

QUESTIONNAIRE NUMBER:

UGANDA BUREAU OF STATISTICS  
2006 UGANDA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE - ENGLISH

IDENTIFICATION																																		
REGION _____			<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																															
DISTRICT _____																																		
COUNTY _____																																		
SUBCOUNTY/TOWN _____																																		
PARISH/LC2 NAME _____																																		
EA NAME _____																																		
UDHS NUMBER .....																																		
LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4 .....																																		
NAME OF HEAD OF HOUSEHOLD _____																																		
HOUSEHOLD NUMBER .....																																		
HOUSEHOLD SELECTED FOR MALE SURVEY, HEIGHT, WEIGHT, ANEMIA, VITAMIN A (YES=1, NO=2)																																		
HOUSEHOLD SELECTED FOR DOMESTIC VIOLENCE (NO=0, FEMALE=1, MALE=2)																																		
HOUSEHOLD SELECTED FOR UNHS III (IF YES RECORD HH CODE)																																		
YES <input type="checkbox"/> NO <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																																	

  

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>
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 <input type="checkbox"/>  TOTAL ELIGIBLE WOMEN <input type="checkbox"/>  TOTAL ELIGIBLE MEN <input type="checkbox"/>
LANGUAGE OF THE QUESTIONNAIRE .....			7	LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="checkbox"/>
LANGUAGE USED IN THE INTERVIEW .....				
NATIVE LANGUAGE OF RESPONDENT .....				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) .....				
LANGUAGE USED: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKORE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				

  

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes 30 to 45 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			IF AGE 15 OR OLDER	MARRITAL STATUS	ELIGIBILITY			IF AGE 18-59 YEARS
				Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
01		<input type="checkbox"/>	M F 1 2	Y N 1 2	Y N 1 2	YEARS <input type="checkbox"/>	<input type="checkbox"/>	01	01	01	Y N DK 1 2 8	
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	02	02	02	1 2 8	
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	03	03	03	1 2 8	
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	04	04	04	1 2 8	
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	05	05	05	1 2 8	
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	06	06	06	1 2 8	
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	07	07	07	1 2 8	
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	08	08	08	1 2 8	
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	09	09	09	1 2 8	
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	10	10	10	1 2 8	
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	11	11	11	1 2 8	
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	12	12	12	1 2 8	
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	13	13	13	1 2 8	
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	14	14	14	1 2 8	
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	15	15	15	1 2 8	

**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 <input type="checkbox"/> | ADD TO TABLE | NO <input type="checkbox"/> | 01 = HEAD                          | 08 = BROTHER OR SISTER        |
| (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 <input type="checkbox"/> | ADD TO TABLE | NO <input type="checkbox"/> | 02 = WIFE OR HUSBAND               | 09 = NIECE/NEPHEW BY BLOOD    |
| (2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?            | YES <input type="checkbox"/> | ADD TO TABLE | NO <input type="checkbox"/> | 03 = SON OR DAUGHTER               | 10 = NIECE/NEPHEW BY MARRIAGE |
|   |                              |              |                             | 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = CO-WIFE                  |
|   |                              |              |                             | 05 = GRANDCHILD                    | 12 = OTHER RELATIVE           |
|   |                              |              |                             | 06 = PARENT                        | 13 = ADOPTED/FOSTER/STEPCHILD |
|   |                              |              |                             | 07 = PARENT-IN-LAW                 | 14 = NOT RELATED              |
|   |                              |              |                             |                                    | 98 = DONT KNOW                |

LINE NO.	IF AGE 0-17 YEARS									IF AGE 5 YEARS OR OLDER			
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS									BROTHERS AND SISTERS		EVER ATTENDED SCHOOL	
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother 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	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father 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	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	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?  24A 24B	
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	
	Y N DK 1 2 8 ↓ GO TO 16	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	Y N DK 1 2 8	Y N DK 1 2 8	01	1 2 ↓ GO TO 23	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2	LEVEL GRADE 1 2 ↓ GO TO 29	
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													

