURVEY
 MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
 HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER	<table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>											
HOUSEHOLD NUMBER	<table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>											
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)												
HOUSEHOLD SELECTED FOR MICRONUTRIENT'S STUDY? (1=YES, 2=NO)												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY _____								
				MONTH _____								
INTERVIEWER'S NAME	_____	_____	_____	YEAR _____								
RESULT*	_____	_____	_____	INT. NO. _____								
				RESULT*								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS								
TIME	_____	_____		_____								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD _____								
				TOTAL ELIGIBLE WOMEN _____								
				TOTAL ELIGIBLE MEN _____								
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____								
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**								
				TRANSLATOR USED (YES = 1, NO = 2)								
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:									
			01 ENGLISH	03 TUMBUKA								
			02 CHICHEWA	09 OTHER _____ (SPECIFY)								
SUPERVISOR			OFFICE EDITOR	KEYED BY								

NAME			NUMBER	NUMBER								

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with The National Statistical Office. We are conducting a survey about health and other topics all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
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



100	RECORD THE TIME.	HOURS MINUTES				
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				MARITAL STATUS	9		10	11		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people 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 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	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	
	12	13	14	15	16	17	18	19	20	21
	Is (NAME)'s natural mother alive? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	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? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2015-2016] 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 registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	IF Q.20=1 OR Q.20=2 Was (NAME)'s birth registered with the district commissioner, hospital, registrar general's office or the traditional village chief? 1= DISTRICT COMMISSIONER 2= HOSPITAL 3= REGISTRAR GENERAL 4= TRADITIONAL VILLAGE CHIEF 6=OTHER
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 19.)
8 = DON'T KNOW	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	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

LINE NO.	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	
	12	13	14	15	16	17	18	19	20	21
	Is (NAME)'s natural mother alive? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	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? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the [2015-2016] 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 registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	IF Q.20=1 OR Q.20=2 Was (NAME)'s birth registered with the district commissioner, hospital, registrar general's office or the traditional village chief? 1= DISTRICT COMMISSIONER 2= HOSPITAL 3= REGISTRAR GENERAL 4= TRADITIONAL VILLAGE CHIEF 6=OTHER
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 19.)
8 = DON'T KNOW	98 = DON'T KNOW

