QUESTIONNAIRES

Appendix **F**

ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
EL- ZANATY & ASSOCIATES

QUESTIONNAIRE NO.

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2014

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

GOVERNORATE _____ PSU/SEGMENT NO. _____

KISM/MARKAZ _____ BUILDING NO. _____

SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____

URBAN 1   RURAL 2

HOUSEHOLD NUMBER _____

ANEMIA TESTING SUBSAMPLE YES 1   NO 2

NAME OF HOUSEHOLD HEAD _____

ADDRESS IN DETAIL _____

TELEPHONE: CELLULAR _____   LANDLINE _____

GOVERNORATE [ ][ ]

PSU/SEGMENT NO. [ ][ ][ ][ ][ ][ ]

URBAN/RURAL [ ]

HOUSEHOLD NO. [ ][ ][ ]

ANEMIA SUBSAMPLE [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
				DAY MONTH YEAR [ ][ ] [ ][ ] [ ][ ]
DATE	_____	_____	_____	
TEAM	_____	_____	_____	TEAM . . . . [ ][ ]
INTERVIEWER	_____	_____	_____	INT. NUMBER . . . [ ][ ]
SUPERVISOR	_____	_____	_____	SUP. NUMBER . [ ]
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 _____
                (SPECIFY)

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ][ ]

FOR ALL HOUSEHOLDS
TOTAL PERSONS IN HOUSEHOLD [ ][ ]   TOTAL ELIGIBLE WOMEN AGE 15-49 [ ][ ]

TOTAL ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT [ ][ ]

FOR HOUSEHOLDS IN ANEMIA TESTING SUBSAMPLE
TOTAL ELIGIBLE FOR ANEMIA TESTING [ ][ ]

	YES	NO
ADDRESSED CHECKED BY: _____	1	2
REINTERVIEW:	1	2

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	/ /	/ /	/ /	/ /
SIGNATURE	_____ [ ][ ]	_____ [ ][ ]	_____ [ ][ ]	_____ [ ][ ]

BACK OF IDENTIFICATION (COVER) PAGE INTENTIONALLY LEFT BLANK

INTRODUCTION AND CONSENT

Hello. My name is _____.

We are conducting a national survey for the Ministry of Health and population about health of women and children in Egypt. The information we collect will help the government to plan health services.

Your household was selected for the survey.

I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____   DATE: _____

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

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HOUSEHOLD HEAD	SEX	RESIDENCE		AGE	MARITAL STATUS
							IF AGE 15 OR OLDER
001	002	003	004	010	011	012	013
	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, GO TO QUESTIONS 005-009 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 010-039 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) sleep here last night?	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS. IF 95 OR MORE, RECORD '95'.	What is (NAME'S) current marital status? 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 SIGNED CONTRACT 6 NEVER MARRIED
			M F	YES NO	YES NO	IN YEARS	
01		HEAD 0 1	1 2	1 2	1 2	☐☐	☐
02		☐☐	1 2	1 2	1 2	☐☐	☐
03		☐☐	1 2	1 2	1 2	☐☐	☐
04		☐☐	1 2	1 2	1 2	☐☐	☐
05		☐☐	1 2	1 2	1 2	☐☐	☐
06		☐☐	1 2	1 2	1 2	☐☐	☐
07		☐☐	1 2	1 2	1 2	☐☐	☐
08		☐☐	1 2	1 2	1 2	☐☐	☐
09		☐☐	1 2	1 2	1 2	☐☐	☐
10		☐☐	1 2	1 2	1 2	☐☐	☐
11		☐☐	1 2	1 2	1 2	☐☐	☐
12		☐☐	1 2	1 2	1 2	☐☐	☐

005 Just to make sure that I have a complete household listing:
Are there any other persons such as small children or infants that we have not listed?   YES ☐ → ADD TO 002   NO ☐

006 In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?   YES ☐ → ADD TO 002   NO ☐

007 Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?   YES ☐ → ADD TO 002   NO ☐

CODES FOR 003: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

008 TICK IF AN ADDITIONAL HOUSEHOLD QUESTIONNAIRE USED ☐   **009 RECORD TOTAL PERSONS** ☐☐

LINE NO.	ELIGIBILITY				SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
	WOMEN	PERSONS AGE 0 - 19		CHILDREN AGE 1-17				
		ALL MALES	FEMALES	CHILD LABOR AND DISCIPLINE MODULE	IF AGE 0-17 YEARS			
001	014	015	015A	016	017	018	019	020
	CIRCLE LINE NUMBER OF EVER-MARRIED FEMALES AGE 15-49.	CIRCLE LINE NUMBER OF ALL MALES AGE 0-19.	CIRCLE LINE NUMBER OF ALL NEVER-MARRIED FEMALES AGE 0-19	CIRCLE LINE NUMBER OF NEVER-MARRIED PERSONS AGE 1-17.	Is (NAME)'s natural mother alive? QUESTION REFERS TO CHILD'S BIOLOGICAL MOTHER.	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? QUESTION REFERS TO CHILD'S BIOLOGICAL FATHER.	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'.
					YES NO DK		YES NO DK	
01	01	01	01	01	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
02	02	02	02	02	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
03	03	03	03	03	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
04	04	04	04	04	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
05	05	05	05	05	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
06	06	,06	,06	,06	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
07	07	.07	.07	.07	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
08	08	08	08	08	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
09	09	09	09	09	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
10	10	10	10	10	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
11	11	11	11	11	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐
12	12	12	12	12	1 2 ─┬─ 8 ↓ GO TO 019	☐☐	1 2 ─┬─ 8 ↓ GO TO 025	☐☐