**CODES FOR Q. 24**

**LEVEL**  
0=PRESCHOOL  
1 = PRIMARY  
2 = 'O' LEVEL  
3 = 'A' LEVEL  
4= TERTIARY  
5= UNIVERSITY  
8 = DONT KNOW

**GRADE**  
00 = LESS THAN 1 YEAR COMPLETED AT THAT LEVEL  
98 = DONT KNOW

LINE NO.	IF AGE 5-24 YEARS							IF AGE 5-17 YEARS								
	CURRENT SCHOOL ATTENDANCE		ABSENTISM			RECENT SCHOOL ATTENDANCE		BASIC MATERIAL NEEDS								
	At What age did (NAME) first attend primary school?  DK=98 NA=95	Did (NAME) attend school at any time during the 2006 school year?	During this school year, what level and grade is/was (NAME) attending?		How many days was (NAME'S) school open last week?  DON'T KNOW =8	How many days did (NAME) attend school last week?  DON'T KNOW =8	What was the main reason for (NAME) being absent at school?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2005?	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	IF STUDENT IS IN PRIMARY OR SECONDARY SCHOOL IN 2006	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?			
	24AA		26A	26B	26AA	26AB	26AC	28A	28B	28AA						
(1)	(24A)	(25)	(26)		(26A)	(26B)	(26C)	(27)		(28)		(28A)	(29)	(30)	(31)	
	YEARS	Y	N	LEVEL	GRADE	DAYS	DAYS	REASON	Y	N	LEVEL	GRADE	Y	N	Y	N
01		1	2						1	2			1	2	1	2
02		1	2						1	2			1	2	1	2
03		1	2						1	2			1	2	1	2
04		1	2						1	2			1	2	1	2
05		1	2						1	2			1	2	1	2
06		1	2						1	2			1	2	1	2
07		1	2						1	2			1	2	1	2
08		1	2						1	2			1	2	1	2
09		1	2						1	2			1	2	1	2
10		1	2						1	2			1	2	1	2
11		1	2						1	2			1	2	1	2
12		1	2						1	2			1	2	1	2
13		1	2						1	2			1	2	1	2
14		1	2						1	2			1	2	1	2
15		1	2						1	2			1	2	1	2

**CODES FOR Qs. 26 AND 28**

**LEVEL**  
 0=PRESCHOOL  
 1 = PRIMARY  
 2 = 'O' LEVEL  
 3 = 'A' LEVEL  
 4= TERTIARY  
 5= UNIVERSITY  
 8 = DON'T KNOW

**GRADE**  
 (USE '00' FOR Q. 24 ONLY.  
 THIS CODE IS NOT ALLOWED  
 FOR QS. 26 AND 28)  
 98 = DON'T KNOW

**CODES FOR Q.26C**

**REASONS FOR ABSENCE**  
 10=DOMESTIC WORK  
 11=WORK FOR FAMILY FARM/BUSINESS  
 12=WORK FOR EMPLOYERS  
 13=ANY OTHER WORK  
 14=DID NOT WANT TO GO  
 15=MISTREATED AT SCHOOL

16=FUNERAL/WEDDING/CEREMONY/  
 FAMILY FUNCTION  
 17=ILLNESS  
 18=SCHOOL UNIFORM  
 19=NO STATIONERY  
 96=OTHER

COMPLETE COLUMNS 32-37 FOR ALL HH MEMBERS AGED 5 OR OLDER							0-14 YEARS	0-17 YEARS
LINE NO.	DISABILITY						DEWORMING	BIRTH REGISTRATION
	Does (NAME) have difficulty seeing, even if he/she is wearing glasses?	Does (NAME) have difficulty hearing, even if he/she is using a hearing aid?	Does (NAME) have difficulty walking or climbing steps?	Does (NAME) have difficulty remembering or concentrating?	Does (NAME) have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc.?	Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition?	Has (NAME) been dewormed in the last 6 months?	Does (NAME) have a birth certificate?  (IF YES, ASK RESPONDENT TO SHOW CERTIFICATE) IF NO, PROBE: Has (NAME) ever been registered for purpose of being given a birth certificate (by LC1 officials)? 1 = HAS CERTIFICATE SEEN 2 = HAS CERTIFICATE NOT SEEN 3 = REGISTERED 4 = NEITHER 8 = DON'T KNOW
(1)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)
	DISABILITY CODES BELOW						Y N DK	
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 8	<input type="checkbox"/>

