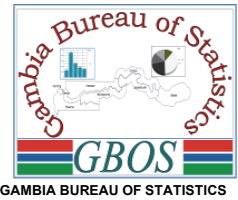




THE GAMBIA DEMOGRAPHIC AND HEALTH SURVEY 2013  
HOUSEHOLD QUESTIONNAIRE



GAMBIA BUREAU OF STATISTICS IN COLLABORATION WITH MINISTRY OF HEALTH AND SOCIAL WELFARE

IDENTIFICATION				
LOCAL GOVERNMENT AREA:	<input type="checkbox"/>	1 BANJUL 2 KANIFING 3 BRIKAMA 4 MANSAKONKO	5 KEREWAN 6 KUNTAUR 7 JANJANGBUREH 8 BASSE	
DISTRICT NAME: _____	DCODE <input type="text"/>	SETTLEMENT NAME: _____	SCODE <input type="text"/>	<input type="text"/>
NAME OF HOUSEHOLD HEAD: _____	TEL: <input type="text"/>			<input type="text"/>
EA NUMBER: <input type="text"/>	CLUSTER NUMBER <input type="text"/>	HOUSEHOLD NUMBER <input type="text"/>		
AREA OF RESIDENCE: <input type="checkbox"/>	1 URBAN 2 RURAL			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2013 <input type="text"/> INT. NUMBER <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 PARTLY COMPLETED 3 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 4 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/>  TOTAL ELIGIBLE WOMEN <input type="text"/>  TOTAL ELIGIBLE MEN <input type="text"/>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	NAME _____ <input type="text"/>	<input type="text"/>	<input type="text"/>

INTRODUCTION AND CONSENT

Hello. My name is .....we are from the Gambia Bureau of Statistics and the Ministry of Health and Social Welfare. We are doing a survey concerned with family health and education. I would like to ask questions on education, marriage, household characteristics, water and sanitation, bed nets, salt iodization etc. The interview will take about one hour. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with all males aged 15 - 59 and females aged 15 - 49 years in the household.

As part of the survey we also are asking some household members all over the country to take HIV, malaria and anemia tests. HIV is the virus that causes AIDS. The HIV test is being done to see how big the AIDS problem is in the Gambia. All children under 5 and females aged 15-49 will be tested for malaria and anemia.

GIVE CARD WITH CONTACT INFORMATION

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

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

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

↓

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A - 2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		0 1	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13

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

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = BROTHER OR SISTER-IN-LAW
03 = SON OR DAUGHTER	10 = ANCLE/AUNT AND NEPHEW/NIECE
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

**HOUSEHOLD SCHEDULE**

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20	21	22
	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.  IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/ 2013) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.  Deleted	Did (NAME) attend school at any time during the previous school year (2011/ 2012) school year?	During the previous school year, what level and grade was (NAME) attending?  SEE CODES BELOW.  IF LESS THAN 1 YEAR 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
	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											

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

- LEVEL AND GRADE**  
 0 PRE-SCHOOL (1-3 years)  
 1 PRE-SCHOOL (MADRASSA) (Grade 1-3)  
 2 PRIMARY/LOWER BASIC (Grade1-6)  
 3 PRIMARY /LOWER BASIC (MADRASSA) (Grade 1-6)  
 4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)  
 5 SECONDARY (MADRASSA) (Grade 7-12)

- LEVEL AND GRADE**  
 6 HIGHER (TERTIARY, UNIVER& COLLEGE (Above grade 12)  
 7 VOCATIONAL (1-3 years)  
 8 DK  
 (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

PHYSICAL DISABILITIES (IF AGE 7 - 69)																		
LINE NO.	EYE SIGHT						HEARING						LEGS					
	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficult seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
01	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
02	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
03	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
04	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
05	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
06	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
07	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
08	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
09	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
10	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
11	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
12	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
13	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
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 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
14		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <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
21		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	21	21	21
22		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	22	22	22
23		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	23	23	23
24		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	24	24	24
25		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	25	25	25