SELECTION OF WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK FRONT COVER

HOUSEHOLD SELECTED
FOR MAN'S SURVEY

HOUSEHOLD NOT SELECTED
FOR MAN'S SURVEY → 101

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

30

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

--	--

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	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 (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	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 PI..... 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD..... 95 OTHER _____ 96 (SPECIFY)	→ 116
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Milk cows or bulls? b) Other cattle? c) Donkeys, or mules? d) Goats? e) Sheep? f) Pigs? g) Chickens? h) Other poultry?	 a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) PIGS <input type="text"/> <input type="text"/> g) CHICKENS <input type="text"/> <input type="text"/> h) POULTRY <input type="text"/> <input type="text"/>	
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
121	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) Koloboyi? h) A paraffin lamp? i) A torch? j) A bed with a mattress? k) A sofa set?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) ELECTRICITY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) COMPUTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) REFRIGERATOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) KOLOBOYI ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) PARAFFIN LAMP</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) TORCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>j) BED WITH MAT</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>k) SOFA SET</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) KOLOBOYI ..	1	2	h) PARAFFIN LAMP	1	2	i) TORCH	1	2	j) BED WITH MAT	1	2	k) SOFA SET	1	2	
	YES	NO																																					
a) ELECTRICITY	1	2																																					
b) RADIO	1	2																																					
c) TELEVISION	1	2																																					
d) NON-MOBILE TELEPHONE ..	1	2																																					
e) COMPUTER	1	2																																					
f) REFRIGERATOR	1	2																																					
g) KOLOBOYI ..	1	2																																					
h) PARAFFIN LAMP	1	2																																					
i) TORCH	1	2																																					
j) BED WITH MAT	1	2																																					
k) SOFA SET	1	2																																					
122	Does any member of this household own: a) A wrist watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) WATCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) BICYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/TRUCK	1	2	g) BOAT WITH MOTOR	1	2													
	YES	NO																																					
a) WATCH	1	2																																					
b) MOBILE PHONE	1	2																																					
c) BICYCLE	1	2																																					
d) MOTORCYCLE/SCOOTER	1	2																																					
e) ANIMAL-DRAWN CART	1	2																																					
f) CAR/TRUCK	1	2																																					
g) BOAT WITH MOTOR	1	2																																					
123	Does any member of this household have a bank account?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																																	
YES	1																																						
NO	2																																						
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	<table border="0"> <tr> <td>DAILY</td> <td align="right">1</td> </tr> <tr> <td>WEEKLY</td> <td align="right">2</td> </tr> <tr> <td>MONTHLY</td> <td align="right">3</td> </tr> <tr> <td>LESS OFTEN THAN ONCE A MONTH</td> <td align="right">4</td> </tr> <tr> <td>NEVER</td> <td align="right">5</td> </tr> </table>	DAILY	1	WEEKLY	2	MONTHLY	3	LESS OFTEN THAN ONCE A MONTH	4	NEVER	5																											
DAILY	1																																						
WEEKLY	2																																						
MONTHLY	3																																						
LESS OFTEN THAN ONCE A MONTH	4																																						
NEVER	5																																						
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 127																														
YES	1																																						
NO	2																																						
DON'T KNOW	8																																						
126	Who sprayed the dwelling?	<table border="0"> <tr> <td>GOVERNMENT WORKER/PROGRAM</td> <td align="right">A</td> </tr> <tr> <td>PRIVATE COMPANY</td> <td align="right">B</td> </tr> <tr> <td>NONGOVERNMENTAL ORGANIZATION (NGO) ..</td> <td align="right">C</td> </tr> <tr> <td>OTHER _____</td> <td align="right">X</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">Z</td> </tr> </table>	GOVERNMENT WORKER/PROGRAM	A	PRIVATE COMPANY	B	NONGOVERNMENTAL ORGANIZATION (NGO) ..	C	OTHER _____	X	(SPECIFY)		DON'T KNOW	Z																									
GOVERNMENT WORKER/PROGRAM	A																																						
PRIVATE COMPANY	B																																						
NONGOVERNMENTAL ORGANIZATION (NGO) ..	C																																						
OTHER _____	X																																						
(SPECIFY)																																							
DON'T KNOW	Z																																						
127	Does your household have any mosquito nets?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	<input type="checkbox"/> → 139																																
YES	1																																						
NO	2																																						
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input style="width: 40px; height: 20px;" type="text"/>																																					

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
129A	Is the net hanging for sleeping?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWAPLUS 11 DURANET 12 INTERCEPTOR 13 LIFENET 14 MAGNET 15 OLYSET 16 OLYSET PLUS 17 PERMANET 2.0 18 PERMANET 3.0 19 ROYAL SENTRY 20 YORKKOL 21 OTHER/DON'T KNOW BRAND 26 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWAPLUS 11 DURANET 12 INTERCEPTOR 13 LIFENET 14 MAGNET 15 OLYSET 16 OLYSET PLUS 17 PERMANET 2.0 18 PERMANET 3.0 19 ROYAL SENTRY 20 YORKKOL 21 OTHER/DON'T KNOW BRAND 26 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) DAWAPLUS 11 DURANET 12 INTERCEPTOR 13 LIFENET 14 MAGNET 15 OLYSET 16 OLYSET PLUS 17 PERMANET 2.0 18 PERMANET 3.0 19 ROYAL SENTRY 20 YORKKOL 21 OTHER/DON'T KNOW BRAND 26 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE 98
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98
134	Did you get the net through the 2014-2015 mass campaign, during an antenatal care visit, at birth, or first immunization visit?	YES, 2014-2015 MASS CAMPAIGN 1 YES, ANC 2 YES, AT BIRTH 3 YES, IMMUNIZATION VISIT 4 (SKIP TO 136) ← NO 5	YES, 2014-2015 MASS CAMPAIGN 1 YES, ANC 2 YES, AT BIRTH 3 YES, IMMUNIZATION VISIT 4 (SKIP TO 136) ← NO 5	YES, 2014-2015 MASS CAMPAIGN 1 YES, ANC 2 YES, AT BIRTH 3 YES, IMMUNIZATION VISIT 4 (SKIP TO 136) ← NO 5
135	Where did you get the net?	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST/OUTREAC 03 CHAM/MISSION 04 PRIVATE HEALTH FACILITY 05 PHARMACY 06 SHOP/MARKET 07 WORKPLACÉ 08 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST/OUTREAC 03 CHAM/MISSION 04 PRIVATE HEALTH FACILITY 05 PHARMACY 06 SHOP/MARKET 07 WORKPLACÉ 08 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST/OUTREAC 03 CHAM/MISSION 04 PRIVATE HEALTH FACILITY 05 PHARMACY 06 SHOP/MARKET 07 WORKPLACÉ 08 OTHER 96 (SPECIFY) DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
136	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8
137	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
138		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>POLE WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>	
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>	