COMPLETE FOR ALL HOUSEHOLDS:
021 CHECK 014 AND RECORD NUMBER ELIGIBLE FOR EVER-MARRIED WOMAN INTERVIEW. ☐☐

022 CHECK 014, 015, AND 015A AND RECORD NUMBER ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT. ☐☐

COMPLETE FOR HOUSEHOLDS IN ANEMIA TESTING SUBSAMPLE:
023 CHECK 014, 015, AND 015A AND RECORD NUMBER ELIGIBLE FOR ANEMIA TESTING. ☐☐

024 CHECK 016 AND RECORD NUMBER ELIGIBLE FOR CHILD LABOR. AND/OR DISCIPLINE MODULE. ☐☐

LINE NO.	EDUCATION						BIRTH REGISTRATION	CHILD CARE	
	EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		EARLY CHILDHOOD EDUCATION PROGRAM ATTENDANCE				
	IF AGE 6 YEARS OR OLDER		IF AGE 6-24 YEARS		IF AGE 3-5 YEARS		IF AGE 0-4 YEARS	IF AGE 0-4 YEARS	
	025	026	027	028	029	030	031	032	033
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW What is the highest grade (NAME) completed at that level? SEE CODES BELOW	Did (NAME) attend school at any time during the current school year, that is, the 2013/2014 school year?	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently attending kindergarten, a private nursery school, or other program to prepare him/her for primary school? IF NO: Has (NAME) ever attended any type of program to prepare him/her for school? 1 = YES, CURRENTLY 2 = YES, IN PAST, NOT CURRENTLY 3 = NO	Within the last seven days, how many hours did (NAME) attend lindergarten, a private nursery school, or any other program to pepare him/her for primary school? IF DID NOT ATTEND IN LAST SEVEN DAYS, RECORD '00' .	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	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week, was (NAME) left alone for more than one IF NEVER LEFT ALONE, RECORD '0'.	On how many days in the past week, was (NAME) left in the care of another child, that is, someone less than 10 years old, for more than one IF NEVER LEFT IN THE CARE OF ANOTHER CHILD,
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE				DAYS	DAYS
01	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
02	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
03	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
04	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
05	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
06	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
07	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
08	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
09	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
10	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
11	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐
12	1 2 ↓ GO TO 037	☐ ☐	1 2 ↓ GO TO 037	☐ ☐	1 2 —— 3 ↓ GO TO 031	☐ ☐	☐	☐	☐

CODES FOR COLUMNS 026 AND 028

EDUCATION LEVEL:
0 = NURSERY SCHOOL
1 = PRIMARY
2 = PREPARATORY
3 = SECONDARY
4 = UPPER INTERMEDIATE
5 = UNIVERSITY
6 = MORE THAN UNIVERSITY

EDUCATION GRADE:
0 = LESS THAN 1 YEAR COMPLETED
(USE FOR Q. 026 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 028.)
8 = DON'T KNOW

LINE NO.	HOME INJURY AND ACCIDENTS			DISABILITY		
	IF AGE 0-4 YEARS			IF AGE 0-9 YEARS		
1	034	035	036	037	038	039
	Has (NAME) ever been injured or involved in an accident at home?	What type of injury(ies) or accident(s) did (NAME) have? CIRCLE CODE FOR EACH TYPE OF INJURY OR ACCIDENT MENTIONED. A = BURN B = FRACTURE C = OPEN WOUND D = ELECTRIC SHOCK X = OTHER	Did the injury or accident (NAME) had at home require medical care?	Does (NAME) have any physical, mental or other condition(s) or disability(ies) that make(s) it difficult for (him/her) to carry out daily activities in the same manner as other children in his/her age?	What type of disability(ies) does (NAME) have? CIRCLE CODE FOR EACH TYPE OF DISABILITY MENTIONED. A = AUTISM/OTHER MENTAL B = VISUAL C = MOTOR D = AUDITORY E = SPEECH X = OTHER	How old was (NAME) when he first showed signs of a disability? RECORD AGE WHEN DISABILITY STARTED. IF CHILD WAS BORN WITH A DISABILITY, RECORD 94. IF CHILD WAS LESS THAN ONE YEAR OLD WHEN A DISABILITY FIRST OCCURRED, RECORD '00'.
	YES NO		YES NO	YES NO		
01	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
02	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
03	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
04	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
05	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
06	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
07	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
08	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
09	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
10	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
11	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐
12	1 2 ↓ GO TO 037	A B C D X	1 2	1 2 GO TO NEXT PERSON/101	A B C D E X ____ (SPECIFY)	☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What type of dwelling does your household live in?	APARTMENT . . . . 1 FREE STANDING HOUSE . . . . 2 OTHER _____ 6 (SPECIFY)	
102	Is your dwelling owned or rented by your household? IF OWNED: Is it owned solely by your household or jointly with someone else?	OWNED . . . . 1 OWNED JOINTLY . . . . 2 RENTED . . . . 3 OTHER _____ 6 (SPECIFY)	