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  → ADD TO TABLE NO

**2B)** Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?  
 YES  → ADD TO TABLE NO

**2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?  
 YES  → ADD TO TABLE NO

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

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20	21	22
	Is (NAME)s natural mother alive?	Does (NAME)s natural mother usually live in this household or was she a guest last night?	Is (NAME)s natural father alive?	Does (NAME)s natural father usually live in this household or was he a guest last night?	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.  IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/2013) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.  Deleted	Did (NAME) attend school at any time during the previous school year (2011/2012) school year?	During the previous school year, what level and grade was (NAME) attending?  SEE CODES BELOW.  IF LESS THAN 1 YEAR 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
14	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
15	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
16	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
17	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
18	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
19	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
20	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
21	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
22	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
23	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
24	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>
25	Y N DK 1 2 8 ↓ GO TO 14	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 22	<input type="checkbox"/>	<input type="checkbox"/>

**CODES FOR Qs. 16 - 21: EDUCATION**

**LEVEL AND GRADE**

0 PRE-SCHOOL (1-3 years)

1 PRESCHOOL (MADRASSA) (Grade 1-3)

2 PRIMARY (LOWER BASIC) (Grade 1-6)

3 PRIMARY (MADRASSA LOWER BASIC) (Grade 1-6)

4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)

5 SECONDARY (MADRASSA) (Grade 7-12)

**LEVEL AND GRADE**

6 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) (Above grade 12)

7 VOCATIONAL (1-3 years)

8 DK

**(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)**

PHYSICAL DISABILITIES (IF AGE 7 - 69)																		
LINE NO.	EYE SIGHT			HEARING			LEGS											
	23	24		25			26			27			28					
	Does (NAME) wear glasses?			Does (NAME) have difficult seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
14	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
15	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
16	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
17	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
18	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
19	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
20	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
21	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
22	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
23	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
24	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					
25	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
													1	2	8			
													↓					
													NEXT LINE					



**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A - 2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-28 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
26		0 1	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	26	26	26
27		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	27	27	27
28		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	28	28	28
29		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	29	29	29
30		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	30	30	30
31		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	31	31	31
32		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	32	32	32
33		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	33	33	33
34		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	34	34	34
35		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	35	35	35
36		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	36	36	36
37		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	37	37	37
38		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	38	38	38

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- |                                    |                                  |
|------------------------------------|----------------------------------|
| 01 = HEAD                          | 08 = BROTHER OR SISTER           |
| 02 = WIFE OR HUSBAND               | 09 = BROTHER OR SISTER-IN-LAW    |
| 03 = SON OR DAUGHTER               | 10 = ANCLE/AUNT AND NEPHEW/NIECE |
| 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                  |

**HOUSEHOLD SCHEDULE**

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20	21	22
	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.  IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/ 2013) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.  Deleted	Did (NAME) attend school at any time during the previous school year (2011/ 2012) school year?	During the previous school year, what level and grade was (NAME) attending?  SEE CODES BELOW.  IF LESS THAN 1 YEAR 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
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	
26	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
27	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
28	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
29	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
30	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
31	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
32	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
33	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
34	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
35	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
36	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
37	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
38	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>

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

- LEVEL AND GRADE**  
 0 PRE-SCHOOL (1-3 years)  
 1 PRE-SCHOOL (MADRASSA) (Grade 1-3)  
 2 PRIMARY/LOWER BASIC (Grade1-6)  
 3 PRIMARY /LOWER BASIC (MADRASSA) (Grade 1-6)  
 4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)  
 5 SECONDARY (MADRASSA) (Grade 7-12)

- LEVEL AND GRADE**  
 6 HIGHER (TERTIARY, UNIVER& COLLEGE (Above grade 12)  
 7 VOCATIONAL (1-3 years)  
 8 DK  
 (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

PHYSICAL DISABILITIES (IF AGE 7 - 69)												
LINE NO.	EYE SIGHT			HEARING			LEGS					
	23	24	25	26	27	28						
	Does (NAME) wear glasses?	Does (NAME) have difficult seeing during the day (even if she / he is wearing glasses)?	Does (NAME) use a hearing aid?	Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?	Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?	Does (NAME) use a cane or crutches or wheelchair ?						
	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK						
26	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
27	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
28	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
29	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
30	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
31	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
32	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
33	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
34	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
35	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
36	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
37	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					
38	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	↓ NEXT LINE					

