

APPENDIX E: SIDHS QUESTIONNAIRES

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE
WITH MALARIA MODULE

SOLOMON ISLANDS
NATIONAL STATISTICS OFFICE

IDENTIFICATION													
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
HOUSEHOLD NUMBER													
PROVINCE _____													
WARD _____													
EA NUMBER													
VILLAGE NAME _____													
TOWN / PROVINCIAL CENTRE / RURAL TOWN = 1, PROVINCIAL CENTRE = 2, RURAL = 3	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												
HOUSEHOLD SELECTED FOR MALE SURVEY? 1 YES 2 NO	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px;"></table> MONTH <table border="1" style="width: 20px; height: 20px;"></table> YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT-NUMBER <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px;"></table>
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEWER: _____ LANGUAGE OF RESPONDENT _____ TRANSLATOR USED? YES _____ NO _____				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 20px; height: 20px;"></table>

FIELD EDITOR	TEAM SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	DATE _____ <table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>

Introduction and Consent

Hello. My name is _____ and I am working with the statistics office as an enumerator. We are conducting a national survey about various health issues. We would very much appreciate your cooperation in this survey. The survey usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. We are also taking weight and height measurements and asking women and small children all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. The survey is conducted under the Statistics Acts 1970 and anyone who release the information will be prosecuted.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

Introduction and Consent

Halo. Nem blo mi nao _____ an mi wa statistik ofis. Mifala kam raon fo kondaktem wanfala nasinol sovei abaotem olket: di-difren kaen helt problems Bae mifala hapi tumas lo tek pat blo iu lo disfala sovei Sovei bae tekem iumi abaot 10 go kasem 15 minit fo finisim ia.

Olsem pat blo sovei bae mifala askem iu abaotem disfala haos blo iu. Evri ansa blo iu bae mifala tambu fo talem olbaot. Mifa baebae tekem hoa hevi nao iu, mesam hao tol nao iu and olso bae askem olketa mere an pikinini lo hol kandre fo tekem wanfl test lo blad olketa koleman anemia. Disfala Anemia hemi wanfala bigfala helt problem wea hemi kasem iumi becos lo nogut kaikai, o siknes o siksik olowe (sik wea hem no save finis). Disfala sovei bae halpem gavman fo kamapem olketa program blo hem fo barava stopem anemia an fo tritim anemia.

Disfala sovei hemi folom lo blo Statistiks Act 1970 an eniwan hu hemi talem aot infomeson o stori wea iumi kolectim lo dasfala sovei baebae hemi go lo kot

*Lo disfala taem, waswe, iu wandem fo askem mi enisamting abaotem sovei ia?
Waswe, mi save stat wetem intaviu nao?*

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15+	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15+	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DONT KNOW |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH LEGAL REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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 2006 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during 2005 school year?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES: May I see it please? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ GO TO 101	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL	GRADE
0 = KINDERGARTEN	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = VOCATIONAL	FOR Qs. 19 AND 21)
4 = COLLEGE	98 = DON'T KNOW
5 = POST-BACCALAUREATE	
8 = DON'T KNOW	

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15+	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | | | |
|---|---------------------------------------|------------------------------------|-------------------------------|
| 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES <input type="checkbox"/> NO <input type="checkbox"/> | ADD TO TABLE <input type="checkbox"/> | 01 = HEAD | 08 = BROTHER OR SISTER |
| 2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES <input type="checkbox"/> NO <input type="checkbox"/> | ADD TO TABLE <input type="checkbox"/> | 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES <input type="checkbox"/> NO <input type="checkbox"/> | ADD TO TABLE <input type="checkbox"/> | 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| | | 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| | | 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| | | 06 = PARENT | 13 = NOT RELATED |
| | | 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH LEGAL REGISTRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	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 2006 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during 2005 school year?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF YES: May I see it please? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = YES, SEEN 2 = YES, NOT SEEN 3 = REGISTERED 4 = NOT REGISTERED 8 = DON'T KNOW
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	DK Y N 1 2 ↓ GO TO 101	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 101	<input type="text"/>	<input type="text"/>

CODES FOR Qs. 17, 19, AND 21: EDUCATION

- | | |
|------------------------|---------------------------------|
| LEVEL | GRADE |
| 0 = KINDERGARTEN | 00 = LESS THAN 1 YEAR COMPLETED |
| 1 = PRIMARY | (USE '00' FOR Q. 17 ONLY.) |
| 2 = SECONDARY | THIS CODE IS NOT ALLOWED |
| 3 = VOCATIONAL | FOR Qs. 19 AND 21) |
| 4 = COLLEGE | 98 = DON'T KNOW |
| 5 = POST-BACCALAUREATE | |
| 8 = DON'T KNOW | |