103	What kind of toilet facility do members of your household usually use?
	
	IF FLUSH OR POUR FLUSH, PROBE:
	Where does it flush to?
		FLUSH OR POUR FLUSH TOILET
		  FLUSH TO PIPED SEWER
		    SYSTEM 11
		  FLUSH TO VAULT (BAYARA) . . . 12
		  FLUSH TO SEPTIC SYSTEM 13
		  FLUSH TO PIPE CONNECTED
		    TO CANAL 14
		  FLUSH TO PIPE CONNECTED
		    TO GROUND WATER 15
		  FLUSH TO SOMEWHERE ELSE 16
		  FLUSH, DON'T KNOW WHER 17
		PIT TOILET/LATRINE TOILET
		  VENTILATED IMPROVED PIT
		    LATRINE 21
		  PIT LATRINE WITH SLAB 22
		  PIT LATRINE WITHOUT SLAB/
		    OPEN PIT 23
		COMPOSTING TOILE 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		  LATRINE 51
		NO FACILITY/FIELD 61
		
		OTHER _____ 96
		(SPECIFY)
			→106

104	Do you share this facility with other households?	YES . . . . 1 NO 2	→106
105	How many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	

106	What is the main source of drinking water for members of your household?	**PIPED WATER**
		  PIPED INTO DWELLING 11
		  PIPED TO YARD/PLOT 12
		  PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		  PROTECTED WELL 31
		  UNPROTECTED WELL 32
		WATER FROM SPRING
		  PROTECTED SPRING 41
		  UNPROTECTED SPRING 42
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		  LAKE/POND/STREAM/CANAL/
		    IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		(SPECIFY)
			⎤→ 109
			⎦

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Where is (SOURCE IN 106) located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 109
108	How long does it take to go there, get water, and come back?	MINUTES . . . . ☐☐☐ DON'T KNOW 998	
109	Do you treat your water in any way to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 111

110	What do you usually do to the water to make it safer to drink?
	
	PROBE:
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE . . . . B
		STRAIN THROUGH A CLOTH/COTTON C
		USE WATER FILTER (CERAMIC/
		    SAND/COMPOSITE/ETC.) . . . . D
		SOLAR DISINFECTION . . . . E
		LET IT STAND AND SETTLE . . . . F
		
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

111	Does your household have: Electricity? A radio with cassette recorder? A color television? A black and white television? A video or DVD player? A smart phone, i.e., a phone on which the internet can be accessed? Other mobile phone? A telephone (land line)? A personal home computer (laptop, notebook. tablet, etc.)? A sewing machine? An electric fan? An air conditioner?	ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 COLOR TV . . . . 1 2 BLACK AND WHITE TV . . . 1 2 VIDEO/DVD . . . . 1 2 SMART PHONE . . . . 1 2 OTHER MOBILE PHONE . . . 1 2 NON-MOBILE TELEPHONE . . . 1 2 COMPUTER . . . . 1 2 SEWING MACHINE . . . . 1 2 ELECTRIC FAN . . . . 1 2 AIR CONDITIONER 1 2	
112	Does your household own a satellite dish? IF NO: In your home, are you connected to satellite from elsewhere?	YES, OWNS DISH . . . . 1 NO, CONNECTED ONLY . . . . 2 NO 3	

113	How does your household mainly dispose of kitchen waste and trash?
	
	    RECORD MAIN METHOD OF DISPOSAL ONLY.
	    IF TWO OR MORE METHODS ARE USED EQUALLY,
	    RECORD THE METHOD HIGHEST ON THE LIST.
		COLLECTED
		    FROM HOME 11
		    FROM CONTAINER IN STREET . . . 12
		DUMPED
		    INTO STREET/EMPTY PLOT 21
		    INTO CANAL/DRAINAGE 22
		BURNED 31
		FED TO ANIMALS 41
		OTHER _____ 96
		            (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Does your household have: A refrigerator? A freezer? A water heater? A dishwasher? An automatic washing machine? Any other washing machine? A bed? A sofa? A hanging lamp (yellow with no cover)? A table? A tablia (very low round table)? A chair? Kolla/Zeer (a container for reserving water)?	YES NO REFRIGERATOR .... 1 2 FREEZER .... 1 2 WATER HEATER .... 1 2 DISHWASHER.............. 1 2 AUTOMATIC WASHER ..... 1 2 OTHER WASHER .... 1 2 BED .... 1 2 SOFA .... 1 2 HANGING LAMP .... 1 2 TABLE .... 1 2 TABLIA .... 1 2 CHAIR .... 1 2 KOLLA/ZEER 1 2	
115	How many rooms does your household use for sleeping?	ROOMS .... ☐☐	