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
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 5-28 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
39		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	39	39	39
40		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	40	40	40
41		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	41	41	41
42		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	42	42	42
43		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	43	43	43
44		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	44	44	44
45		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	45	45	45
46		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	46	46	46
47		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	47	47	47
48		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	48	48	48
49		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	49	49	49
50		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	50	50	50

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  → ADD TO TABLE NO

**2B)** Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?  
 YES  → ADD TO TABLE NO

**2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?  
 YES  → ADD TO TABLE NO

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

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0 - 7
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		SCHOOL ATTENDANCE DURING LAST YEAR		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20	21	22
	Is (NAME)s natural mother alive?	Does (NAME)s natural mother usually live in this household or was she a guest last night?	Is (NAME)s natural father alive?	Does (NAME)s natural father usually live in this household or was he a guest last night?	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.  IF LESS THAN 1 YEAR RECORD "00"	Did (NAME) attend school at any time during the (2012/2013) school year?	During this school year, what level and grade is (NAME) attending?  SEE CODES BELOW.  Deleted	Did (NAME) attend school at any time during the previous school year (2011/2012) school year?	During the previous school year, what level and grade was (NAME) attending?  SEE CODES BELOW.  IF LESS THAN 1 YEAR 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
	IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.		IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.								
	Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVELGRADE	
39	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
40	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
41	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
42	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
43	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
44	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
45	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
46	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
47	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
48	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
49	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		
50	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 22		1 2 GO TO 20		1 2 GO TO 22		

**CODES FOR Qs. 16 - 21: EDUCATION**

**LEVEL AND GRADE**

0 PRE-SCHOOL (1-3 years)

- 1 PRESCHOOL (MADRASSA) (Grade 1-3)
- 2 PRIMARY (LOWER BASIC) (Grade 1-6)
- 3 PRIMARY (MADRASSA LOWER BASIC) (Grade 1-6)
- 4 SECONDARY (UPPER BASIC / JUNIOR / SENIOR) (Grade 7-12)
- 5 SECONDARY (MADRASSA) (Grade 7-12)

