



MYANMAR DEMOGRAPHIC AND HEALTH SURVEY 2015-16  
HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH AND SPORTS

IDENTIFICATION				
STATE/REGION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> </div>			
DISTRICT .....				
TOWNSHIP/SUB-TOWNSHIP .....				
WARD/VILLAGE TRACT .....				
CLUSTER NUMBER .....				
HOUSEHOLD NUMBER .....				
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1; NO=2)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>			
ALTITUDE (METERS) .....	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		_____
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD _____  TOTAL ELIGIBLE WOMEN _____  TOTAL ELIGIBLE MEN _____  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____
LANGUAGE OF INTERVIEW	MYANMAR 1	ENGLISH 2	OTHER 6 _____	TRANSLATOR USED? YES NO 1 2
NATIVE LANGUAGE OF RESPONDENT	1	2	6 _____	
SUPERVISOR		FIELD EDITOR		KEYED BY
NAME _____		NAME _____		

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## INTRODUCTION AND CONSENT

Mingalabar. My name is \_\_\_\_\_. I am working with Ministry of Health and Sports. We are conducting a survey about health all over Myanmar. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. We will then interview women and men age 15-49 with individual questionnaires and also measure height and weight of women 15-49 and children age 5 years. Further, we will conduct anemia test among women 15-49 and children 6 months to age 5. The household questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

## GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

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

# HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				5	6		7	8	9	10	11
1	2	3	4	5	6	7	8	9	10	11	11A
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14</p>
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	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

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

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

	IF AGE 0-17 YEARS				IF AGE 2-14 YEARS	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				PRIMARY CARETAKER	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	15A	16	17	18	19	20
	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'.	Who is the primary caretaker of (NAME)?  RECORD PRIMARY CARETAKER'S LINE NUMBER  IF NOT IN HOUSEHOLD RECORD '00'	Has (NAME) ever attended school?	What is the highest grade (NAME) completed at school?  SEE CODES BELOW.	Did (NAME) attend school at any time during the (2015/2016) school year?	During this/that school year, what grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

**GRADE**

00 = LESS THAN GRADE 1 COMPLETED  
01-11 = GRADE 1 - GRADE 11  
12 = BACHELOR'S AND ABOVE  
13 = VOCATIONAL EDUCATION  
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				5	6		7	8	9	10	11
1	2	3	4	5	6	7	8	9	10	11	11A
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 2-14
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	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	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 ☐ → 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 ☐ → 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 ☐ → TABLE NO ☐

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

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

	IF AGE 0-17 YEARS				IF AGE 2-14 YEARS	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	GRADE <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 15A	<input type="text"/>	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

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## HOUSEHOLD CHARACTERISTICS