116	MAIN MATERIAL OF THE FLOOR.
	
	    RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 11
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		FINISHED FLOOR
		   PARQUET OR POLISHED
		     WOOD 31
		   CERAMIC/MARBLE TILES 32
		   CEMENT TILES 33
		   CEMENT 34
		   WALL-TO-WALL CARPET 35
		   VINYL 36
		OTHER _____ 96
		         (SPECIFY)	

117	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck?	YES NO WATCH .... 1 2 BICYCLE .... 1 2 MOTORCYCLE/SCOOTER ... 1 2 ANIMAL-DRAWN CART ..... 1 2 CAR/TRUCK 1 2	
118	Does any member of your household have an account in a bank or any saving institution?	YES .... 1 NO 2	
119	Does any member of this household own any land that can be used for agriculture?	YES .... 1 NO 2	→ 121
120	How many feddans or kirates of agricultural land do members of this household own? IF MORE THAN 95 FEDDAN, ENTER '99.95'.	FEDDAN KIRATE LAND AREA ☐☐.☐☐ DON'T KNOW 99.98	
121	Does your household own any livestock, herds, or farm animals?	YES .... 1 NO 2	→ 123

122	How many of the following does your household own?
	
	    Cattle (buffalo, calf)?
	
	    Milk cows or bulls?
	
	    Horses, donkeys, or mules?
	
	    Goats?
	
	    Sheep?
	
	    IF NONE, ENTER '00'.
	    IF MORE THAN 95, ENTER '95'.
	    IF UNKNOWN, ENTER '98'.
		CATTLE .... ☐☐
		
		COWS/BULLS .... ☐☐
		
		HORSES/DONKEYS/MULES . ☐☐
		
		GOATS .... ☐☐
		
		SHEEP .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does your household own any poultry or birds?	YES . . . . 1 NO 2	→ 125
124	How many of the following does your household have: Chickens? Geese? Ducks? Pigeons? Quail? Turkey? Ornamental/song birds? Any other birds? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CHICKENS . . . . ☐☐ GEESE . . . . ☐☐ DUCKS . . . . ☐☐ PIGEONS . . . . ☐☐ QUAIL . . . . ☐☐ TURKEY . . . . ☐☐ ORNAMENTAL/SONG BIRDS ☐☐ OTHER . . . . ☐☐	
125	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . 1 WEEKLY . . . . 2 MONTHLY . . . . 3 LESS THAN MONTHLY . . . . 4 NEVER 5	

126	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
			→ 129

127	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
128	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . A ASH, MUD, SAND . . . . B NONE . . . . Y	
129	CHECK IDENTIFICATION PAGE: IN ANEMIA TESTING ☐ NOT IN ANEMIA TESTING SUBSAMPLE SUBSAMPLE ☐		→131
130	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)	
131	CHECK THE NUMBER OF HOUSEHOLD MEMBERS AGE 1-17 YEARS RECORDED IN 016.	NO MEMBERS . . . . 1 ONE MEMBER . . . . 2 TWO OR MORE MEMBERS 3	→ 300 → 204

201   FOLLOW INSTRUCTIONS AND COMPLETE COLUMNS 1-5 IN TABLE 1

(a)   *Check Q.016 in the household listing then list each of the never-married children aged 1-17 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 1-17 years*

(b)   *Record the line number, name, sex, and age for each child.*

(c)   *Then record the total number of children aged 1-17 in Q202; if more than 9 children, record 9.*

TABLE 1
Children Aged 1-17 Years Eligible for Child Labor and Discipline Questions

1	2	3	4		5
Rank Number	Line Number	Name	Sex		Age
			M	F	
1	☐☐		1	2	☐☐
2	☐☐		1	2	☐☐
3	☐☐		1	2	☐☐
4	☐☐		1	2	☐☐
5	☐☐		1	2	☐☐
6	☐☐		1	2	☐☐
7	☐☐		1	2	☐☐
8	☐☐		1	2	☐☐
9	☐☐		1	2	☐☐

202   RECORD THE TOTAL NUMBER OF CHILDREN IN TABLE 1   ☐☐

203 FOLLOW INSTRUCTIONS AND COMPLETE TABLE 2 IN ORDER TO IDENTIFY THE CHILD FOR WHOM THE CHILD LABOR AND DISCIPLINE MODULE WILL BE ADMINISTERED.

(b) Check the last digit of the household questionnaire serial number on the cover page. This is the number of the **row** you should go to in the table below.

(c) Check the total number of eligible children age 1-17 in Question 202 above. This is the number of the column you should go to.

