



**2002 UZBEKISTAN HEALTH EXAMINATION SURVEY QUESTIONNAIRE**  
**2002 UZBEKISTAN HES** **HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION	
PLACE NAME _____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER .....	
HOUSEHOLD NUMBER .....	
OBLAST .....	
RAYON .....	
MAHALLAH/SSG .....	
URBAN/RURAL (URBAN=1, RURAL=2) .....	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .....	
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
HOUSEHOLD SELECTED FOR MALE INTERVIEW (YES=1, NO=2) .....	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> </div> NAME <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> RESULT <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE & TIME				TOTAL NO. OF VISITS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

  

HEALTH TECH VISITS	1	2	3	FINAL VISIT
DATE				DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> </div> NAME <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> RESULT <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
HEALTH TECH'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE & TIME				TOTAL NO. OF VISITS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>	TOTAL ELIGIBLE WOMEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
	TOTAL ELIGIBLE MEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>	LINE NO. OF RESP. TO HOUSEHOLD QUEST. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

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

## 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 HEAD OF HOUSEHOLD*	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)			
			M F	YES NO	YES NO	IN YEARS						
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01			
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02			
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03			
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04			
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05			
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06			
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07			
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08			
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09			
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10			

\* CODES FOR Q.3  
 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  
 10 = OTHER RELATIVE  
 11 = ADOPTED/FOSTER/STEPCHILD  
 12 = NOT RELATED  
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION***							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	

\*\* Q.10 THROUGH Q.13  
THESE QUESTIONS REFER  
TO THE BIOLOGICAL  
PARENTS OF THE CHILD.

IN Q.11 AND Q.13,  
RECORD '00' IF PARENT  
NOT LISTED IN  
HOUSEHOLD SCHEDULE.

\*\*\*CODES FOR Qs. 15, 18 AND 20

EDUCATION LEVEL:  
1 = SCHOOL, GYMNASIUM  
2 = PTU, SPTU, LICEE  
3 = TEKNIKUM, COLLEGE  
4 = UNIVERSITY, INSTITUTE  
8 = DON'T KNOW

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
			M F	YES NO	YES NO	IN YEARS			
11			1 2	1 2	1 2		11	11	11
12			1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2		18	18	18
19			1 2	1 2	1 2		19	19	19
20			1 2	1 2	1 2		20	20	20

\* CODES FOR Q.3  
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  
10 = OTHER RELATIVE  
11 = ADOPTED/FOSTER/STEPCHILD  
12 = NOT RELATED  
98 = DON'T KNOW

\*\* Q.10 THROUGH Q.13  
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.  
  
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

\*\*\*CODES FOR Qs. 15, 18 AND 20  
EDUCATION LEVEL:  
1 = SCHOOL, GYMNASIUM  
2 = PTU, SPTU, LICEE  
3 = TEKNIKUM, COLLEGE  
4 = UNIVERSITY, INSTITUTE  
8 = DON'T KNOW  
  
EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION***							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
2) In addition, are there any other people who may not be members of your family, such as lodgers or friends who usually live here?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21A	<p>What type of accommodation do you have—A self-contained flat, a self-contained house, part of a house or flat, or another type of accommodation?</p> <p>IF "SELF-CONTAINED FLAT," ASK:</p> <p>Is this flat in a building constructed of bricks, in a building constructed of cement blocks, or in a cottage?</p>	<p>SELF CONTAINED FLAT</p> <p>BRICK BUILDING .....1</p> <p>CEMENT BUILDING .....2</p> <p>COTTAGE .....3</p> <p>SELF-CONTAINED HOUSE .....4</p> <p>PART OF HOUSE OR FLAT .....5</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	
21B	<p>Who is the owner of this accommodation?</p> <p>CHECK COL. 2 AND 5 TO SEE WHETHER THE PERSON LIVES IN THE HOUSEHOLD.</p>	<p>MEMBER OF HOUSEHOLD .....1</p> <p>OTHER RELATIVE .....2</p> <p>OTHER PERSON .....3</p>	
22A	<p>What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING .....11 → 23</p> <p>PIPED INTO YARD/PLOT .....12 → 23</p> <p>PUBLIC TAP .....13</p> <p>WATER FROM OPEN WELL</p> <p>OPEN WELL IN DWELLING .....21 → 23</p> <p>OPEN WELL IN YARD/PLOT .....22 → 23</p> <p>OPEN PUBLIC WELL .....23</p> <p>WATER FROM COVERED WELL OR BOREHOLE</p> <p>PROTECTED WELL IN</p> <p>DWELLING .....31 → 23</p> <p>PROTECTED WELL IN</p> <p>YARD/PLOT .....32 → 23</p> <p>PROTECTED PUBLIC WELL .....33</p> <p>SURFACE WATER</p> <p>SPRING .....41</p> <p>RIVER/STREAM .....42</p> <p>POND/LAKE .....43</p> <p>DAM .....44</p> <p>RAINWATER .....51 → 23</p> <p>TANKER TRUCK .....61</p> <p>BOTTLED WATER .....71 → 23</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
22B	<p>How long does it take you to go there, get water, and come back?</p>	<p>MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ON PREMISES .....996</p>	
23	<p>What kind of toilet facilities does your household have?</p>	<p>FLUSH TOILET .....11</p> <p>PIT TOILET/LATRINE</p> <p>TRADITIONAL PIT TOILET .....21</p> <p>VENTILATED IMPROVED PIT (VIP) LATRINE .....22</p> <p>NO FACILITY/BUSH/FIELD .....31 → 25</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
24	<p>Do you share these facilities with other households?</p>	<p>YES .....1</p> <p>NO .....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
25	Does your household have the following working items?  electricity? air conditioning? a radio? a television? a telephone? a refrigerator? a dishwasher? a freezer? a washing machine? an electric vacuum cleaner? a tape recorder? a video player? a video camera? a camera? a satellite antenna? a sewing machine? a knitting machine? a personal computer?	<div>YES NO</div> ELECTRICITY ..... 1 2 AIR CONDITIONING ..... 1 2 RADIO ..... 1 2 TELEVISION ..... 1 2 TELEPHONE ..... 1 2 REFRIGERATOR ..... 1 2 DISHWASHER ..... 1 2 FREEZER ..... 1 2 WASHING MACHINE ..... 1 2 VACUUM CLEANER ..... 1 2 TAPE RECORDER ..... 1 2 VIDEO PLAYER ..... 1 2 VIDEO CAMERA ..... 1 2 CAMERA ..... 1 2 SATELLITE ANTENNA ..... 1 2 SEWING MACHINE ..... 1 2 KNITTING MACHINE ..... 1 2 PERSONAL COMPUTER ..... 1 2	
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 03 KEROSENE ..... 04 COAL, LIGNITE ..... 05 CHARCOAL ..... 06 FIREWOOD, STRAW ..... 07 DUNG ..... 08  OTHER ..... 96 (SPECIFY)	
27A	MAIN MATERIAL OF THE WALLS OF THE LIVING AREA.   RECORD OBSERVATION.	CONCRETE ..... 01 NON-FIRED BRICKS ..... 02 FIRED BRICKS ..... 03 CLAY WALLS ..... 04 WOOD ..... 05 STONE ..... 06  OTHER ..... 96 (SPECIFY)	
27B	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)	
28	Does any member of your household own:  a bicycle? a motorcycle or motor scooter? a car or truck? a horse or donkey cart? a boat?	<div>YES NO</div> BICYCLE ..... 1 2 MOTORCYCLE/SCOOTER ..... 1 2 CAR/TRUCK ..... 1 2 HORSE/DONKEY CART ..... 1 2 BOAT ..... 1 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
29	Do you or any members of your household usually go on a holiday trip of at least one week each year?	YES .....1 NO .....2													
30	If you consider your current income, are you and your household able to make ends meet with: great difficulty, some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY .....1 SOME DIFFICULTY .....2 A LITTLE DIFFICULTY .....3 FAIRLY EASILY .....4 EASILY .....5 VERY EASILY .....6 DON'T KNOW .....8													
31	Has your household had problems paying bills for rent, electricity, or gas during the last 12 months?	YES .....1 NO .....2 DON'T KNOW .....8													
32	During the last 12 months, have you or your household been forced to borrow money from friends or relatives to make ends meet?	YES .....1 NO .....2 DON'T KNOW .....8													
33	If you were in a situation where you had to get 80,000 sum in one week, would you manage to do that?	YES .....1 NO .....2 DON'T KNOW .....8	→ 35 → 35												
34	If you could raise 80,000 sum in one week, how would you do it?  RECORD ALL RESPONSES.	OWN SAVINGS..... A BORROW FROM FAMILY ..... B BORROW FROM FRIENDS/ RELATIVES..... C BORROW FROM BANK ..... D  OTHER ..... X (SPECIFY)													
35	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT..... 1 SOMEWHERE ELSE .....2 NOWHERE.....3	→ END												
36	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>WATER/TAP .....</td><td>1</td><td>2</td></tr><tr><td>SOAP, ASH OR OTHER CLEANSING AGENT .....</td><td>1</td><td>2</td></tr><tr><td>BASIN.....</td><td>1</td><td>2</td></tr></table>		YES	NO	WATER/TAP .....	1	2	SOAP, ASH OR OTHER CLEANSING AGENT .....	1	2	BASIN.....	1	2	
	YES	NO													
WATER/TAP .....	1	2													
SOAP, ASH OR OTHER CLEANSING AGENT .....	1	2													
BASIN.....	1	2													