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 OTHER ..... 96 (SPECIFY)	→ 110																																																
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																																																
109	How many households in total use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... 0 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																																	
110	Does your household have:	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>Electricity?</td><td>ELECTRICITY ..... 1</td><td>2</td></tr><tr><td>A radio?</td><td>RADIO ..... 1</td><td>2</td></tr><tr><td>A television?</td><td>TELEVISION ..... 1</td><td>2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE ..... 1</td><td>2</td></tr><tr><td>A landline telephone?</td><td>LANDLINE PHONE ..... 1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR ..... 1</td><td>2</td></tr><tr><td>A table?</td><td>TABLE ..... 1</td><td>2</td></tr><tr><td>A chair?</td><td>CHAIR ..... 1</td><td>2</td></tr><tr><td>A sofa?</td><td>SOFA ..... 1</td><td>2</td></tr><tr><td>A bed?</td><td>BED ..... 1</td><td>2</td></tr><tr><td>A cupboard?</td><td>CUPBOARD ..... 1</td><td>2</td></tr><tr><td>An electric fan?</td><td>ELECTRIC FAN ..... 1</td><td>2</td></tr><tr><td>Air conditioner?</td><td>AIR CONDITIONER ..... 1</td><td>2</td></tr><tr><td>A sewing machine?</td><td>SEWING MACHINE ..... 1</td><td>2</td></tr><tr><td>A computer?</td><td>COMPUTER ..... 1</td><td>2</td></tr></tbody></table>		YES	NO	Electricity?	ELECTRICITY ..... 1	2	A radio?	RADIO ..... 1	2	A television?	TELEVISION ..... 1	2	A mobile telephone?	MOBILE TELEPHONE ..... 1	2	A landline telephone?	LANDLINE PHONE ..... 1	2	A refrigerator?	REFRIGERATOR ..... 1	2	A table?	TABLE ..... 1	2	A chair?	CHAIR ..... 1	2	A sofa?	SOFA ..... 1	2	A bed?	BED ..... 1	2	A cupboard?	CUPBOARD ..... 1	2	An electric fan?	ELECTRIC FAN ..... 1	2	Air conditioner?	AIR CONDITIONER ..... 1	2	A sewing machine?	SEWING MACHINE ..... 1	2	A computer?	COMPUTER ..... 1	2	
	YES	NO																																																	
Electricity?	ELECTRICITY ..... 1	2																																																	
A radio?	RADIO ..... 1	2																																																	
A television?	TELEVISION ..... 1	2																																																	
A mobile telephone?	MOBILE TELEPHONE ..... 1	2																																																	
A landline telephone?	LANDLINE PHONE ..... 1	2																																																	
A refrigerator?	REFRIGERATOR ..... 1	2																																																	
A table?	TABLE ..... 1	2																																																	
A chair?	CHAIR ..... 1	2																																																	
A sofa?	SOFA ..... 1	2																																																	
A bed?	BED ..... 1	2																																																	
A cupboard?	CUPBOARD ..... 1	2																																																	
An electric fan?	ELECTRIC FAN ..... 1	2																																																	
Air conditioner?	AIR CONDITIONER ..... 1	2																																																	
A sewing machine?	SEWING MACHINE ..... 1	2																																																	
A computer?	COMPUTER ..... 1	2																																																	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	→ 114																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER ..... 96 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
122	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Pigs?</p> <p>Chickens?</p> <p>Ducks?</p>	<table border="1"> <tr> <td>CATTLE .....</td> <td></td> <td></td> </tr> <tr> <td>COWS/BULLS .....</td> <td></td> <td></td> </tr> <tr> <td>HORSES/DONKEYS/MULES .....</td> <td></td> <td></td> </tr> <tr> <td>GOATS .....</td> <td></td> <td></td> </tr> <tr> <td>SHEEP .....</td> <td></td> <td></td> </tr> <tr> <td>PIGS .....</td> <td></td> <td></td> </tr> <tr> <td>CHICKENS .....</td> <td></td> <td></td> </tr> <tr> <td>DUCKS .....</td> <td></td> <td></td> </tr> </table>	CATTLE .....			COWS/BULLS .....			HORSES/DONKEYS/MULES .....			GOATS .....			SHEEP .....			PIGS .....			CHICKENS .....			DUCKS .....			
CATTLE .....																											
COWS/BULLS .....																											
HORSES/DONKEYS/MULES .....																											
GOATS .....																											
SHEEP .....																											
PIGS .....																											
CHICKENS .....																											
DUCKS .....																											
123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2																									
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 137																								
127	<p>How many mosquito nets does your household have?</p> <p>IF 8 OR MORE NETS, RECORD '8'.</p>	NUMBER OF NETS ..... <input type="text"/>																									

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
129A	How did you get this mosquito net?	GOVT/NGO DISTRIBUTION... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid (insecticide) to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98

		NET #1	NET #2	NET #3
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8
135	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... C		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2  NO SALT IN HOUSEHOLD ..... 3  SALT NOT TESTED ..... 6 (SPECIFY REASON) _____		

	NET #4	NET #5	NET #6	NET #7	NET #8
128	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
129A	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8	GOVT/NGO DISTRIBUTION ... 1 ANC VISIT ..... 2 PURCHASED ..... 3 OTHER ..... 6 NOT SURE ..... 8
130	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET ..... 11 BESTNET ..... 12 OLYSET ..... 13 SIAM ..... 14  OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPANET ... 21  OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  NO BRAND ..... 95 OTHER BRAND ... 96 DK BRAND ..... 98
131	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> AGO ... <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98



	NET #4	NET #5	NET #6	NET #7	NET #8
134	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8
135	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
136	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

# **CHILD DISCIPLINE**

141	CHECK HOUSEHOLD SCHEDULE, COLUMN 11A:  <div style="display: flex; justify-content: space-between;"> <div>           AT LEAST ONE CHILD AGE 2-14 <input type="checkbox"/> </div> <div>           NO CHILDREN AGE 2-14 <input type="checkbox"/> </div> </div>	→ 162
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LIST EACH OF THE CHILDREN AGED 2-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE.  
DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 2-14 YEARS.