(d) *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (see Column 1 in Table 1) about whom the questions on child labor and/or child discipline may be asked, depending on the child's age.*

TABLE 2
Selection of Random Child for Child Labor and Discipline Questions

Last Digit of Household Number	Total Number of Eligible Children in the Household								
	1	2	3	4	5	6	7	8	9
0	1	2	2	4	3	6	5	4	3
1	1	1	3	1	4	1	6	5	4
2	1	2	1	2	5	2	7	6	5
3	1	1	2	3	1	3	1	7	6
4	1	2	3	4	2	4	2	8	7
5	1	1	1	1	3	5	3	1	8
6	1	2	2	2	4	6	4	2	9
7	1	1	3	3	5	1	5	3	1
8	1	2	1	4	1	2	6	4	2
9	1	1	2	1	2	3	7	5	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
204	CHECK AGE Q012: 5 - 17 YEARS ☐⬇ 1 - 4 YEARS ☐		→ 231
205	CHECK TABLE 2 AND RECORD THE RANK NUMBER SELECTED FOR THE MODULE. THEN CHECK TABLE 1 AND RECORD THE NAME OF THE CHILD CORRESPONDING TO THE RANK NUMBER. ASK QUESTIONS 206 TO 229 AS APPROPRIATE FOR THIS CHILD .	RANK NUMBER ☐ NAME: _____	
	Now I would like to ask about any work children in the household may do. Since last (DAY OF THE WEEK), did (NAME) do any of the following activities, even for only one hour?		
206	Did (NAME) do any work or help on his/her own or the household's plot/farm/food garden or look after animals? For example, growing farm produce, harvesting or feeding, grazing, or milking animals?	YES .... 1 NO 2	
207	Did (NAME) help in family business or relative's business with or without pay, or run his/her business?	YES .... 1 NO 2	
208	Did (NAME) produce or sell articles, handicrafts, clothes, food or agricultural products?	YES .... 1 NO 2	
209	Since last (DAY OF THE WEEK), did (NAME) engage in any other activity in return for income in cash or in kind, even for only one hour? IF NO: Please include any activity (NAME) performed as a regular or casual employee, self-employed, or employer, or as an unpaid family worker helping in household business or farm.	YES .... 1 NO 2	
210	CHECK 206-209. AT LEAST ONE 'YES' ☐⬇ ALL 'NO' ☐		→ 220
211	Since last (DAY OF THE WEEK), about how many hours did (NAME) engage in this activity (these activities), in total? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS .... ☐☐	
212	Does this activity (Do these activities) require carrying heavy loads?	YES .... 1 NO 2	→ 220
213	Does this activity (Do these activities) require working with dangerous tools (knives, etc.) or operating heavy equipment?	YES .... 1 NO 2	→ 220
	How would you describe the work environment of (NAME)?		
214	Is (NAME) exposed to dust, fumes, or gas?	YES .... 1 NO 2	→ 220
215	Is (NAME) exposed to extreme cold, heat, or humidity?	YES .... 1 NO 2	→ 220
216	Is (NAME) exposed to loud noise or vibration?	YES .... 1 NO 2	→ 220
217	Is (NAME) require to work at heights?	YES .... 1 NO 2	→ 220
218	Is (NAME) required to work with chemicals (pesticides, glues, etc.) or explosives?	YES .... 1 NO 2	→ 220
219	Is (NAME) exposed to other things, processes or conditions bad for (NAME's) health or safety?	YES .... 1 NO 2	
220	Since last (DAY OF THE WEEK), did (NAME) fetch water or collect firewood for the household?	YES .... 1 NO 2	→ 222

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	In total, how many hours, did (NAME) spend on fetching water or collecting firewood for household use, since last (DAY OF THE WEEK)? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS . . . . □□	
222	Since last (DAY OF THE WEEK), did (NAME) do any of the following for the household: Shopping for the household?	YES . . . . 1 NO 2	
223	Repair any household equipment?	YES . . . . 1 NO 2	
224	Cooking or cleaning utensils for the household?	YES . . . . 1 NO 2	
225	Washing clothes?	YES . . . . 1 NO 2	
226	Caring for children?	YES . . . . 1 NO 2	
227	Caring for the old or sick?	YES . . . . 1 NO 2	
228	Other household tasks?	YES . . . . 1 NO 2	
228A	CHECK Q222-Q228: AT LEAST □ ALL "NO" □ ONE 'YES'		→ 230
229	Since last (DAY OF THE WEEK), how many hours, did (NAME) engage in this activity (these activities), in total? IF LESS THAN ONE HOUR, RECORD 00. IF MORE THAN 95, RECORD 95.	HOURS . . . . □□	
230	CHECK AGE Q012: 5 - 14 YEARS □ 15 - 17 YEARS □ ↓ 232		→ 300

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
231	CHECK TABLE 2 AND RECORD THE RANK NUMBER SELECTED FOR THE MODULE. THEN CHECK TABLE 1 AND RECORD THE NAME OF THE CHILD CORRESPONDING TO THE RANK NUMBER. ASK QUESTIONS 232 AND 233 FOR THIS CHILD.	RANK NUMBER ☐ NAME: _____	
232	Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or anyone else in your household</u> has used this method with (NAME) <u>in the past month</u>.		
	a) Took away privileges, forbade something (NAME) liked, or did not allow him/her to leave house?	YES . . . . 1 NO 2	
	b) Explained why (NAME)'s behavior was wrong?	YES . . . . 1 NO 2	
	c) Shook him/her?	YES . . . . 1 NO 2	
	d) Shouted, yelled at or screamed at him/her?	YES . . . . 1 NO 2	
	e) Gave him/her something else to do?	YES . . . . 1 NO 2	
	f) Spanked, hit or slapped him/her on the bottom with bare hand?	YES . . . . 1 NO 2	
	g) Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object?	YES . . . . 1 NO 2	
	h) Called him/her dumb, lazy, or another name like that?	YES . . . . 1 NO 2	
	i) Hit or slapped him/her on the face, head or ears?	YES . . . . 1 NO 2	
	j) Hit or slapped him/her on the hand, arm, or leg?	YES . . . . 1 NO 2	
	k) Beat him/her up, that is hit him/her over and over as hard as one could?	YES . . . . 1 NO 2	
233	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NO OPINION 8	