106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108																																																			
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH 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																																																				
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO SEPTIC TANK 11 FLUSH TO PIT LATRINE 12 FLUSH TO SOMEWHERE ELSE ... 13 FLUSH, DON'T KNOW WHERE ... 14 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET TOILET 31 HANGING TOILET/HANGING LATRINE 41 NO FACILITY BUSH/FIELD 51 SEA/OCEAN (BEACH) 52 OTHER _____ 96 (SPECIFY)	→ 111																																																			
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																																																			
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																																				
111	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>A bed?</td><td>1</td><td>2</td></tr> <tr><td>A dining table & chairs?</td><td>1</td><td>2</td></tr> <tr><td>A dressing table?</td><td>1</td><td>2</td></tr> <tr><td>A lounge chair?</td><td>1</td><td>2</td></tr> <tr><td>A pressure lamp?</td><td>1</td><td>2</td></tr> <tr><td>A cooking gas/gas burner?</td><td>1</td><td>2</td></tr> <tr><td>A working microwave oven?</td><td>1</td><td>2</td></tr> <tr><td>A working sewing machine?</td><td>1</td><td>2</td></tr> <tr><td>A working refrigerator?</td><td>1</td><td>2</td></tr> <tr><td>A working freezer?</td><td>1</td><td>2</td></tr> <tr><td>A working washing machine?</td><td>1</td><td>2</td></tr> <tr><td>A working Video set/VCD/DVD player?</td><td>1</td><td>2</td></tr> <tr><td>A telephone (fixed)?</td><td>1</td><td>2</td></tr> <tr><td>A working chainsaw?</td><td>1</td><td>2</td></tr> <tr><td>A carpet or floor rug?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	A bed?	1	2	A dining table & chairs?	1	2	A dressing table?	1	2	A lounge chair?	1	2	A pressure lamp?	1	2	A cooking gas/gas burner?	1	2	A working microwave oven?	1	2	A working sewing machine?	1	2	A working refrigerator?	1	2	A working freezer?	1	2	A working washing machine?	1	2	A working Video set/VCD/DVD player?	1	2	A telephone (fixed)?	1	2	A working chainsaw?	1	2	A carpet or floor rug?	1	2	
	YES	NO																																																				
ELECTRICITY	1	2																																																				
A bed?	1	2																																																				
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A pressure lamp?	1	2																																																				
A cooking gas/gas burner?	1	2																																																				
A working microwave oven?	1	2																																																				
A working sewing machine?	1	2																																																				
A working refrigerator?	1	2																																																				
A working freezer?	1	2																																																				
A working washing machine?	1	2																																																				
A working Video set/VCD/DVD player?	1	2																																																				
A telephone (fixed)?	1	2																																																				
A working chainsaw?	1	2																																																				
A carpet or floor rug?	1	2																																																				

118	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION FOR MAIN DWELLING UNIT OR SLEEPING HOUSE.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/ SAGO PALM LEAF 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>CORRUGATED IRON. 31</p> <p>OTHER METAL 32</p> <p>WOOD 33</p> <p>CALAMINE/CEMENT FIBER 34</p> <p>CERAMIC TILES 35</p> <p>CEMENT 36</p> <p>ROOFING SHINGLES 37</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																																		
119	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION FOR MAIN DWELLING UNIT OR SLEEPING HOUSE.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/SAGO PALM LEAF/TRUNK .. 12</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO 21</p> <p>STONE 22</p> <p>PLYWOOD 23</p> <p>CARDBOARD 24</p> <p>REUSED WOOD 25</p> <p>MASENITE/FIBRO 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																																		
120	<p>How many rooms does this household use for sleeping? (IN MAIN DWELLING UNIT)</p>	<p>ROOMS <input type="text"/> <input type="text"/></p>																																		
121	<p>Does any member of this household own:</p> <p>A watch?</p> <p>A working radio?</p> <p>A working television?</p> <p>A working mobile telephone?</p> <p>A roadworthy bicycle?</p> <p>A roadworthy motorcycle or motor scooter?</p> <p>An animal-drawn cart?</p> <p>A roadworthy car or truck?</p> <p>A seaworthy boat with a working motor?</p> <p>A fishing net?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>FISHING NET</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ..	1	2	ANIMAL-DRAWN CART ...	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	FISHING NET	1	2	
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CAR/TRUCK	1	2																																		
BOAT WITH MOTOR	1	2																																		
FISHING NET	1	2																																		

122	Does any member of this household own a registered land?	YES 1 NO 2	
123	Does any member of this household undertake any agricultural activity?	YES 1 NO 2	→ 127
124	Who owns the agricultural land that household member works on?	CUSTOMARY 1 RENTED FROM SOMEONE 2 REGISTERED (HOUSEHOLD OWNS) . 3	
125	Does the produce from the agriculture land provide sufficient food or income to meet your household basic needs?	YES 1 NO 2	
126	How many coconut trees does this household own?	NUMBER OF COCONUT TREES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
127	Does this household have a fishing boat (canoe) and fishing equipment?	YES 1 NO 2	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses? Goats? Pigs? Ducks? Chickens? Other?	CATTLE COWS/BULLS HORSES GOATS PIGS DUCKS CHICKENS OTHER	<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"/>
130	Does any member of this household have a bank account? IF NO, PROBE FOR ACCOUNT WITH CREDIT UNION.	YES 1 NO 2	
131	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 201
132	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
133	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2
134	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	OBSERVE OR ASK THE TYPE OF MOSQUITO NET.	'PERMANENT' NET 1 (SKIP TO 139) ← 'PRETREATED' NET 2 (SKIP TO 137) ← OTHER 6 DK 8	'PERMANENT' NET 1 (SKIP TO 139) ← 'PRETREATED' NET 2 (SKIP TO 137) ← OTHER 6 DK 8	'PERMANENT' NET 1 (SKIP TO 139) ← 'PRETREATED' NET 2 (SKIP TO 137) ← OTHER 6 DK 8
136	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
137	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 139) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 139) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 139) ← NOT SURE 8
138	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
139	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 141) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 141) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 141) ← NOT SURE 8
140	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
141		GO BACK TO 133 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 133 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 133, FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.