CODES FOR Qs. 32, 33, 34, 35, 36 AND 37: DISABILITY  
1. NO - NO DIFFICULTY  
2. YES - SOME DIFFICULTY  
3. YES - A LOT OF DIFFICULTY  
4. CANNOT DO AT ALL  
8. DON'T KNOW

**TABLE FOR SELECTION OF RESPONDENT FOR THE DOMESTIC VIOLENCE QUESTIONS**

**CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION**

HOUSEHOLD IS SELECTED FOR DV

HOUSEHOLD IS NOT SELECTED FOR DV

101

**INSTRUCTIONS**

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE IF THE HH IS SELECTED FOR A **FEMALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **WOMEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THE HH IS SELECTED FOR **MALE** RESPONDENT, CHECK THE TOTAL NUMBER OF ELIGIBLE **MEN** ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE AND CIRCLE THIS COLUMN NUMBER. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN/MAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, GO TO COLUMN(9) IN THE HOUSEHOLD SCHEDULE IF THE HH IS SELECTED FOR **FEMALE** RESPONDENT OR (10) IF THE HH IS SELECTED FOR **MALE** RESPONDENT, AND PUT A \* NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN/MAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

**FOR EXAMPLE,** IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THE HH IS SELECTED FOR A FEMALE RESPONDENT TO THE DV SECTION AND THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A \* NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN/MEN IN THE HOUSEHOLD							
	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

HOUSEHOLD LINE NUMBER OF PERSON SELECTED FOR DOMESTIC VIOLENCE MODULE

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**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 TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>WATER FROM OPEN WELL/SPRING</b> OPEN WELL/SPRING IN YARD/PLOT . 21 OPEN PUBLIC WELL/SPRING ..... 22 <b>WATER FROM PROTECTED WELL/SPRING</b> PROTECTED WELL/SPRING IN YARD/PLOT ..... 31 PROTECTED PUBLIC WELL/SPRING . 32 <b>WATER FROM BOREHOLE</b> ..... BOREHOLE IN YARD/PLOT ..... 41 PUBLIC BOREHOLE ..... 42 <b>SURFACE WATER (RIVER/DAM ETC)</b> RIVER/STREAM ..... 51 POND/LAKE ..... 52 DAM ..... 53 RAIN WATER ..... 61 TANKER TRUCK ..... 71 VENDOR ..... 72 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>WATER FROM OPEN WELL/SPRING</b> OPEN WELL/SPRING IN YARD/PLOT . 21 OPEN PUBLIC WELL/SPRING ..... 22 <b>WATER FROM PROTECTED WELL/SPRING</b> PROTECTED WELL/SPRING IN YARD/PLOT ..... 31 PROTECTED PUBLIC WELL/SPRING . 32 <b>WATER FROM BOREHOLE</b> ..... BOREHOLE IN YARD/PLOT ..... 41 PUBLIC BOREHOLE ..... 42 <b>SURFACE WATER (RIVER/DAM ETC)</b> RIVER/STREAM ..... 51 POND/LAKE ..... 52 DAM ..... 53 RAIN WATER ..... 61 TANKER TRUCK ..... 71 VENDOR ..... 72  OTHER _____ 96 (SPECIFY)	→ 106 → 106 → 106 → 106 → 106 → 106
104	How long does it usually take to travel to the source of water which you use for cooking, washing, and so forth?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  ON PREMISES ..... 996 DON'T KNOW ..... 998	→ 106
104A	After arriving at the water source, how long is the waiting time to get water?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	
104B	How long does it take to travel home from the water source?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	In this household, is food cooked on an open fire or a stove?	OPEN FIRE ..... 1 STOVE ..... 2 OTHER ..... 6 (SPECIFY)	
114	Is the cooking done under a chimney?	YES ..... 1 NO ..... 2	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3 OTHER ..... 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 EARTH AND DUNG ..... 12 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 MOSAIC OR TILES ..... 33 BRICKS ..... 34 CEMENT ..... 35 STONES ..... 36 OTHER ..... 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	<b>NATURAL ROOFING</b> THATCHED ..... 11 MUD ..... 12 <b>FINISHED ROOFING</b> WOOD/PLANKS ..... 21 IRON SHEETS ..... 22 ASBESTOS ..... 23 TILES ..... 24 TIN ..... 25 CEMENT ..... 26 OTHER ..... 96 (SPECIFY)	
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	<b>NATURAL WALLS</b> THATCHED/STRAW ..... 11 <b>RUDIMENTARY WALLS</b> MUD AND POLES ..... 21 UN-BURNT BRICKS ..... 22 UN-BURNT BRICKS WITH PLASTER ..... 23 BURNT BRICKS WITH MUC ..... 24 <b>FINISHED WALLS</b> CEMENT BLOCKS ..... 31 STONE ..... 32 TIMBER ..... 33 BURNT BRICKS WITH CEMENT ..... 34 OTHER ..... 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	
121	Does any member of this household own: a) A bicycle? b) A motorcycle or motor scooter? c) An animal-drawn cart? d) A car or truck? e) A boat with a motor? f) A boat without a motor?	YES NO BICYCLE ..... 1 2 MOTORCYCLE/SCOOTER ..... 1 2 ANIMAL-DRAWN CART ..... 1 2 CAR/TRUCK ..... 1 2 BOAT WITH MOTOR ..... 1 2 BOAT WITH NO MOTOR ..... 1 2	
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 125