300	**CHECK IF HOUSEHOLD IS IN THE ANEMIA SUBSAMPLE ON THE IDENTIFICATION SHEET**

IN THE SUBSAMPLE ☐ ↓   NOT IN THE SUBSAMPLE ☐ → GO TO QUESTION 301

TABLE FOR SELECTION OF THE ELIGIBLE WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS

IF THERE IS NO ELIGIBLE WOMAN, RECORD '00' IN BOXES ASSIGNED FOR RECORDING LINE NUMBER OF ELIGIBLE WOMAN. THEN GO TO QUESTION 301.

IF ONLY ONE ELIGIBLE WOMAN WRITE THE NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN QUESTION 21/IDENTIFICATION PAGE. CIRCLE THIS NUMBER AT THE TOP OF THE TABLE TO DETERMINE THE COLUMN NUMBER YOU SHOULD USE.

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 THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 014							
	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 WOMAN ....

LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION ☐☐

WEIGHT AND HEIGHT MEASUREMENT

301	CHECK COLUMNS 014 , 015 AND 015A IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL PERSONS ELIGIBLE FOR HEIGHT AND WEIGHT MEASUREMENT. BEGIN WITH EVER-MARRIED WOMEN AGE 15-49 WHOSE LINE NUMBER IS CIRCLED IN COLUMN 014 CONTINUE WITH ALL MALES AGE 0-19 WHOSE LINE NUMBER IS CIRCLED IN COLUMN 015. THEN RECORD INFORMATION FOR ALL NEVER-MARRIED FEMALES AGE 0-19 YEARS WHOSE LINE NUMBER IS CIRCLED IN COLUMN 015A. IF MORE THAN NINE PERSONS, USE AN ADDITIONAL QUESTIONNAIRE.			
		PERSON 1	PERSON 2	PERSON 3
302	LINE NUMBER FROM COLUMN 014-015 or 015A NAME FROM COLUMN 002	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄─┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄─┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄─┘ AGE 0-19 2
303	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 . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]
304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BRITH 1994 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ◄─ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ◄─ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ◄─ MORE PERSONS, GO TO 400)
305	WEIGHT IN KILOGRAMS	KG [ ][ ][ ].[ ][ ] NOT PRESENT . . .999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG [ ][ ][ ].[ ][ ] NOT PRESENT . . .999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG [ ][ ][ ].[ ][ ] NOT PRESENT . . .999.94 REFUSED . . . . . . .999.95 OTHER 999.96
306	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ].[ ] NOT PRESENT . . . 999.4 REFUSED . . . . . . 999.5 OTHER 999.6	CM. [ ][ ][ ].[ ] NOT PRESENT . . . 999.4 REFUSED . . . . . . 999.5 OTHER 999.6	CM. [ ][ ][ ].[ ] NOT PRESENT . . . 999.4 REFUSED . . . . . . 999.5 OTHER 999.6
307	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
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.			

		PERSON 4	PERSON 5	PERSON 6
302	LINE NUMBER FROM COLUMN 014-015 or 015A NAME FROM COLUMN 002	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ◄┘ AGE 0-19 2
303	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 . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ]
304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BRITH 1994 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ◄┘ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ◄┘ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ◄┘ MORE PERSONS, GO TO 400)
305	WEIGHT IN KILOGRAMS	KG [ ][ ][ ] . [ ][ ] NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG [ ][ ][ ] . [ ][ ] NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG [ ][ ][ ] . [ ][ ] NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96
306	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6	CM. [ ][ ][ ] . [ ] NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6
307	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
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.			

		PERSON 7	PERSON 8	PERSON 9
302	LINE NUMBER FROM COLUMN 014-015 or 015A NAME FROM COLUMN 002	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
302A	CHECK COLUMN 012 AND RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ⬑ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ⬑ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 305) ⬑ AGE 0-19 2
303	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 . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐
304	CHECK 303 MONTH AND YEAR OF BIRTH: IS THE YEAR OF BRITH 1994 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ⬑ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 303A FOR NEXT PERSON OR, IF NO ⬑ MORE PERSONS, GO TO 400)	YES . . . . 1 NO . . . . 2 (GO TO 302A FOR NEXT PERSON OR, IF NO ⬑ MORE PERSONS, GO TO 400)
305	WEIGHT IN KILOGRAMS	KG ☐☐☐.☐☐ NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG ☐☐☐.☐☐ NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96	KG ☐☐☐.☐☐ NOT PRESENT . . 999.94 REFUSED . . . . . . .999.95 OTHER 999.96
306	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6	CM. ☐☐☐.☐ NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6	CM. ☐☐☐.☐ NOT PRESENT . . . 999.4 REFUSED . . . . 999.5 OTHER 999.6
307	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
308	GO BACK TO 302A IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN IN THE ADDITIONAL QUESTIONNAIRE; IF NO MORE ELIGIBLE PERSONS, GO TO 309.			