CHILD FUNCTIONING AND DISABILITY (AGE 2-9)

200	CHECK COL. (5) AND (7) IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 2-9 YEARS WHO USUALLY LIVE IN THE HOUSEHOLD (COL. 5="1")	TOTAL NUMBER .. <input type="text"/> <input type="text"/>	
201	CHECK THE NUMBER OF CHILDREN IN 200: ONE OR MORE <input type="checkbox"/> ZERO <input type="checkbox"/> → 300		
202	CHECK COLUMNS 1, 2, 4, AND 7 IN THE LIST OF HOUSEHOLD MEMBERS. LIST BELOW EACH OF CHILDREN AGE 2-9 YEARS WHO USUALLY LIVE IN THE HOUSEHOLD. RECORD THE LINE NUMBER, NAME, SEX AND AGE FOR EACH OF THE CHILDREN. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). Now I would like to talk to you about the health condition of children age 2-9 who usually live here. We will talk about each separately. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of our team.		
		CHILD 1	CHILD 2
203	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
204	CHILD SEX FROM COLUMN 4.	MALE 1 FEMALE 2	MALE 1 FEMALE 2
205	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
206	Compared with other children, does or did (NAME) have any serious delay in sitting standing, or walking?	YES 1 NO 2	YES 1 NO 2
207	Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?	YES 1 NO 2	YES 1 NO 2
208	Does (NAME) appear to have any difficulty hearing (uses hearing aid, hears with difficulty or completely deaf)?	YES 1 NO 2	YES 1 NO 2
209	When you tell (NAME) to do something, does he/she seem to understand what you are saying?	YES 1 NO 2	YES 1 NO 2
210	Does (NAME) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	YES 1 NO 2	YES 1 NO 2
211	Does (NAME) sometimes have fits, become rigid, or lose consciousness?	YES 1 NO 2	YES 1 NO 2
212	Does (NAME) learn to do things like other children his/her age?	YES 1 NO 2	YES 1 NO 2
213	Does (NAME) speak at all (can he/she make him or herself understood in words; can he/she say any recognizable words)?	YES 1 NO 2	YES 1 NO 2
214	CHECK 205: CHILD AGE	3-9 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> (GO TO 216) ←	3-9 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> (GO TO 216) ←
215	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	YES 1 NO 2 (SKIP TO 217) ←	YES 1 NO 2 (SKIP TO 217) ←
216	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES 1 NO 2	YES 1 NO 2
217	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES 1 NO 2	YES 1 NO 2
218		GO BACK TO 206 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.	GO BACK TO 206 IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 300.

CHILD FUNCTIONING AND DISABILITY (AGE 2-9)

		CHILD 3	CHILD 4
203	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
204	CHILD SEX FROM COLUMN 4.	MALE 1 FEMALE 2	MALE 1 FEMALE 2
205	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
206	Compared with other children, does or did (NAME) have any serious delay in sitting standing, or walking?	YES 1 NO 2	YES 1 NO 2
207	Compared with other children, does (NAME) have difficulty seeing, either in the daytime or at night?	YES 1 NO 2	YES 1 NO 2
208	Does (NAME) appear to have any difficulty hearing (uses hearing aid, hears with difficulty or completely deaf)?	YES 1 NO 2	YES 1 NO 2
209	When you tell (NAME) to do something, does he/she seem to understand what you are saying?	YES 1 NO 2	YES 1 NO 2
210	Does (NAME) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	YES 1 NO 2	YES 1 NO 2
211	Does (NAME) sometimes have fits, become rigid, or lose consciousness?	YES 1 NO 2	YES 1 NO 2
212	Does (NAME) learn to do things like other children his/her age?	YES 1 NO 2	YES 1 NO 2
213	Does (NAME) speak at all (can he/she make him or herself understood in words; can he/she say any recognizable words)?	YES 1 NO 2	YES 1 NO 2
214	CHECK 205: CHILD AGE	3-9 YEARS <input type="checkbox"/> ↓ 2 YEARS <input type="checkbox"/> (GO TO 216) ←	3-9 YEARS <input type="checkbox"/> ↓ 2 YEARS <input type="checkbox"/> (GO TO 216) ←
215	Is (NAME)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	YES 1 NO 2 (SKIP TO 217) ←	YES 1 NO 2 (SKIP TO 217) ←
216	Can (NAME) name at least one object (for example, an animal, a toy, a cup, a spoon)?	YES 1 NO 2	YES 1 NO 2
217	Compared with other children of the same age, does (NAME) appear in any way mentally backward, dull or slow?	YES 1 NO 2	YES 1 NO 2
218		GO BACK TO 206 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.	GO BACK TO 206 IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 300.