**LEVEL AND GRADE**

6 HIGHER (TERTIARY, UNIVERSITY,

- COLLEGE (Above grade 12)
- 7 VOCATIONAL (1-3 years)
- 8 DK

**(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)**

PHYSICAL DISABILITIES (IF AGE 7 - 69)																		
LINE NO.	EYE SIGHT			HEARING			LEGS											
	23			24			25			26			27			28		
	Does (NAME) wear glasses?			Does (NAME) have difficult seeing during the day (even if she / he is wearing glasses)?			Does (NAME) use a hearing aid?			Does (NAME) have difficulty hearing (even if she / he is using the hearing aid)?			Does (NAME) have any difficulty using his / her legs even for simple activities such as walking or climbing up the stairs?			Does (NAME) use a cane or crutches or wheelchair ?		
39	Y 1	N 2	DK 8	Y 1	N 2	DK 8	Y 1	N 2	DK 8	Y 1	N 2	DK 8	Y 1	N 2	DK 8	Y 1	N 2	DK 8
40	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
41	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
42	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
43	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
44	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
45	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
46	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
47	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
48	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
49	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
50	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	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	
102	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 SURFACE WATER (RIVER/DAM/ LAKE / POND / STREAM / CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)	→ 105        → 107
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
105	Do you do anything to the water to make it safer to drink?	YES . ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 107
106	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	
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 NO FACILITY / BUSH / FIELD ..... 61 OTHER _____ 96 (SPECIFY)	→ 110
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text"/> <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
110	Does your household have:  Electricity? A sofa? A wardrobe? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? An air conditioner? A generator or solar panel? A computer? A microwave oven? A DVD / VCD player? Satellite cable? Satellite dish? Internet connection?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SOFA .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>WARDROBE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOBILE TELEPHONE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NON-MOBILE TELEPHONE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>GENERATOR/SOLAR PANEL .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MICROWAVE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DVD/VCD .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SATELLITE CABLE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SATELLITE DISH .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>INTERNET .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	SOFA .....	1	2	WARDROBE .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	MOBILE TELEPHONE .....	1	2	NON-MOBILE TELEPHONE .....	1	2	REFRIGERATOR .....	1	2	AIR CONDITIONER .....	1	2	GENERATOR/SOLAR PANEL .....	1	2	COMPUTER .....	1	2	MICROWAVE .....	1	2	DVD/VCD .....	1	2	SATELLITE CABLE .....	1	2	SATELLITE DISH .....	1	2	INTERNET .....	1	2	
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111	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ELECTRICITY .....</td><td style="text-align: center;">01</td></tr> <tr><td>GAS TANK (NATURAL GAS) .....</td><td style="text-align: center;">03</td></tr> <tr><td>BIOGAS .....</td><td style="text-align: center;">04</td></tr> <tr><td>KEROSENE .....</td><td style="text-align: center;">05</td></tr> <tr><td>CHARCOAL .....</td><td style="text-align: center;">07</td></tr> <tr><td>WOOD .....</td><td style="text-align: center;">08</td></tr> <tr><td>STRAW / SHRUBS / GRASS .....</td><td style="text-align: center;">09</td></tr> <tr><td>SAW DUST .....</td><td style="text-align: center;">10</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD .....</td><td style="text-align: center;">95</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	ELECTRICITY .....	01	GAS TANK (NATURAL GAS) .....	03	BIOGAS .....	04	KEROSENE .....	05	CHARCOAL .....	07	WOOD .....	08	STRAW / SHRUBS / GRASS .....	09	SAW DUST .....	10	NO FOOD COOKED IN HOUSEHOLD .....	95	OTHER _____	96	(SPECIFY)		→ 114																													
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112	Is the cooking usually done in the house, in a separate building, or outdoors?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>IN THE HOUSE .....</td><td style="text-align: center;">1</td></tr> <tr><td>IN A SEPARATE BUILDING .....</td><td style="text-align: center;">2</td></tr> <tr><td>OUTDOORS .....</td><td style="text-align: center;">3</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	IN THE HOUSE .....	1	IN A SEPARATE BUILDING .....	2	OUTDOORS .....	3	OTHER _____	6	(SPECIFY)		→ 114																																									
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113	Do you have a separate room which is used as a kitchen?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES .....</td><td style="text-align: center;">1</td></tr> <tr><td>NO .....</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES .....	1	NO .....	2																																																
