

UNITED REPUBLIC OF TANZANIA  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2009-2010  
NATIONAL BUREAU OF STATISTICS

HOUSEHOLD QUESTIONNAIRE

NUMBER:

CONFIDENTIAL

IDENTIFICATION	
REGION _____	[ ] [ ]
DISTRICT _____	[ ] [ ] [ ]
WARD _____	[ ] [ ] [ ] [ ]
ENUMERATION AREA _____	[ ] [ ] [ ] [ ]
NAME OF HOUSEHOLD HEAD _____	[ ] [ ] [ ] [ ]
TDHS NUMBER _____	[ ] [ ] [ ] [ ]
HOUSEHOLD NUMBER _____	[ ] [ ] [ ] [ ]
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4) _____	[ ] [ ]
HOUSEHOLD SELECTED FOR MEN'S SURVEY AND SALT TESTING (YES=1, NO=2) _____	[ ] [ ]
<p><b>LARGE CITIES ARE :</b> DAR ES SALAAM, MWANZA, MBEYA AND TANGA. <b>SMALL CITIES ARE:</b> MOROGORO, DODOMA, MOSHI, IRINGA, SHINYANGA, SINGIDA, SONGEA, MTWARA, TABORA, MUSOMA, SUMBAWANGA, BUKOBA, KIGOMA NA MJINI MAGHARIBI . MIJI MINGINE NI MIJI MIDOGO</p>	

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY ..... [ ] [ ] MONTH ..... [ ] [ ] YEAR ..... 2 0 [ ] [ ]												
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [ ] [ ] [ ] [ ]												
RESULT*	[ ]	[ ]	[ ]	RESULT ..... [ ] [ ]												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ..... [ ]												
NEXT VISIT: TIME	_____	_____														
<p><b>*RESULT CODES:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">4 POSTPONED</td> </tr> <tr> <td>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</td> <td>5 REFUSED</td> </tr> <tr> <td>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</td> <td>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</td> </tr> <tr> <td></td> <td>7 DWELLING DESTROYED</td> </tr> <tr> <td></td> <td>8 DWELLING NOT FOUND</td> </tr> <tr> <td>9 OTHER _____ (SPECIFY)</td> <td></td> </tr> </table>				1 COMPLETED	4 POSTPONED	2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	5 REFUSED	3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	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 15-49 ..... [ ] [ ] TOTAL ELIGIBLE MEN 15-49 ..... [ ] [ ] LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ..... [ ] [ ]
1 COMPLETED	4 POSTPONED															
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	5 REFUSED															
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	6 DWELLING VACANT OR ADDRESS NOT A DWELLING															
	7 DWELLING DESTROYED															
	8 DWELLING NOT FOUND															
9 OTHER _____ (SPECIFY)																
SUPERVISOR NAME _____ [ ] [ ] [ ]		FIELD EDITOR NAME _____ [ ] [ ] [ ]		OFFICE EDITOR [ ] [ ]												
				KEYED BY [ ] [ ]												

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_. I am working with National Bureau of Statistics. We are conducting a survey about health all over Tanzania. The information we collect will help the government to plan health services.

Your household was selected for the survey. The survey usually takes about 30 to 60 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.

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

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
	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 5-19 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, WRITE '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 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="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 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                          | 08 = BROTHER OR SISTER        |
| 02 = WIFE OR HUSBAND               | 09 = CO-WIFE                  |
| 03 = SON OR DAUGHTER               | 10 = OTHER RELATIVE           |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD                    | 12 = NOT RELATED              |
| 06 = PARENT                        | 98 = DON'T KNOW               |
| 07 = PARENT-IN-LAW                 |                               |

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 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.	Is (NAME) currently attending school?	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
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
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	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**CODES FOR Q. 17**

**EDUCATION LEVEL**

00=PREPRIMARY  
01 = PRIMARY  
02=POST PRIMARY TRAINING  
03= SECONDARY O-LEVEL  
04= SECONDARY A-LEVEL  
05=POST-SECONDARY TRAINING 'O' LEVEL  
06=POST-SECONDARY TRAINING'A' LEVEL

07=UNIVERSITY  
98 = DON'T KNOW

**EDUCATION GRADE**

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="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**