CHILD FUNCTIONING AND DISABILITY (AGE 10-17)

300	CHECK COL. (5) AND (7) IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 10-17 YEARS WHO USUALLY LIVE IN THE HOUSEHOLD (COL. 5="1")	TOTAL NUMBER .. <input type="text"/> <input type="text"/>	
301	CHECK THE NUMBER OF CHILDREN IN 300: ONE OR MORE <input type="checkbox"/> ZERO <input type="checkbox"/> → 401		
302	<p>CHECK COLUMNS 1, 2, 4, AND 7 IN THE LIST OF HOUSEHOLD MEMBERS. LIST BELOW EACH OF CHILDREN AGE 10-17 YEARS WHO USUALLY LIVE IN THE HOUSEHOLD. RECORD THE LINE NUMBER, NAME, SEX AND AGE FOR EACH OF THE CHILDREN. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to talk to you about the health condition of children age 10-17 who usually live here. We will talk about each separately. This will take only a few minutes. All the information you give me will remain strictly confidential and your answers will never be shared with those outside of our team.</p>		
		CHILD 1	CHILD 2
303	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
304	CHILD SEX FROM COLUMN 4.	MALE 1 FEMALE 2	MALE 1 FEMALE 2
305	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
306	Does (NAME) wear glasses or contact lenses?	YES 1 NO 2 (SKIP TO 309) ←	YES 1 NO 2 (SKIP TO 309) ←
307	Does (NAME) have difficulty seeing even if he/she is wearing glasses or contact lenses?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←
308	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT SEE AT ALL 3 DONT KNOW 8 (SKIP TO 311) ←	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT SEE AT ALL 3 DONT KNOW 8 (SKIP TO 311) ←
309	Does (NAME) have difficulty seeing?	YES 1 NO 2 (SKIP TO 311) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 311) ← DONT KNOW 8
310	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT SEE AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT SEE AT ALL 3 DONT KNOW 8
311	Does (NAME) use a hearing aid?	YES 1 NO 2 (SKIP TO 314) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 314) ← DONT KNOW 8
312	Does (NAME) have difficulty hearing even if he/she is using a hearing aid?	YES 1 NO 2 (SKIP TO 316) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 316) ← DONT KNOW 8
313	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT HEAR AT ALL 3 DONT KNOW 8 (SKIP TO 316) ←	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT HEAR AT ALL 3 DONT KNOW 8 (SKIP TO 316) ←
314	Does (NAME) have difficulty hearing ?	YES 1 NO 2 (SKIP TO 316) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 316) ← DONT KNOW 8
315	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT HEAR AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CANT HEAR AT ALL 3 DONT KNOW 8

		CHILD 1	CHILD 2
303	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
316	Does (NAME) have difficulty communicating using his/her usual language, for example understanding or being understood?	YES 1 NO 2 (SKIP TO 318) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 318) ← DONT KNOW 8
317	Would you say that (NAME) has some difficulty communicating, a lot of difficulty, or can he/she not communicate at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T COMMUNICATE AT ALL .. 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T COMMUNICATE AT ALL .. 3 DONT KNOW 8
318	Does (NAME) have difficulty remembering or concentrating?	YES 1 NO 2 (SKIP TO 320) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 320) ← DONT KNOW 8
319	Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or can he/she not remember or concentrate at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T REM./CONCENT. AT ALL .. 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T REM./CONCENT. AT ALL .. 3 DONT KNOW 8
320	Does (NAME) have difficulty walking or climbing steps?	YES 1 NO 2 (SKIP TO 322) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 322) ← DONT KNOW 8
321	Would you say that (NAME) has some difficulty walking or climbing steps, a lot of difficulty, or can he/she not walk or climb steps at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WALK/CLIMB AT ALL .. 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WALK/CLIMB AT ALL .. 3 DONT KNOW 8
322	Does (NAME) have difficulty washing all over or dressing?	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8
323	Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or can he/she not wash all over or dress at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WASH/DRESS AT ALL .. 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WASH/DRESS AT ALL .. 3 DONT KNOW 8
324		GO BACK TO 306 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.	GO BACK TO 306 IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 401.