309	NAME OF MEASURER . . . . ☐☐	NAME OF ASSISTANT . . . . ☐☐

400	CHECK : IF HOUSEHOLD IN THE ANEMIA SUBSAMPLE			
	IN ANEMIA TESTING SUBSAMPLE ☐		NOT IN ANEMIA SUBSAMPLE ☐ ──────────→ 501	

401	RECORD NAMES OF ALL ELIGIBLE PERSONS WHO ARE RECORDED IN SECTION 3 IN THE SAME ORDER AS 302 IN THE APPROPRIATE CLOUMNS.			
		PERSON 1	PERSON 2	PERSON 3
402	CHECK 302 RECORD NAME AND LINE NUMBER.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
403	FROM 302 RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ←┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ←┘ AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ←┘ AGE 0-19 2
404	RECORD FROMM QUESTION 303 DATE OF BIRTH.	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
405	CHECK 404: 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 402 FOR NEXT PERSON OR, IF NO ←┘ MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS . . . . 1 (GO TO 402 FOR NEXT PERSON OR, IF NO ←┘ MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS . . . . 1 (GO TO 402 FOR NEXT PERSON OR, IF NO ←┘ MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2
406	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD IN HOUSEHOLD SCHEDULE.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
407	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE CHILD OR ADOLESCENT FROM ADULT IDENTIFIED IN 406 AS RESPONSIBLE FOR CHILD.	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 1994 or later take part in anemia testing in this survey and take a sample 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. 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. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		

		PERSON 1	PERSON 2	PERSON 3
408	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)
409	CHECK COLUMN 012 AND RECORD AGE.	AGE 15-19 .... 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←⏌	AGE 15-19 .... 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←⏌	AGE 15-19 .... 1 AGE 6 MON˙ .... 2 (GO TO 414) ←⏌
410	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE ADULT.	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 take a sample from the 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 your parent/guardian) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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. 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?		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)	GRANTED .... 1 _____ ←⏋ (SIGN) REFUSED .... 2 (GO TO 414 ←⏌ AND CIRCLE 99.5)
412	CHECK COLUMN 013 MARITAL STATUS	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 OTHER .... 2 (GO TO 414)←⏌	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 OTHER .... 2 (GO TO 414)←⏌	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 OTHER .... 2 (GO TO 414)←⏌
413	PREGNANCY STATUS: CHECK 226 IN EVER-MARRIED 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
414	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL ▢▢.▢ NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL ▢▢.▢ NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL ▢▢.▢ NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6
415	GO BACK TO 402 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 416.			

		PERSON 4	PERSON 5	PERSON 6
402	CHECK 302 RECORD NAME AND LINE NUMBER.	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
403	FROM 302 RECORD AGE.	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ← AGE 0-19 2	EVER-MARRIED WOMAN AGE 15-49 YEARS . 1 (GO TO 410) ← AGE 0-19 2
404	RECORD FROMM QUESTION 303 DATE OF BIRTH.	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]	DAY . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR [ ][ ][ ][ ]
405	CHECK 404: 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 402 FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS . . . . 1 (GO TO 402 FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS . 2	0-5 MONTHS . . . . (GO TO 402 FOR NEXT PERSON OR, IF NO ← MORE PERSONS, GO TO 501) OLDER THAN 5 MONTHS .
406	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD IN HOUSEHOLD SCHEDULE.	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]	LINE NUMBER . . . . . [ ][ ]
407	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE CHILD OR ADOLESCENT FROM ADULT IDENTIFIED IN 406 AS RESPONSIBLE FOR CHILD.	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 1994 or later take part in anemia testing in this survey and take a sample 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. 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. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		
408	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ ← (SIGN) REFUSED . . . . 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED . . . . 1 _____ ← (SIGN) REFUSED . . . . 2 (GO TO 414 ← AND CIRCLE 99.5)	GRANTED . . . . 1 _____ ← (SIGN) REFUSED . . . . 2 (GO TO 414 ← AND CIRCLE 99.5)
409	CHECK COLUMN 012 AND RECORD AGE.	AGE 15-19 . . . . 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←	AGE 15-19 . . . . 1 AGE 6 MONTH-14 YEAR 2 (GO TO 414) ←	AGE 15-19 . . . . 1 AGE 6 MON˙ . . . . 2 (GO TO 414) ←

		PERSON 4	PERSON 5	PERSON 6
410	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE ADULT.	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 take a sample from the 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 your parent/guardian) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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. 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?		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 ⟵┐ (SIGN) REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)	GRANTED .... 1 ⟵┐ (SIGN) REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)	GRANTED .... 1 ⟵┐ (SIGN) REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)

412	CHECK COLUMN 013 MARITAL STATUS	EVER-MARRIED WOMAN
		  AGE 15-49 YEARS . 1
		OTHER 2
		(GO TO 414)
			EVER-MARRIED WOMAN
			  AGE 15-49 YEARS . 1
			OTHER 2
			(GO TO 414)
				EVER-MARRIED WOMAN
				  AGE 15-49 YEARS . 1
				OTHER 2
				(GO TO 414)

413	PREGNANCY STATUS: CHECK 226 IN EVER-MARRIED 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
414	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6
415	GO BACK TO 402 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ELIGIBLE PERSONS, GO TO 416.			