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

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
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- 06 = PARENT
- 07 = PARENT-IN-LAW

- 08 = BROTHER OR SISTER
- 09 = CO-WIFE
- 10 = OTHER RELATIVE
- 11 = ADOPTED/FOSTER/STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

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 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.	Is (NAME) currently attending school?	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
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
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	<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"/>
13	1 2 8 ↓ GO TO 16	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**CODES FOR Q. 17  
EDUCATION LEVEL**

00=PREPRIMARY  
01 = PRIMARY  
02=POST PRIMARY TRAINING  
  
03= SECONDARY O-LEVEL  
04= SECONDARY A-LEVEL  
05=POST-SECONDARY TRAINING 'O' LEVEL  
06=POST-SECONDARY TRAINING'A' LEVEL

07=UNIVERSITY  
98 = DON'T KNOW

**EDUCATION GRADE**

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

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED INTO YARD/PLOT ..... 12 PUBLIC TAP ..... 13 NEIGHBOUR'S TAP ..... 14 <b>WATER FROM OPEN WELL</b> OPEN WELL IN DWELLING ..... 21 OPEN WELL IN YARD/PLOT ..... 22 OPEN PUBLIC WELL ..... 23 NEIGHBOUR'S OPEN WELL ..... 24 <b>WATER FROM COVERED WELL OR BOREHOLE</b> PROTECTED WELL IN DWELLING ..... 31 PROTECTED WELL IN YARD/PLOT ..... 32 PROTECTED PUBLIC WELL ..... 33 NEIGHBOUR'S BOREHOLE ..... 34 <b>SURFACE WATER</b> SPRING ..... 41 RIVER/STREAM ..... 42 POND/LAKE ..... 43 DAM ..... 44 RAINWATER ..... 51 TANKER TRUCK ..... 61 WATER VENDOR ..... 71 BOTTLED WATER ..... 81 OTHER ..... 96 (SPECIFY)	→ 101B → 101B
101A	Who is providing water at your main source?	AUTHORITY ..... 1 CBO/NGO ..... 2 PRIVATE OPERATOR ..... 3 DON'T KNOW ..... 8	
101B	How long does it take you to go there, get water, and come back including waiting time?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES ..... 996	
101C	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 102
101D	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	
102	What kind of toilet facility do members of your household usually use?	FLUSH/ POUR FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH/ POUR FLUSH TO PIPED SEPTIC TANK ..... 12 FLUSH/ POUR FLUSH TO PIT LATRINE ..... 13 FLUSH/ POUR FLUSH TO ELSEWHERE ..... 14 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE (VIP) ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23 COMPOSTING TOILET/ECOSAN ..... 31 BUCKET ..... 41 NO FACILITY/BUSH/FIELD ..... 51 OTHER ..... 96 (SPECIFY)	→ 104

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 104
103A	How many households share this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DONT KNOW ..... 98	
104	Does your household have:  Electricity? A paraffin lamp? A radio? A television? A mobile telephone? A non-mobile telephone (land line)? An iron (charcoal or electric)? A refrigerator?	<b>YES NO</b>  ELECTRICITY ..... 1 2 PARAFFIN LAMP ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 MOBILE TELEPHONE ..... 1 2 NON-MOBILE TELEPHONE ..... 1 2 IRON ..... 1 2 REFRIGERATOR ..... 1 2	
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 BOTTLED GAS ..... 02 PARAFFIN / KEROSENE ..... 03 CHARCOAL ..... 04 FIREWOOD ..... 05 CROP RESIDUALS, STRAW, GRASS ..... 06 ANIMAL DUNG ..... 07 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	
106	What is the main source of energy for lighting in the household?	ELECTRICITY ..... 01 SOLAR ..... 02 GAS ..... 03 PARAFFIN-HURRICANE LAMP ..... 04 PARAFFIN-PRESSURE LAMP ..... 05 PARAFFIN-WICK LAMP ..... 06 FIREWOOD ..... 07 CANDLES ..... 08 OTHER ..... 96 (SPECIFY)	
107	MAIN MATERIAL OF THE FLOOR  RECORD OBSERVATION.  MARK ONLY ONE.	EARTH, SAND, DUNG ..... 11 WOOD PLANKS, BAMBOO, PALM ..... 21 PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES, TERRAZZO ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER ..... 96 (SPECIFY)	
108	WALL MATERIAL  RECORD OBSERVATION.  MARK ONLY ONE.	GRASS ..... 01 POLES AND MUD ..... 02 SUN-DRIED BRICKS ..... 03 BAKED BRICKS ..... 04 WOOD, TIMBER ..... 05 CEMENT BLOCKS ..... 06 STONES ..... 07 OTHER ..... 96 (SPECIFY)	
109	ROOFING MATERIAL  RECORD OBSERVATION.  MARK ONLY ONE.	GRASS / THATCH / MUD ..... 01 IRON SHEETS ..... 02 TILES ..... 03 CONCRETE ..... 04 ASBESTOS ..... 05 OTHER ..... 96 (SPECIFY)	