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

201	CHECK COLUMNS 1 AND 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT/LENGTH MEASUREMENT IN 207 AND FOR THE ANEMIA PROCEDURE IN 213.			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 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	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	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"/>
204	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
205	HEIGHT/LENGTH IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
207	RESULT OF WEIGHT AND HEIGHT/LENGTH MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
210	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
211	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/L ... <input type="text"/> <input type="text"/> <input type="text"/>	G/L ... <input type="text"/> <input type="text"/> <input type="text"/>	G/L ... <input type="text"/> <input type="text"/> <input type="text"/>
212	FOR INFANTS LESS THAN 1 YEAR OLD: PRICKED IN FINGER OR HEEL?	FINGER 1 HEEL 2	FINGER 1 HEEL 2	FINGER 1 HEEL 2
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

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

We request that all children 0-5 years join in the anemia testing part of this survey and give a few drops of blood from a finger or heel. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

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

Do you have any questions?

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

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

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

201	CHECK COLUMNS 11 AND 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT/LENGTH MEASUREMENT IN 207 AND FOR THE ANEMIA PROCEDURE IN 213.			
		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 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	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	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"/>
204	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
205	HEIGHT/LENGTH IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
207	RESULT OF WEIGHT AND HEIGHT/LENGTH MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2
209	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
210	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
211	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/L ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/L ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G/L ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
212	FOR INFANTS LESS THAN 1 YEAR OLD: PRICKED IN FINGER OR HEEL?	FINGER 1 HEEL 2	FINGER 1 HEEL 2	FINGER 1 HEEL 2
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

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

215	<p>CHECK COLUMNS 9 and 2. RECORD THE LINE NUMBER AND NAME FOR ALL WOMEN 15 - 49 YEARS OLD IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME MUST BE RECORDED FOR THE BLOOD PRESSURE MEASUREMENT IN 218, FOR THE WEIGHT AND HEIGHT/LENGTH MEASUREMENT IN 221, AND FOR THE ANEMIA TEST PROCEDURE IN 229.</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
216	<p>LINE NUMBER (COLUMN 9)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
217	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>
218	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
219	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
220	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
221	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
222	<p>AGE: CHECK COLUMN 7.</p>	<p>15-17 YEARS 1</p> <p>18 YEARS OR OVER 2</p> <p>(GO TO 225) ↙</p>	<p>15-17 YEARS 1</p> <p>18 YEARS OR OVER 2</p> <p>(GO TO 225) ↙</p>	<p>15-17 YEARS 1 1</p> <p>18 YEARS OR OVER 2 2</p> <p>(GO TO 225) ↙</p>
223	<p>MARITAL STATUS: CHECK COLUMN 8.</p>	<p>CODE 4 (NEVER IN UNION) 1</p> <p>OTHER 2</p> <p>(GO TO 225) ↙</p>	<p>CODE 4 (NEVER IN UNION) 1</p> <p>OTHER 2</p> <p>(GO TO 225) ↙</p>	<p>CODE 4 (NEVER IN UNION) 1 1</p> <p>OTHER 2 2</p> <p>(GO TO 225) ↙</p>
224	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>
225	<p>READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 224 BEFORE ASKING RESPONDENT'S CONSENT.</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 229).</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 229).</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 229).</p>

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
226	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
227	CHECK 225 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 229 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
228	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/L <input type="text"/> <input type="text"/> <input type="text"/>	G/L <input type="text"/> <input type="text"/> <input type="text"/>	G/L <input type="text"/> <input type="text"/> <input type="text"/>
229	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
230		GO BACK TO 217 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 231		
CONSENT STATEMENT FOR ANEMIA TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 225 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17 (SEE QUESTIONS 222 AND 223), ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 224) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 225 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of 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 in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>				

WEIGHT, HEIGHT, BLOOD PRESSURE, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15 OR OVER

231	CHECK COLUMNS 10 AND 2. RECORD THE LINE NUMBER AND NAME FOR ALL MEN 15 OR OVER IN 232. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE BLOOD PRESSURE MEASUREMENT IN 234 AND FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 237.			
		MAN 1	MAN 2	MAN 3
232	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
233	BLOOD PRESSURE IN MMHG	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
234	RESULT OF BLOOD PRESSURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
235	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
236	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
237	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
238	GO BACK TO 233 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END THE TESTING AND THANK THE RESPONDENTS.			