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114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>NATURAL FLOOR</td><td></td></tr> <tr><td>  EARTH/SAND .....</td><td style="text-align: center;">11</td></tr> <tr><td>RUDIMENTARY FLOOR</td><td></td></tr> <tr><td>  WOOD PLANKS .....</td><td style="text-align: center;">21</td></tr> <tr><td>FINISHED FLOOR</td><td></td></tr> <tr><td>  PARQUET OR POLISHED</td><td></td></tr> <tr><td>    WOOD .....</td><td style="text-align: center;">31</td></tr> <tr><td>  VINYL OR ASPHALT STRIPS .....</td><td style="text-align: center;">32</td></tr> <tr><td>  CERAMIC TILES .....</td><td style="text-align: center;">33</td></tr> <tr><td>  CEMENT .....</td><td style="text-align: center;">34</td></tr> <tr><td>  CARPET .....</td><td style="text-align: center;">35</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND .....	11	RUDIMENTARY FLOOR		WOOD PLANKS .....	21	FINISHED FLOOR		PARQUET OR POLISHED		WOOD .....	31	VINYL OR ASPHALT STRIPS .....	32	CERAMIC TILES .....	33	CEMENT .....	34	CARPET .....	35	OTHER _____	96	(SPECIFY)																											
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115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>NATURAL ROOFING</td><td></td></tr> <tr><td>  NO ROOF .....</td><td style="text-align: center;">11</td></tr> <tr><td>  THATCH/PALM LEAF .....</td><td style="text-align: center;">12</td></tr> <tr><td>RUDIMENTARY ROOFING</td><td></td></tr> <tr><td>  PALM/BAMBOO .....</td><td style="text-align: center;">22</td></tr> <tr><td>  WOOD PLANKS .....</td><td style="text-align: center;">23</td></tr> <tr><td>  CARDBOARD .....</td><td style="text-align: center;">24</td></tr> <tr><td>FINISHED ROOFING</td><td></td></tr> <tr><td>  METAL .....</td><td style="text-align: center;">31</td></tr> <tr><td>  WOOD .....</td><td style="text-align: center;">32</td></tr> <tr><td>  CALAMINE / CEMENT FIBER .....</td><td style="text-align: center;">33</td></tr> <tr><td>  CERAMIC TILES .....</td><td style="text-align: center;">34</td></tr> <tr><td>  CEMENT .....</td><td style="text-align: center;">35</td></tr> <tr><td>  ROOFING TILES .....</td><td style="text-align: center;">36</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	NATURAL ROOFING		NO ROOF .....	11	THATCH/PALM LEAF .....	12	RUDIMENTARY ROOFING		PALM/BAMBOO .....	22	WOOD PLANKS .....	23	CARDBOARD .....	24	FINISHED ROOFING		METAL .....	31	WOOD .....	32	CALAMINE / CEMENT FIBER .....	33	CERAMIC TILES .....	34	CEMENT .....	35	ROOFING TILES .....	36	OTHER _____	96	(SPECIFY)																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE / PALM / TRUNKS ..... 12 RUDIMENTARY WALLS MUD / MUD BRICKS ..... 21 BAMBOO WITH MUD ..... 22 STONE WITH MUD ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)																						
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																						
118	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<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>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> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	
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CAR/TRUCK .....	1	2																						
BOAT WITH MOTOR .....	1	2																						
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																					
120	How many hectares of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '95'.	HECTARES ..... <input type="text"/> <input type="text"/> <input type="text"/>  95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998																						
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																					
122	How many of the following animals does this household own?  IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.  Cattle?  Milk cows or bulls?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens, ducks or guinea fowl?  Pigs?	<table border="0"> <tbody> <tr> <td>CATTLE .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS / BULLS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES / DONKEYS / MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS / DUCKS / GUINEA FOWL .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE .....	<input type="text"/>	<input type="text"/>	COWS / BULLS .....	<input type="text"/>	<input type="text"/>	HORSES / DONKEYS / MULES .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS / DUCKS / GUINEA FOWL .....	<input type="text"/>	<input type="text"/>	PIGS .....	<input type="text"/>	<input type="text"/>	
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PIGS .....	<input type="text"/>	<input type="text"/>																						
123	Does any member of this household have a bank account or credit union account?	YES ..... 1 NO ..... 2  DON'T KNOW / NOT SURE ..... 8																						
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 126																					
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NON-GOVERNMENTAL ORGANIZATION (NGO) ..... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z																						
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 137																					
127	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
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 3 NETS, GO TO THE NEXT PAGE	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
129A	RECORD OR ASK THE SHAPE OF THE NET	CONICAL ..... 1 RECTANGULAR ... 2	CONICAL ..... 1 RECTANGULAR ... 2	CONICAL ..... 1 RECTANGULAR ... 2
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	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"/>
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136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.