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
110	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS ..... <input type="text"/> <input type="text"/>																			
111	Does any member of your household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A bank account?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <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>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BANK ACCOUNT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK .....	1	2	BANK ACCOUNT .....	1	2	
	YES	NO																			
WATCH .....	1	2																			
BICYCLE .....	1	2																			
MOTORCYCLE/SCOOTER ...	1	2																			
CAR/TRUCK .....	1	2																			
BANK ACCOUNT .....	1	2																			
112	How many acres of land for farming or grazing does this household own?  (PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ACRES FOR FARMING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRES FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
113	Does the household use land for farming or grazing that it doesn't own?  IF YES: Is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED ..... 1 YES, SHARECROPPED ..... 2 YES, PRIVATE LAND PROVIDED FREE ..... 3 YES, OPEN ACCESS/COMMUNAL ... 4 NO ..... 5	→ 115																		
114	How many acres of land are used?  (PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ACRES FOR FARMING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRES FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
115	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRE)	KILOMETRES ..... <input type="text"/> <input type="text"/>																			
116	Now I would like to ask you about the food your household eats How many meals does your household usually have per day?	MEALS ..... <input type="text"/> <input type="text"/>																			
117	In the past week, on how many days did the household eat <b>meat</b> ?	DAYS ..... <input type="text"/>																			
118	In the past week, on how many days did the household eat <b>fish</b> ?	DAYS ..... <input type="text"/>																			
119	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER ..... 1 SELDOM ..... 2 SOMETIMES ..... 3 OFTEN ..... 4 ALWAYS ..... 5																			
120	How far is it to the nearest <b>health</b> facility? (WRITE '00' IF LESS THAN ONE KILOMETRE) IF MORE THAN 95 KM, WRITE 95)	KILOMETRES ..... <input type="text"/> <input type="text"/>																			
121	If you were to go to (NAME OF HOSPITAL, HEALTH CENTRE, or HEALTH POST), how would you go there?	CAR/MOTORCYCLE ..... 1 PUBLIC TRANSPORT (BUS, TAXI) ... 2 ANIMAL/ANIMAL CART ..... 3 WALKING ..... 4 BICYCLE ..... 5 OTHER ..... 6 (SPECIFY)																			
122	Did anyone in the household prepare ugali with maize flour in the past 7 days?	YES ..... 1 NO ..... 2	→ 126																		
123	Where did you get the maize flour?	GROUND OWN MAIZE AT HOME ... 1 GROUND AT MAIZE MILL ..... 2 BOUGHT FLOUR ..... 3 OTHER ..... 6 (SPECIFY)	→ 126 → 126 → 126																		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	Where did you buy the <b>maize flour</b> ?	SHOP ..... 1 MARKET ..... 2 AT HAMMERMILL ..... 3  OTHER _____ 6 (SPECIFY)	
125	What brand did you buy?	SEMBA ..... 1 DONA ..... 2 NO BRAND SHOWN ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
126	Did your household use oil to cook with in the past 7 days?	YES ..... 1 NO ..... 2	→ 130
127	What kind of oil was it?	SIMSIM/SESAME ..... 01 GROUNT NUT ..... 02 SUNFLOWER ..... 03 COCONUT ..... 04 RED PALM ..... 05 COTTONSEED ..... 06 COW FAT ..... 07 GHEE ..... 08 OTHER FAT _____ 96 (SPECIFY)	
128	Where did you get the oil?	PROCESSED SELF AT HOME ..... 1 LOCAL MILL ..... 2 BOUGHT ..... 3 OTHER _____ 6 (SPECIFY)	→ 130 → 130 → 130
129	What brand did you buy?	NO BRAND ..... 1  BRAND _____ 6 (SPECIFY) DON'T KNOW ..... 8	
130	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 141
131	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