CHILD FUNCTIONING AND DISABILITY (AGE 10-17)

		CHILD 3	CHILD 4
303	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
304	CHILD SEX FROM COLUMN 4.	MALE 1 FEMALE 2	MALE 1 FEMALE 2
305	CHILD AGE FROM COLUMN 7.	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
306	Does (NAME) wear glasses or contact lenses?	YES 1 NO 2 (SKIP TO 309) ←	YES 1 NO 2 (SKIP TO 309) ←
307	Does (NAME) have difficulty seeing even if he/she is wearing glasses or contact lenses?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←
308	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T SEE AT ALL 3 DONT KNOW 8 (SKIP TO 311) ←	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T SEE AT ALL 3 DONT KNOW 8 (SKIP TO 311) ←
309	Does (NAME) have difficulty seeing?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 311) ←
310	Would you say that (NAME) has some difficulty seeing, a lot of difficulty, or can he/she not see at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T SEE AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T SEE AT ALL 3 DONT KNOW 8
311	Does (NAME) use a hearing aid?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 314) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 314) ←
312	Does (NAME) have difficulty hearing even if he/she is using a hearing aid?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 316) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 316) ←
313	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T HEAR AT ALL 3 DONT KNOW 8 (SKIP TO 316) ←	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T HEAR AT ALL 3 DONT KNOW 8 (SKIP TO 316) ←
314	Does (NAME) have difficulty hearing ?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 316) ←	YES 1 NO 2 DONT KNOW 8 (SKIP TO 316) ←
315	Would you say that (NAME) has some difficulty hearing, a lot of difficulty, or can he/she not hear at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T HEAR AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T HEAR AT ALL 3 DONT KNOW 8

		CHILD 3	CHILD 4
303	LINE NUMBER FROM COLUMN 1. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
316	Does (NAME) have difficulty communicating using his/her usual language, for example understanding or being understood?	YES 1 NO 2 (SKIP TO 318) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 318) ← DONT KNOW 8
317	Would you say that (NAME) has some difficulty communicating, a lot of difficulty, or can he/she not communicate at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T COMMUNICATE AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T COMMUNICATE AT ALL 3 DONT KNOW 8
318	Does (NAME) have difficulty remembering or concentrating?	YES 1 NO 2 (SKIP TO 320) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 320) ← DONT KNOW 8
319	Would you say that (NAME) has some difficulty remembering or concentrating, a lot of difficulty, or can he/she not remember or concentrate at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T REM./CONCENT. AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T REM./CONCENT. AT ALL 3 DONT KNOW 8
320	Does (NAME) have difficulty walking or climbing steps?	YES 1 NO 2 (SKIP TO 322) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 322) ← DONT KNOW 8
321	Would you say that (NAME) has some difficulty walking or climbing steps, a lot of difficulty, or can he/she not walk or climb steps at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WALK/CLIMB AT ALL 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WALK/CLIMB AT ALL 3 DONT KNOW 8
322	Does (NAME) have difficulty washing all over or dressing?	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 324) ← DONT KNOW 8
323	Would you say that (NAME) has some difficulty washing all over or dressing, a lot of difficulty, or can he/she not wash all over or dress at all?	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WASH/DRESS AT ALL . 3 DONT KNOW 8	SOME DIFFICULTY 1 A LOT OF DIFFICULTY 2 CAN'T WASH/DRESS AT ALL . 3 DONT KNOW 8
324		GO BACK TO 306 IN NEXT COLUMN OF THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.	GO BACK TO 306 IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 401.