		NET #4	NET # 5	NET # 6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
129A	RECORD OR ASK THE SHAPE OF THE NET	CONICAL ..... 1 RECTANGULAR ... 2	CONICAL ..... 1 RECTANGULAR ... 2	CONICAL ..... 1 RECTANGULAR ... 2
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ..... 12 NET PROTECT ... 13 OTHER ..... 14 DK BRAND ..... 16 (SKIP TO 134) ←  'PRETREATED' NET SUPA NET ..... 21 POWER TAB ... 22 SAFE NITE ..... 23 OTHER/ ..... 24 DK BRAND ..... 26 (SKIP TO 132) ←  OTHER ..... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8

		NET #4	NET #5	NET #6
135	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING / YARD / PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... C		
140	WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?  ONCE YOU HAVE TESTED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.	NOT IODIZED 0 PPM ..... 1 MORE THAN 0 PPM & LESS THAN 15 PPM ..... 2 15 PPM OR MORE ..... 3 NO SALT IN HOUSEHOLD ..... 6 SALT NOT TESTED ..... 7		

**WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA MEASUREMENT FOR CHILDREN 0 - 5**

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>	<b>CHILD 4</b>
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? WEIGHT, HEIGHT, HEMOGLOBIN AND	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2
209	LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>
210	ASK CONSENT FOR <b>ANEMIA</b> TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>			

		CHILD 1	CHILD 2	CHILD 3	CHILD 4
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
212	ASK CONSENT FOR <b>MALARIA</b> TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have <b>malaria</b>. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>			
213	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6
214	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
215	RECORD <b>HEMOGLOBIN LEVEL</b> . HERE AND IN THE ANEMIA PAMPHLET.	G/DL [ ][ ] . [ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL [ ][ ] . [ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL [ ][ ] . [ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL [ ][ ] . [ ] NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
216	RECORD RESULT CODE OF THE <b>MALARIA RDT</b> .	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←
217	RESULT OF THE <b>MALARIA RDT TEST</b> .	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem and is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>			
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE ..... 4 OTHER ..... 6
220	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>			

		CHILD 1	CHILD 2	CHILD 3	CHILD 4
221	RECORD THE RESULT CODE OF <b>MALARIA TREATMENT OR REFERRAL.</b>	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6
222	STICK 1ST BAR CODE LABEL FOR THE CHILD'S MALARIA TEST	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT REFUSAL OTHER  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>
223	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE ; IF NO MORE CHILDREN, GO TO 224.				



**WEIGHT, HEIGHT, HEMOGLOBIN AND MALARIA MEASUREMENT FOR CHILDREN 0 - 5**

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		<b>CHILD5</b>	<b>CHILD 6</b>	<b>CHILD 7</b>	<b>CHILD 8</b>
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? WEIGHT, HEIGHT, HEMOGLOBIN AND	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 224) OLDER ..... 2
209	LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>
210	ASK CONSENT FOR <b>ANEMIA</b> TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>			
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2
212	ASK CONSENT FOR <b>MALARIA</b> TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have <b>malaria</b>. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>			

213	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6
214	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
215	RECORD <u>HEMOGLOBIN LEVEL</u> HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED .....995 OTHER .....996
216	RECORD RESULT CODE OF THE <u>MALARIA RDT</u> .	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 224) ←
217	RESULT OF THE <u>MALARIA RDT TEST</u> .	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 224) ← OTHER ..... 6
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem and is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.			
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) _____ REFUSED ..... 2 ALREADY HAS ACTS 3 NOT ELIGIBLE 4 OTHER ..... 6
220	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.			
221	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL</u> .	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6
222	STICK 1ST BAR CODE LABEL FOR THE CHILD'S MALARIA TEST	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>BAR CODE LABEL</b> </div> NOT PRESENT 99994 REFUSAL 99995 OTHER 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE CHILD'S SLIDE AND THE 3RD ON THE MALARIA TRANSMITTAL FORM</b>
223	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE ; IF NO MORE CHILDREN, GO TO 224.				

**WEIGHT, HEIGHT, HEMOGLOBIN AND HIV TESTING FOR WOMEN 15 -49**

224	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 225. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>WOMAN 1</b>	<b>WOMAN 2</b>	<b>WOMAN 3</b>
225	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
226	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
227	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
228	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←
229	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 233) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 233) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 233) ←
230	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
231	ASK CONSENT FOR <b>ANEMIA TEST</b> FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
232	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 238)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
233	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>		
234	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)
235	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
236	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←
237	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←
238	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
239	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)
240	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)
242	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙
243	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙
243A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
244	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT OR OTHER ADULT IDENTIFIED IN 243A AS RESPONSIBLE FOR NEVER IN UNION	<p>We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
245	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)
246	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
247	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)
248	ADDITIONAL TESTS	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
249	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
250	RECORD <b>HEMO-GLOBIN LEVEL</b> HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
251	STICK 1ST BAR CODE LABEL FOR THE <b>WOMEN'S HIV TEST</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> STICK THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> STICK THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> STICK THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>
252	GO BACK TO 226 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE WOMEN, GO TO 253.			