		NET # 1	NET # 2	NET # 3
132	ASK RESPONDENT TO SHOW YOU THE NET(S). IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2
133	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98
134	OBSERVE BRAND OR TYPE OF MOSQUITO NET.  FEEL TEXTURE OF NET IF STIFF/ROUGH CIRCLE 'OLYSET'	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . . 12	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . .	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . . 12
135	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	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
136	Who treated the net?	SELF/HOUSEHOLD MEMBER . . . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8	SELF/HOUSEHOLD MEMBER . . . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8	SELF/HOUSEHOLD MEMBER . . . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8
137	How many months ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO . . . <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGO 95  NOT SURE . . . . 98
138	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8
139	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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"/>
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.

		NET # 4	NET # 5	NET # 6
132	ASK RESPONDENT TO SHOW YOU THE NET(S). IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2	OBSERVED . . . . 1 NOT OBSERVED 2
133	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  37 OR MORE MONTHS AGO 95  NOT SURE . . . . 98
134	OBSERVE BRAND OR TYPE OF MOSQUITO NET.  FEEL TEXTURE OF NET IF STIFF/ROUGH CIRCLE 'OLYSET'	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . . 12	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . .	'PERMANENT' NET OLYSET . . . . 11 (SKIP TO 138) ←  OTHER/ DK BRAND . . . . 12
135	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	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
136	Who treated the net?	SELF/HOUSEHOLD MEMBER . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8	SELF/HOUSEHOLD MEMBER . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8	SELF/HOUSEHOLD MEMBER . . 1  CAMPAIGN . . . . 2  DON'T KNOW . . 8
137	How many months ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC... 95  NOT SURE . . . . 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC... 95  NOT SURE . . . . 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  25 OR MORE MONTHS AGC... 95  NOT SURE . . . . 98
138	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 140) ← NOT SURE . . . . 8

		NET # 4	NET # 5	NET # 6
139	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 141.
141	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 ..... 6 (SPECIFY REASON)	
142	CHECK COVER OF HOUSEHOLD QUESTIONNAIRE. IF HOUSEHOLD SELECTED FOR ADDITIONAL SALT TESTING ASK FOR ADDITIONAL FULL TABLESPOON OF SALT. PLACE SALT IN CONTAINER.  PUT THE 1ST BAR CODE LABEL HERE.   PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S CONTAINER OF SALT AND THE 3RD ON THE TRANSMITTAL FORM.			

**SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE**

**200** ONLY ONE WOMAN PER HOUSEHOLD SHOULD BE SELECTED FOR DV MODULE.

USE THE TABLE BELOW TO SELECT ONE WOMAN TO BE INTERVIEWED WITH DV MODULE IN THIS HH.

NAME OF SELECTED WOMAN \_\_\_\_\_

HH LINE NUMBER 

--	--

GO TO COL. 9 IN THE HH SCHEDULE AND WRITE 'DV' NEXT TO THE LINE NUMBER OF THE WOMAN SELECTED.

**HOW TO USE THE TABLE FOR SELECTION OF RESPONDENTS FOR DV**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALES (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN YOU SHOULD GO TO.

THE CELL WHERE THE ROW AND THE COLUMN MEET IS THE NUMBER OF THE SELECTED WOMAN FOR THE DOMESTIC VIOLENCE MODULE IN THE HOUSEHOLD SCHEDULE.