		PERSON 7	PERSON 8	PERSON 9
402	CHECK 302 RECORD NAME AND LINE NUMBER.	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____

403	FROM 302 RECORD AGE.	EVER-MARRIED WOMAN
		  AGE 15-49 YEARS . 1
		    (GO TO 410) ◄⎦
		AGE 0-19 2
			EVER-MARRIED WOMAN
			  AGE 15-49 YEARS . 1
			    (GO TO 410) ◄⎦
			AGE 0-19 2
				EVER-MARRIED WOMAN
				  AGE 15-49 YEARS . 1
				    (GO TO 410) ◄⎦
				AGE 0-19 2

404	RECORD FROM QUESTION 303 DATE OF BIRTH.	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐

405	CHECK 404:
	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 402 FOR NEXT
		 PERSON OR, IF NO ◄⎦
		  MORE PERSONS,
		  GO TO 501)
		OLDER THAN 5 MONTHS . 2
			0-5 MONTHS 1
			 (GO TO 402 FOR NEXT
			 PERSON OR, IF NO ◄⎦
			  MORE PERSONS,
			  GO TO 501)
			OLDER THAN 5 MONTHS . 2
				0-5 MONTHS 1
				 (GO TO 402 FOR NEXT
				 PERSON OR, IF NO ◄⎦
				  MORE PERSONS,
				  GO TO 501)
				OLDER THAN 5 MONTHS . 2

406	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD IN HOUSEHOLD SCHEDULE.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
407	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE CHILD OR ADOLESCENT FROM ADULT IDENTIFIED IN 406 AS RESPONSIBLE FOR CHILD.	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 1994 or later take part in anemia testing in this survey and take a sample 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. 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. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.		

408	CIRCLE THE APPROPRIATE
	CODE AND SIGN YOUR NAME.
		GRANTED 1
		  _____◄⎦
		   (SIGN)
		REFUSED 2
		  (GO TO 414 ◄⎦
		  AND CIRCLE 99.5)
			GRANTED 1
			  _____◄⎦
			   (SIGN)
			REFUSED 2
			  (GO TO 414 ◄⎦
			  AND CIRCLE 99.5)
				GRANTED 1
				  _____◄⎦
				   (SIGN)
				REFUSED 2
				  (GO TO 414 ◄⎦
				  AND CIRCLE 99.5)

409	CHECK COLUMN 012 AND
	RECORD AGE.
		AGE 15-19 1
		AGE 6 MONTH-14 YEAR 2
		  (GO TO 414) ◄⎦
			AGE 15-19 1
			AGE 6 MONTH-14 YEAR 2
			  (GO TO 414) ◄⎦
				AGE 15-19 1
				AGE 6 MON 2
				  (GO TO 414) ◄⎦

		PERSON 7	PERSON 8	PERSON 9
410	ASK CONSENT FOR ANEMIA TEST FOR ELIGIBLE ADULT.	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 take a sample from the 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 your parent/guardian) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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. 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?		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ (SIGN) ← REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)	GRANTED .... 1 _____ (SIGN) ← REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)	GRANTED .... 1 _____ (SIGN) ← REFUSED .... 2 (GO TO 414 AND CIRCLE 99.5)

412	CHECK COLUMN 013 MARITAL STATUS	EVER-MARRIED WOMAN
		  AGE 15-49 YEARS . 1
		OTHER 2
		(GO TO 414)←
			EVER-MARRIED WOMAN
			  AGE 15-49 YEARS . 1
			OTHER 2
			(GO TO 414)←
				EVER-MARRIED WOMAN
				  AGE 15-49 YEARS . 1
				OTHER 2
				(GO TO 414)←

413	PREGNANCY STATUS: CHECK 226 IN EVER-MARRIED 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
414	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6	G/DL [ ][ ].[ ] NOT PRESENT...... .99.4 REFUSED .... .99.5 OTHER 99.6
415	GO BACK TO 402 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN IN THE ADDITIONAL QUESTIONNAIRE; IF NO MORE ELIGIBLE PERSONS, GO TO 416.			

416	NAME OF TECHNICIAN .... [ ][ ]	NAME OF ASSISTANT .... [ ][ ]

INTERVIEWER OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

501 COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

502 COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

503 ANY OTHER COMMENTS:

_____

_____

_____

_____

504   TECHNICIAN'S OBSERVATIONS

_____

_____

_____

_____

NAME OF TECHNICIAN: _____   DATE: _____

505   SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

NAME OF SUPERVISOR: _____   DATE: _____

506   EDITOR'S OBSERVATIONS

_____

_____

_____

_____

NAME OF EDITOR: _____   DATE: _____