	142	LINE NUMBER FROM COLUMN 11A IN HOUSEHOL D	144	145	146
	RANK NUMBER		NAME OF THE CHILD FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE	CHILD'S AGE FROM COLUMN 7	CHECK 15A AND WRITE PARENT'S OR CARETAKER'S LINE NUMBER FROM COLUMN 1 AND NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE
	01	<input type="text"/>		<input type="text"/>	<input type="text"/>
	02	<input type="text"/>		<input type="text"/>	<input type="text"/>
	03	<input type="text"/>		<input type="text"/>	<input type="text"/>
	04	<input type="text"/>		<input type="text"/>	<input type="text"/>
	05	<input type="text"/>		<input type="text"/>	<input type="text"/>
	06	<input type="text"/>		<input type="text"/>	<input type="text"/>
	07	<input type="text"/>		<input type="text"/>	<input type="text"/>
	08	<input type="text"/>		<input type="text"/>	<input type="text"/>

147	CHECK COLUMN 145:  <div style="display: flex; justify-content: space-between;"> <div>           MORE THAN ONE CHILD AGE 2-14: <input type="checkbox"/> </div> <div>           ONLY ONE CHILD AGE 2-14 <input type="checkbox"/> </div> </div>	→ 148
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**RANDOM NUMBER TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS**

- LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE.
- LOOK AT COLUMN 145 AND RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 2-14 \_\_\_\_\_. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE.
- IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE.
- FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE.
- THEN, GO TO COLUMN 143 AND PUT A \* NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER AND NAME IN Q.148 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.149.

**FOR EXAMPLE**, IF THE HOUSEHOLD NUMBER IS '716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6').

- IF THERE ARE THREE ELIGIBLE CHILDREN 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 CHILD.
- SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'.
- PUT A \* NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN 143 AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.148.
- THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.149.

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF CHILDREN AGE 2-14 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
148	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 2-14 YEARS FROM COLUMNS 143 AND 144	<div> LINE  NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> </div> <div> NAME ..... </div>
149	LINE NUMBER AND NAME OF CHILD'S MOTHER, FATHER OR OTHER PRIMARY CARETAKER FROM COLUMN 146	<div> MOTHER/CARETAKER NOT  AVAILABLE ..... 00 → 162 </div> <div> LINE  NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> </div> <div> NAME ..... </div>

**THE FOLLOWING QUESTIONS 150-161 ON CHILD DISCIPLINE ARE TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF A CHILD).**

	<p>All adults use certain ways to teach or to address a behavior problem. I will read various methods that are used. I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month.</p>		
150	<p>Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
151	<p>Explained why some behavior was wrong (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
152	<p>Shook him/her (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
153	<p>Shouted, yelled or screamed at (NAME) in the past month?</p>	<p>YES ..... 1 NO ..... 2</p>	
154	<p>Gave him/her something else to do (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
155	<p>Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
156	<p>Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other (in the past month) ?</p>	<p>YES ..... 1 NO ..... 2</p>	
157	<p>Called him/her dumb, lazy, or a similar name (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
158	<p>Hit or slapped him/her on the face, head or ears (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
159	<p>Hit or slapped him/her on the hand, arm or leg (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
160	<p>Beat her/him up with an implement (hit over and over as hard as one could) (in the past month)?</p>	<p>YES ..... 1 NO ..... 2</p>	
161	<p>Do you believe that in order to bring up (raise, educate) (NAME) properly, you need to physically punish him/her?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	

162	CHECK THE IDENTIFICATION SECTION OF HOUSEHOLD QUESTIONNAIRE. IS HOUSEHOLD SELECTED FOR MEN INTERVIEW?	201
	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             HOUSEHOLD SELECTED <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;">             HOUSEHOLD NOT SELECTED <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div>	

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

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

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

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

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

HH LINE NUMBER OF SELECTED WOMAN .....

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WEIGHT, HEIGHT, MUAC, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....
204	CHECK 203: CHILD BORN IN JANUARY 2010 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
207A	MUAC IN CENTIMETERS	CM. .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	CM. .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	CM. .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NO. OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COL. 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<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 ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT, MUAC, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....
204	CHECK 203: CHILD BORN IN JANUARY 2010 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
207A	MUAC IN CENTIMETERS	CM. .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	CM. .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	CM. .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER ..... 2
209	LINE NO. OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COL. 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....	LINE NUMBER ..... NUMBER .....
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<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 ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2	GRANTED ..... 1 (SIGN) ..... REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
216	WEIGHT IN KILOGRAMS	KG. <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	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
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 223) ↙
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 223) ↙
220	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"/>
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<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>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take 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 will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)



		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<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>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you take the anemia test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 242)
225	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
239	PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST AND PROCEED WITH THE TEST.			
240	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
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END THE QUESTIONNAIRE.			