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

**TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE**

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




**WEIGHT, HEIGHT, HEMOGLOBIN, VITAMIN A AND IRON FOR CHILDREN 0-5 YEARS**

501	CHECK COLUMN 11. RECORD THE LINE NUMBER, NAME AND AGE FOR ALL ELIGIBLE CHILDREN LESS THAN 5 YEARS OF AGE IN QUESTIONS 502-503. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 517 FOR EACH ELIGIBLE CHILD.	IF NO ELIGIBLE CHILDREN, <input type="checkbox"/> TICK HERE AND SKIP TO Q. 601		
		CHILD 1	CHILD 2	CHILD 3
502	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 .....
503	What is (NAME'S) birth date?  IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY OF BIRTH; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR OF BIRTH.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)
505	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
506	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996
507	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
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR CHILD (COLUMN 11 H SCHEDULE). 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"/>
510A	<b>READ ALL CONSENT STATEMENTS . PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT WAS GIVEN.</b>			
<p align="center"><b>CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN</b></p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?</p>				

		CHILD 1	CHILD 2	CHILD 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 _____
512	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2
513	RECORD HEMOGLOBIN 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
515	READ VITAMIN A AND IRON CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 (SIGN) ← REFUSED ..... 2 GO TO 517 ↙
<b>CONSENT STATEMENT FOR VITAMIN A, IRON DEFICIENCY AND INFECTION TEST FOR CHILDREN</b> As part of the survey we also are asking people all over the country to take a test for vitamin A and iron deficiency and infection. Vitamin A and iron deficiency are health problems that can result from poor nutrition. Low Vitamin A can lead to blindness and low resistance to infection and low iron can slow how well children grow and develop. This survey will help the government to develop programs to prevent and treat iron and Vitamin A deficiency. For these tests, we need a few (more) drops of blood from a finger.  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 the test results are for your child.  The test will be done at the Tanzanian Food and Nutrition Center Laboratory.  The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  Do you have any questions?  You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN)) to take the vitamin A deficiency test?				
516	BAR CODE LABEL  <b>VITAMIN A AND IRON</b>	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.	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.	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.
517	OUTCOME OF VITAMIN A AND IRON TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
518	GO BACK TO 502 IN NEXT COLUMN IN THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 601.			




		CHILD 4	CHILD 5	CHILD 6
502	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 _____
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)
505	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 RESFUED ..... 995 OTHER ..... 996	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 RESFUED ..... 995 OTHER ..... 996	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 RESFUED ..... 995 OTHER ..... 996
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 RESFUED ..... 9995 OTHER ..... 9996
507	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
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 502 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 502 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 502 FOR NEXT CHILD, OR, IF NO MORE, GO TO 601)  OLDER ..... 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR CHILD (COLUMN 1). 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"/>
512	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1  REFUSED ..... 2  (SIGN) ←	GRANTED ..... 1  REFUSED ..... 2  (SIGN) ←	GRANTED ..... 1  REFUSED ..... 2  (SIGN) ←
<p align="center"><b>CONSENT STATEMENT FOR VITAMIN A, IRON DEFICIENCY AND INFECTION TEST FOR CHILDREN</b></p> <p>As part of the survey we also are asking people all over the country to take a test for vitamin A and iron deficiency and infection. Vitamin A and iron deficiency are health problems that can result from poor nutrition.</p> <p>Low Vitamin A can lead to blindness and low resistance to infection and low iron can slow how well children grow and develop.</p> <p>This survey will help the government to develop programs to prevent and treat iron and Vitamin A deficiency.</p> <p>For these tests, we need a few (more) drops of blood from a finger.</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 the test results are for your child.</p> <p>The test will be done at the Tanzanian Food and Nutrition Center Laboratory.</p> <p>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?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN)) to take the vitamin A deficiency test?</p>				






		CHILD 4	CHILD 5	CHILD 6
	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 _____
513	RECORD HEMOGLOBIN 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
515	READ VITAMIN A AND IRON CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 REFUSED ..... 2  (SIGN) ←	GRANTED ..... 1 REFUSED ..... 2  (SIGN) ←	GRANTED ..... 1 REFUSED ..... 2  (SIGN) ←   GO TO 517 ↙
516	BAR CODE LABEL  <b>VITAMIN A AND IRON</b>	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.	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.	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.
517	OUTCOME OF VITAMIN A AND IRON TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
518	GO BACK TO 502 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN GO TO 601			
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.		<input type="checkbox"/>		

