

| IDENTIFICATION | | | | | | | | | | | | |
|--|--|----------------|--|---|-------------------------|--|--|--|--|--|--|--------|
| PLACE NAME _____ | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | <table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | <table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) | | | | | | | | | | | | |
| FIELDWORKER VISITS | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| FIELDWORKER'S NAME | _____ | _____ | _____ | MONTH <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | YEAR <table border="1" style="width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| NEXT VISIT: DATE TIME | _____ _____ | _____ _____ | | TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"><tr><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| NOTES: _____ _____ _____ _____ | | | | TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | <table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> | 0 | <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table> | 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table> | | | | | | |
| 0 | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | NATIVE LANGUAGE OF RESPONDENT** | <table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table> | | | | | | | | |
| | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | ENGLISH | | | | | | | | | | | |
| | **LANGUAGE CODES: 01 ENGLISH 03 BAHASA 05 OTHER 02 TETUM 04 PORTUGUESE | | | | | | | | | | | |
| SUPERVISOR | | FIELD EDITOR | | OFFICE EDITOR | | | | | | | | |
| NAME | <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | NAME | <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | NUMBER |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | NUMBER | | NUMBER | NUMBER | | | | | | | | |
| | | | | KEYED BY | | | | | | | | |
| | | | | NUMBER | | | | | | | | |

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

| | | | | |
|------|--|--|--|--|
| 101 | CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | 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 _____ |
| 103 | IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 104 | CHECK 103: CHILD BORN IN 2011-2016? | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 108A | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/> | GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | |

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

| | | | | |
|-----|--|--|--|--|
| 101 | CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | 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 _____ |
| 109 | CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS? | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 |
| 110 | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) |
| 111 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT. | <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. We ask that all children born in 2011 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 112 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← |
| 113 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 |
| 114 | GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | | |

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

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|------|---|--|--|--|
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | 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 _____ |
| 103 | IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 104 | CHECK 103: CHILD BORN IN 2011-2016? | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 108A | CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/> | GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201. | | |

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

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|-----|--|--|--|--|
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | 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 _____ |
| 109 | CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS? | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2 |
| 110 | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) |
| 111 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT. | <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. We ask that all children born in 2011 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 112 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← | GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ← |
| 113 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 |
| 114 | GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201. | | | |

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

| | | | | |
|------|---|--|--|--|
| 201 | CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 202 | CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____ |
| 203 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE): | 15-17 YEARS 1 18-49 YEARS 2 | 15-17 YEARS 1 18-49 YEARS 2 | 15-17 YEARS 1 18-49 YEARS 2 |
| 204 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS): | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |
| 205 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 206 | 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 |
| 207 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 207A | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/> → GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 300. | | | |
| 208 | CHECK 203: AGE | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ← |
| 209 | CHECK 204: MARITAL STATUS | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2 | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2 | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2 |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|--|---------------------|------------|------------|------------|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | | |
|---------------------------------|------|--|--|---|---|
| ADULT RESPONDENT CONSENT | 210 | ASK CONSENT FOR ANEMIA TEST. | <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 we take your blood. 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 or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 211 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) |
| | 211A | CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231) | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231) | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231) |

| | | | | |
|-----|--|--|--|--|
| 216 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) |
|-----|--|--|--|--|

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

| | | | | | |
|---|-----|--|--|---|---|
| PARENTAL/RESPONSIBLE ADULT CONSENT | 217 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. | <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 and (NAME OF MINOR) 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 or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p> | | |
| | 218 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) |

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

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|--|---------------------|------------|------------|------------|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | | |
|--------------------------|------|---|---|---|---|
| MINOR RESPONDENT CONSENT | 219 | 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 we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) 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 or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 220 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) |
| | 220A | CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| | 231 | RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET. | G/DL <input type="text"/> <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"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| | 233 | GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301. | | | |

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-59

| | | | | |
|-----|---|--|--|--|
| 300 | CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/> → END | | | |
| 301 | CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | MAN 1 | MAN 2 | MAN 3 |
| 302 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10. 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 _____ |
| 303 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE): | 15-17 YEARS 1 18-59 YEARS 2 | 15-17 YEARS 1 18-59 YEARS 2 | 15-17 YEARS 1 18-59 YEARS 2 |
| 304 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS): | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |
| 305 | 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 |
| 306 | 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 |
| 307 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 308 | CHECK 303: AGE | 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ← | 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ← | 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ← |
| 309 | CHECK 304: MARITAL STATUS | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2 | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2 | CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2 |

| | | MAN 1 | MAN 2 | MAN 3 |
|--|---------------------|------------|------------|------------|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | | |
|---------------------------------|-----|-------------------------------------|---|---|---|
| ADULT RESPONDENT CONSENT | 310 | ASK CONSENT FOR ANEMIA TEST. | <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 or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 311 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) | GRANTED 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) | GRANTED 1 RESPONDENT REFUSED . . . 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) |

| | | | | |
|-----|--|--|--|--|
| 316 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) |
|-----|--|--|--|--|

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

| | | | | | |
|---|-----|--|--|---|---|
| PARENTAL/RESPONSIBLE ADULT CONSENT | 317 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. | <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 and (NAME OF MINOR) 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 or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p> | | |
| | 318 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331) |

| | | MAN 1 | MAN 2 | MAN 3 |
|--|---------------------|------------|------------|------------|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |

| MINOR RESPONDENT CONSENT FOR ANEMIA TEST | | | | | |
|--|-----|---|---|--|--|
| MINOR RESPONDENT CONSENT | 319 | 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 we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) 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 or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 320 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3 | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3 | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3 |
| | 331 | 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 |
| | 333 | GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW. | | | |