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many acres of agricultural land do members of this household own?	ACRES ..... <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES ..... 95.0 DON'T KNOW ..... 98.0	
125	How many of the following animals/birds does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.  i) Local Cattle?  ii) Exotic/Cross Cattle?  iii) Horses, donkeys, or mules?  iv) Goats?  v) Sheep?  vi) Pigs?  vii) Chickens?	LOCAL CATTLE ..... <input type="text"/> <input type="text"/> EXOTIC/CROSS CATTLE ..... <input type="text"/> <input type="text"/> HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> GOATS ..... <input type="text"/> <input type="text"/> SHEEP ..... <input type="text"/> <input type="text"/> PIGS ..... <input type="text"/> <input type="text"/> CHICKENS ..... <input type="text"/> <input type="text"/>	
125A	Were there any cases of measles in this HH in the last 3 months?	YES ..... 1 NO ..... 2	
126A	At any one time in the last 12 months, has anyone sprayed the interior walls of your dwelling unit with insecticide?	YES ..... 1 NO ..... 2 DK ..... 8	→ 127
126B	How many months ago was the house last sprayed? (IF LESS THAN ONE MONTH, RECORD 00)	NO OF MONTHS ..... <input type="text"/> <input type="text"/>	
127	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 138
128	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
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. May I have a look at (all) the Net(s) to establish the brand? IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 MONTHS (3 YRS) AGO OR MORE . 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 MONTHS (3 YRS) AGO OR MORE . 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  37 MONTHS (3 YRS) AGO OR MORE . 95  NOT SURE ..... 98
130A	From where did you get the mosquito net?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 (SPECIFY)	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 (SPECIFY)
131	OBSERVE THE BRAND/ TYPE OF MOSQUITO NET.  IF NOT OBSERVED ASK  What brand is this net?	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET ..... 13 (SKIP TO 135) ←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET ..... 13 (SKIP TO 135) ←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 SMARTNET ..... 12 OLYSET ..... 13 (SKIP TO 135) ←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98
133	Since you got the mosquito net, was it ever soaked or dipped in an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE ..... 98
135	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 137) ← NOT SURE ..... 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/> NAME _____ LINE NO. .... <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	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) _____		

**PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP			
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES .....	1	NO .....	2	DON'T KNOW .....	8	→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS .....			<input type="text"/>			
303 ASK 304-306 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 6 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).								
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____				
305	Was (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2				
306	How old was (NAME) when (he/she) died?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>				
307	GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401							
304	What was the name of the person who died (most recently/before him/her)?	NAME 4TH DEATH _____	NAME 5TH DEATH _____	NAME 6TH DEATH _____				
305	Was (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2				
306	How old was (NAME) when (he/she) died?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>				
307	GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401							

**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>AT LEAST ONE CHILD AGE 0-17 YEARS <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 YEARS <input type="checkbox"/> →</p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: <b>ANY ADULT AGE 18-59 WHO IS VERY SICK?</b></p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: <b>ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> →</p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	1ST CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of this material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any of this social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/> ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/> ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NO. <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
409	In the last 12 months, has your household received any emotional or psychosocial support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 411) ← DK ..... 8
410	Did your household receive any of this emotional or psychosocial support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any of this material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any of this social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ←  AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