**BIOMARKERS AND OTHER MEASUREMENTS**

NAME OF THE MEASURER:   NAME OF THE ASSISTANT:

CHECK COLUMN 7 AND 9: RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6										ELIGIBILITY FOR VITAMIN A TESTING OF CHILDREN** IN FERGHANA VALLEY ONLY (6-59 MONTHS)	
LINE NO. (37)	NAME OF CHILD (38)	AGE (39)	What is (NAME'S) date of birth?				ELIGIBILITY FOR TESTING CHILDREN* FOR ALL REGIONS AND TASHKENT (BORN IN 1997 OR LATER)		YES	NO	
			DAY	MONTH	YEAR	(40)	YES	NO			
									(41)	(42)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	

**\* IN ALL HOUSEHOLD IN THE SAMPLE, CHILDREN WITH A YES (1) IN COLUMN 41 ARE ELIGIBLE TO HAVE HEIGHT, WEIGHT AND BE TESTED FOR ANEMIA.**

**IN TASHKENT, THESE ELIGIBLE CHILDREN WILL ALSO BE TESTED FOR LEAD.**

**\*\* IN FERGHANA VALLEY ONLY: ALL CHILDREN THAT HAVE YES (1) IN COLUMN 42 ARE ELIGIBLE FOR VITAMIN A TESTING.**

**(PLEASE NOTE THAT ONLY THESE ELIGIBLE CHILDREN WILL BE CARRIED OVER TO THE SUBSEQUENT FORMS).**

**PART A: ALL REGIONS INCLUDING TASHKENT AND FERGHANA VALLEY**

**WEIGHT AND HEIGHT MEASUREMENT IN CHILDREN**

TECHNICIAN: IN 42 AND 43 RECORD THE LINE NUMBER AND NAME FOR EACH CHILD BORN IN 1997 OR LATER.  
(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(43) LINE NO. FROM COL. 9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(44) NAME FROM COL. 2 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(45) WEIGHT (in kilograms)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(46) HEIGHT (in centimeters)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(47) WAS HEIGHT/ LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING .....1 STANDING .....2	LYING .....1 STANDING .....2	LYING .....1 STANDING .....2	LYING .....1 STANDING .....2
(48) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER .....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER .....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER .....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER .....6 _____ (SPECIFY)

# HEMOGLOBIN MEASUREMENT IN CHILDREN

(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(49) NAME	(NAME)  _____	(NAME)  _____	(NAME)  _____	(NAME)  _____
(50) LINE NO. FROM COL. 1	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(51) LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(52) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT AND CIRCLE CODE	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>
(53) SIGNATURE OF THE PARENT/RESPONSIBLE ADULT	_____	_____	_____	_____
(54) HEMOGLOBIN LEVEL (G/DL)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(55) RESULT	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>

WEIGHT AND HEIGHT MEASUREMENT IN WOMEN (15-49 YEARS)

RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 YEARS.  
(NOTE: IF THERE ARE MORE THAN 4 WOMEN IN THE HOUSEHOLD, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4
(56) LINE NO. FROM COL. 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(57) NAME FROM COL. 2	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(58) WEIGHT (in kilograms)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
(59) HEIGHT (in centimeters)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
(60) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)

WEIGHT AND HEIGHT MEASUREMENT IN MEN (15-59 YEARS)

RECORD THE LINE NUMBER, NAME AND AGE OF ALL MEN AGE 15-59 YEARS.  
(NOTE: IF THERE ARE MORE THAN 4 MEN IN THE HOUSEHOLD, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	MAN 1	MAN 2	MAN 3	MAN 4
(61) LINE NO. FROM COL. 8A	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(62) NAME	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>
(63) WEIGHT (in kilograms)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
(64) HEIGHT (in centimeters)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
(65) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)

# VENOUS BLOOD COLLECTION FOR VITAMIN A TESTING IN CHILDREN

(NOTE: IF THERE ARE MORE THAN 4 LIVING (6-59 MONTHS), CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(66) NAME	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(67) LINE NO. FROM COL. 9	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(68) SAMPLE ID	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>
(69) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT AND CIRCLE CODE	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>
(70) SIGNATURE OF THE PARENT/RESPONSIBLE ADULT	_____	_____	_____	_____
(71) RESULT	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>

\* FOR ANTHROPOMETRY AND ANEMIA TESTING USE THE FORMS IN PART A: ALL REGIONS

# PART C: TASHKENT ONLY

## LEAD MEASUREMENT IN CHILDREN\*

(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1 (NAME)	CHILD 2 (NAME)	CHILD 3 (NAME)	CHILD 4 (NAME)
(72) NAME	_____	_____	_____	_____
(73) LINE NO. FROM COL. 9	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(74) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT CIRCLE CODE	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>			

\* FOR ANTHROPOMETRY AND ANEMIA TESTING USE THE FORMS IN PART A: ALL REGIONS



# VENOUS BLOOD COLLECTION IN WOMEN AND MEN IN TASHKENT ONLY

(NOTE: IF THERE ARE MORE THAN 7 ADULTS (MEN 15-59 YEARS AND WOMEN 15-49 YEARS), CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

LINE NO.	NAME	SAMPLE ID	SEX	AGE	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	(83)	READ CONSENT STATEMENT TO MAN/ WOMAN/ RESPONSIBLE ADULT CIRCLE CODE AND HAVE THEM SIGN		SAMPLE COLLECTED		From the time of blood collection, how many hours ago was the last meal or any food eaten?	RESULT 1=COLLECTED 2= NOT PRESENT 3 = REFUSED 4 = COULDN'T FIND A VEIN 6 = OTHER
							GRANTED	REFUSED	RED TOP TUBE	PURPLE TOP TUBE		
(78)	(79)	(80)	(81)	(82)		(83)	(84)		(85A)	(85B)	(86)	(87)
<div><div></div><div></div></div>	<div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>M F</div> <div>1 2</div>	<div>15-17 18+</div> <div>1 2</div> <div>→</div> <div>GO TO 84</div>	<div><div></div><div></div></div>	(83)	GRANTED	REFUSED	YES NO	YES NO	(86)	(87)
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		
							1 2	1 2	1 2	1 2		

# VAGINAL SWAB COLLECTION IN EVER-MARRIED WOMEN IN TASHKENT ONLY

(NOTE: IF THERE ARE MORE THAN 7 EVER-MARRIED WOMEN 15-49 YEARS, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

LINE NO. (88)	NAME (89)	MARITAL STATUS (90)	SAMPLE ID (91)	READ CONSENT STATEMENT TO WOMAN CIRCLE CODE AND HAVE THEM SIGN (92)	RESULT 1=COLLECTED 2=NOT PRESENT 3=REFUSED 6=OTHER (93)
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	GRANTED 1 ↓ RESPONDENT SIGN REFUSED 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>
<div><div></div><div></div></div>	_____	MARRIED .....1 WIDOWED .....2 DIVORCED .....3 NEVER BEEN MARRIED .....4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN 2 → NEXT LINE	<div></div>