**WEIGHT, HEIGHT, HEMOGLOBIN, VITAMIN A, IRON AND URINARY IODINE FOR WOMEN AGE 15-49**

601	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 602. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).  A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 610 AND FOR THE VITAMIN A TEST PROCEDURE IN 616 FOR EACH ELIGIBLE WOMAN.	IF NO ELIGIBLE WOMEN, <input type="checkbox"/> TICK HERE		
	WOMAN 1	WOMAN 2	WOMAN 3	
602	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME .....
603	WEIGHT IN KILOGRAMS  KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	
604	HEIGHT IN CENTIMETERS  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	
606	AGE: CHECK COLUMN 7. 15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 609) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 609) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 609) ←	
607	MARITAL STATUS: CHECK COLUMN 8. CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 609) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 609) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 609) ←	
608	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"/>
608A	READ <b>ALL</b> CONSENT STATEMENTS AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED.			
609	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 608 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 (SIGN) (IF REFUSED, GO TO 610).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 (SIGN) (IF REFUSED, GO TO 610).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 (SIGN) (IF REFUSED, GO TO 610).
<p align="center"><b>CONSENT STATEMENT FOR ANEMIA TEST</b></p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 609 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE Q.608) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 609 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of this survey, we are asking people all over the country to give blood for an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)	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 (COLUMN 2)	NAME _____	NAME _____	NAME _____
610	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
613	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
614	READ THE VITAMIN A AND IRON CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 608 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF REFUSED, GO TO 616).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF REFUSED, GO TO 616).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)  (IF REFUSED, GO TO 616).
<p><b>CONSENT STATEMENT FOR VITAMIN A AND IRON DEFICIENCY TESTS</b></p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 614 IF RESPONDENT CONSENTS TO THE VITAMIN A AND IRON TESTS AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 608) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 614 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to give blood for a vitamin A and iron deficiency test . Low Iron and vitamin A are health problems that can result from poor nutrition. Low Vitamin A can lead to blindness and lower resistance to infections and low iron cause low energy and tiredness in women.</p> <p>This survey will help the government to develop programs to prevent and treat vitamin A and iron deficiency.</p> <p>For the tests , we need a few more drops of blood from a finger after the blood for anemia has been collected. 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>The test will be done at the Tanzanian Food and Nutrition Center Laboratory.</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 the test results are for you/ (NAME OF ADOLESCENT).</p> <p>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?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (allow NAME OF ADOLESCENT to) take the test?</p>				
615	BAR CODE LABEL  <b>VITAMIN A AND IRON</b>	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.	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.	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.
616	OUTCOME OF VITAMIN A AND IRON TESTS PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER .....6	BLOOD TAKEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER .....6	BLOOD TAKEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER .....6

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)	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 (COLUMN 2)	NAME _____	NAME _____	NAME _____
617	READ THE URINARY IODINE CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 608 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) ( IF REFUSED GO TO 620)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) ( IF REFUSED GO TO 620)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) ( IF REFUSED GO TO 620)
<b>CONSENT STATEMENT FOR URINARY IODINE TEST</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 617 IF RESPONDENT CONSENTS TO THE URINARY IODINE TEST AND CODE '3' IF SHE REFUSES.  FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 608) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 617 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.  As part of the survey we also are asking women all over the country to take a test for iodine deficiency. Iodine deficiency is a health problem that can result poor nutrition.  This survey will help the government to develop programs to prevent and treat iodine deficiency. For the iodine test, we need a small amount of your urine. The urine will be tested at the Tanzanian Food and Nutrition Laboratory 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 the test results are for you/ (NAME OF ADOLESCENT). The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions?  You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the iodine deficiency test?				
	BAR CODE	PUT THE 1ST BAR CODE LABEL  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.	WEKA BAR CODE <b>YA KWANZA</b> HAPA.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.	WEKA BAR CODE <b>YA KWANZA</b> HAPA.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.
619	OUTCOME OF URINARY IODINE TEST PROCEDURE	URINE GIVEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER ..... 6	URINE GIVEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER ..... 6	URINE GIVEN ..... 1 NOT PRESEN' ..... 2 REFUSED ..... 3 OTHER ..... 6
620	GO BACK TO 603 IN THE NEXT COLUMN IN THE QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, END INTERVIEW.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