WEIGHT, HEIGHT, HEMOGLOBIN AND VITAMIN A FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER, NAME AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS 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 513B FOR EACH ELIGIBLE WOMAN.	IF NO ELIGIBLE CHILDREN, <input type="checkbox"/> TICK HERE AND SKIP TO Q. 515					
		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; 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"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <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"/>			
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)			
505	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>			
506	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2			
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6			
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 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) 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"/>			

		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 _____
511	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
511A	READ VITAMIN A 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
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).  A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMO-GLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6

**CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN**

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2001 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

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

Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?

**CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST FOR CHILDREN**

As part of the survey we also are asking people all over the country to take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result from poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.

For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

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 either.

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?

		CHILD 1	CHILD 2	CHILD 3
	LINE NUMBER (COLUMN 11)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
513A	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.     PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	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.
513B	OUTCOME OF VITAMIN A 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
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO 514
513D	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 515.		
<b>CONSENT STATEMENT FOR ADDITIONAL TESTS</b>				
We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.				
The blood sample will not have any name or other data attached that could identify (NAME(S) OF CHILD(REN)). You do not have to agree.				
If you do not want the blood sample stored for later use, (NAMES OF CHILD(REN)) can still participate in the vitamin A testing in this survey.				
Will you allow us to keep the blood sample stored for later testing or research?				

		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 INTER- VIEWED, COPY MONTH AND YEAR FROM BIRTH HIS- TORY AND ASK DAY; IF MOTHER NOT INTER- VIEWED, 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 2001 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTER- VIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER ..... 2
510	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE 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"/>
511	READ ANEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
511A	READ VITAMIN A TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPON- SIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2

		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 _____
511B	CHECK 511 AND 511A AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).  A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE VITAMIN A TEST PROCEDURE IN 513B FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, PARENT/ADULT REFUSED, OR CHILD COULD NOT BE TESTED FOR SOME OTHER REASON.			
512	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>
513	RECORD RESULT CODE OF HEMO-GLOBIN MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
513A	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	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.
513B	OUTCOME OF VITAMIN A 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
513C	CHECK 513B: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO 514
513D	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS 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) ←
513E	ADDITIONAL TESTS	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 513D: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		
		TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. <input type="checkbox"/>		

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

515	<p>CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN.</p>	<p>IF NO ELIGIBLE WOMEN,  <input type="checkbox"/> TICK HERE AND                  SKIP TO Q. 531</p>		
		WOMAN 1	WOMAN 2	WOMAN 3
516	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 _____
517	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ←
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ←
522	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"/>
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 525).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 525).	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN) (IF REFUSED, GO TO 525).
<b>CONSENT STATEMENT FOR ANEMIA TEST</b>				
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.				
FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.				
For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.				
The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.				
Do you have any questions?				
You can say yes to the test, or you can say no. It is up to you to decide.				
Will you (allow NAME OF ADOLESCENT to) take the anemia test?				

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
524	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
525	READ THE VITAMIN A TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ← _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ← _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 ← _____ (SIGN)
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).  A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE VITAMIN A TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>
528	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	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.
530	OUTCOME OF VITAMIN A 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
<p align="center"><b>CONSENT STATEMENT FOR VITAMIN A DEFICIENCY TEST</b></p> <p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE VITAMIN A 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 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 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 take a test for vitamin A deficiency. Vitamin A deficiency is a health problem that can result poor nutrition. This survey will help the government to develop programs to prevent and treat vitamin A deficiency.</p> <p>For the vitamin A test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</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 vitamin A deficiency test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
530A	CHECK 530: OUTCOME OF VITAMIN A TEST	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN
530B	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3- ← _____ (SIGN)	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3- ← _____ (SIGN)	GRANTED ..... 1- PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2- RESPONDENT REFUSED ..... 3- ← _____ (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<b>CONSENT STATEMENT FOR ADDITIONAL TESTS</b> READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS 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 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530A IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.  We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.  The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, you/ NAME OF ADOLESCENT can still participate in the vitamin A testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?				



		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10)  NAME (COLUMN 2)	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
541	CHECK 539 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.  A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
542	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/>
543	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6