ELIGIBILITY AND CONSENT FOR THE MICRONUTRIENT SURVEY

NO.		
401	<p align="center">CHECK FRONT COVER</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HOUSEHOLD SELECTED FOR THE MICRONUTRIENT SURVEY</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HOUSEHOLD NOT SELECTED MICRONUTRIENT SURVEY</p> <input type="checkbox"/> </div> <div style="text-align: right;"> <p>→ 404</p> </div> </div>	
402	<p>a) AFFIX THE FIRST HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE TRANSMITTAL SHEET AND RECORD THE CODE</p> <p>b) CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 0-5 YEARS.</p> <p>c) IF HOUSEHOLD IS NOT SELECTED FOR SCHOOL-AGE CHILDREN'S SURVEY: RECORD "95"</p> <p>IF HOUSEHOLD IS SELECTED FOR SCHOOL-AGE CHILDREN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF CHILDREN AGE 6-14 YEARS.</p> <p>d) IF HOUSEHOLD IS NOT SELECTED FOR WOMEN'S SURVEY: RECORD "95"</p> <p>HOUSEHOLD IS SELECTED FOR WOMEN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF WOMEN AGE 15-49 YEARS.</p> <p>e) IF HOUSEHOLD IS NOT SELECTED FOR MEN'S SURVEY, RECORD "95"</p> <p>IF HOUSEHOLD IS SELECTED FOR MEN'S SURVEY: CHECK COL. 7 IN THE LIST OF HOUSEHOLD MEMBERS AND WRITE THE TOTAL NUMBER OF MEN AGE 20-54 YEARS.</p>	<p>a) BAR CODE <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>b) TOTAL ELIGIBLE PRESCHOOL (0-5 YRS) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>c) TOTAL ELIGIBLE SCHOOL-AGE (6-14 YRS) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>d) TOTAL ELIGIBLE WOMEN (15-49 YRS) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>e) TOTAL ELIGIBLE MEN (20-54 YRS) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>

ELIGIBILITY AND CONSENT FOR THE MICRONUTRIENT SURVEY

NO. 403	<u>PERMISSION TO REVISIT THE HOUSEHOLD BY THE MICRONUTRIENT TEAM</u>									
	<p>In the next few days, my colleagues who are working with the ministry of health would like to revisit your household to conduct a micronutrient study. The micronutrient team will collect samples of sugar, oil, and salt used in the household; conduct a brief interview to assess individual and household-level exposures to nutrition interventions; and collect venous blood and urine samples to evaluate micronutrient status of children aged 6-59 months, school-age children (6-14 years), women age 15-49 years, and men age 20-54 years. You don't have to permit the visit, but we hope you will agree since your household participation is very important. In case you need more information about the revisit, you may contact the person listed on this card.</p> <p>GIVE CARD WITH CONTACT INFORMATION</p> <p>Do you have any questions? Do you agree for your household to be revisited?</p> <p>SIGNATURE OF INTERVIEWER _____ DATE _____</p>									
	<p>RESPONDENT AGREES TO BE REVISITED . . . 1</p> <p align="center">↓</p> <ol style="list-style-type: none"> 1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION 2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE 3) RECORD "1": PERMISSION FOR REVISIT WAS GRANTED 4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402 5) RECORD INFORMATION ABOUT ELIGIBLE PRESCHOOL CHILDREN (201;202); SCHOOL-AGE CHILDREN (301,302); WOMEN (401,402,403); MEN (501) IN THE MICRONUTRIENT QUESTIONNAIRE 6) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM 	<p>RESPONDENT DOES NOT AGREE TO BE REVISITED . . . 2</p> <p align="center">↓</p> <ol style="list-style-type: none"> 1) COMPLETE IDENTIFICATION SECTION OF THE MICRONUTRIENT QUESTIONNAIRE USING HOUSEHOLD INFORMATION 2) AFFIX THE SECOND HOUSEHOLD BAR CODE TO THE MICRONUTRIENT QUESTIONNAIRE 3) RECORD "2": PERMISSION FOR REVISIT WAS NOT GRANTED 4) RECORD TOTAL NUMBER OF ELIGIBLE RESPONDENTS USING INFORMATION FROM QUESTION 402 5) HAND OVER THE MICRONUTRIENT QUESTIONNAIRE TO THE MICRONUTRIENT TEAM 								
404	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><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></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><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></tr></table></p>								

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