**WEIGHT, HEIGHT, HEMOGLOBIN AND HIV TESTING FOR WOMEN 15 -49**

224	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 225. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>WOMAN 4</b>	<b>WOMAN 5</b>	<b>WOMAN 6</b>
225	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
226	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
227	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
228	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 233) ←
229	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION)..... 1 OTHER ..... 2 (GO TO 233) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER ..... 2 (GO TO 233) ←	CODE 4 (NEVER IN UNION)..... 1 OTHER ..... 2 (GO TO 233) ←
230	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
231	ASK CONSENT FOR <b>ANEMIA TEST</b> FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
232	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ ← (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ ← (SIGN) (IF REFUSED, GO TO 238)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ ← (SIGN) (IF REFUSED, GO TO 238)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
233	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>		
234	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 226)
235	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
236	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 240) ←
237	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 240) ←
238	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM PARENT/ OTHER ADULT IDENTIFIED IN 230 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
239	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 244)
240	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in The Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		



		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
241	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 249)
242	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 246) ↙
243	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 246) ↙
243A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
244	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT OR OTHER ADULT IDENTIFIED IN 243A AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
245	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 248)
246	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow The National Public Health Laboratory of the Ministry of Health and Social Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
247	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF GRANTED, GO TO 249)
248	ADDITIONAL TESTS	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 245 AND 247: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
249	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
250	RECORD <b>HEMO-GLOBIN LEVEL</b> HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
251	STICK 1ST BAR CODE LABEL FOR THE <b>WOMEN'S HIV TEST</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;">STICK THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;">STICK THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>	<div style="border: 2px dashed black; padding: 5px; text-align: center;">STICK THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  <b>STICK THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</b>
252	GO BACK TO 226 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 253.			

**TESTING FOR MEN AGE 15-59**

253	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>MAN 1</b>	<b>MAN 2</b>	<b>MAN 3</b>
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
255	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←
256	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←
2'256A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
257	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM PARENT / OTHER ADULT IDENTIFIED IN 256A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
257A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)
258	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia.</p> <p>For the HIV test, we need a few more 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 270)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 270)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 270)
260	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←

		MAN 1	MAN 2	MAN 3
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
261	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 264) ←
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 257A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.  The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN)  (IF REFUSED, GO TO 266)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN)  (IF REFUSED, GO TO 266)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN)  (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.  The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 267)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2  _____ (SIGN)  (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL <b>MEN'S HIV TEST</b>	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 255 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF NEXT PAGE; IF NO MORE MEN, END INTERVIEW.			

**TESTING FOR MEN AGE 15-59**

253	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>MAN 4</b>	<b>MAN 5</b>	<b>MAN6</b>
254	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
255	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 258) ←
256	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 258) ←
2'256A	RECORD LINE NUMBER OF PARENT / OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/>
257	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM PARENT / OTHER ADULT IDENTIFIED IN 256A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
257A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 270)
258	ASK CONSENT FOR <b>DBS COLLECTION</b> FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in the Gambia.</p> <p>For the HIV test, we need a few more 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 270)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 270)	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> (IF REFUSED, GO TO 270)
260	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 264) ←

261	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 264) ←	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 264) ←
262	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 257A AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2  _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2  _____ (SIGN) (IF REFUSED, GO TO 266)	GRANTED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2  _____ (SIGN) (IF REFUSED, GO TO 266)
264	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the National Public Health Laboratories of the Ministry of Health and Welfare to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
265	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2  _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2  _____ (SIGN) (IF GRANTED, GO TO 267)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . . . 2  _____ (SIGN) (IF GRANTED, GO TO 267)
266	ADDITIONAL TESTS	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255	CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE " <b>NO ADDITIONAL TEST</b> " ON THE FILTER PAPER AND GO BACK TO 255
267	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
269	BAR CODE LABEL <b>MEN'S HIV TEST</b>	<div style="border: 1px dashed black; padding: 10px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
270	GO BACK TO 255 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS  
(TO BE ADDED TO THE HOUSEHOLD QUESTIONNAIRE)**

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

EXAMPLE: THE HOUSEHOLD NUMBER IS '16' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

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

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

HOUSEHOLD LINE NUMBER OF SELECTED WOMAN .....

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