

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL HOUSEHOLD QUESTIONNAIRE
 WITH HIV/AIDS AND MALARIA MODULES

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
REGION																			
LARGE CITY/SMALL CITY/TOWN/RURAL (2) (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																			

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
RESULT*	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
NEXT VISIT: DATE	_____	_____		RESULT						
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						
COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	<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 5-32 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>How old is (NAME)?</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>			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<input type="text"/>	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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		1 2 ↓ GO TO 23
01	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	01	1 2 ↓ GO TO 23
02	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	02	1 2 ↓ GO TO 23
03	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	03	1 2 ↓ GO TO 23
04	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	04	1 2 ↓ GO TO 23
05	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	05	1 2 ↓ GO TO 23
06	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	06	1 2 ↓ GO TO 23
07	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	07	1 2 ↓ GO TO 23
08	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	08	1 2 ↓ GO TO 23
09	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	09	1 2 ↓ GO TO 23
10	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	10	1 2 ↓ GO TO 23

Question 12, Question 15, and Questions 18-20 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

LINE NO.	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2006 - 2007) (3) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006) (3)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
01	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
02	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
03	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
04	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
05	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
06	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
07	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
08	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
09	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □
10	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL GRADE □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL GRADE □ □ □

CODES FOR Qs. 24, 26, AND 28: EDUCATION

Questions 21 and 22 relate to situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

LEVEL
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DON'T KNOW

GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 24 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR QS. 26 AND 28)
 98 = DON'T KNOW

	IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	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
	(29)	(30)	(31)	(32)
	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	<input type="checkbox"/>
01	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
02	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
03	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
04	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
05	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
06	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
07	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
08	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
09	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
10	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>

Questions 29-31 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
	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 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?				What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES 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 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS							
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		1 2 ↓ GO TO 23
11	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	11	1 2 ↓ GO TO 23
12	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	12	1 2 ↓ GO TO 23
13	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	13	1 2 ↓ GO TO 23
14	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	14	1 2 ↓ GO TO 23
15	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	15	1 2 ↓ GO TO 23
16	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	16	1 2 ↓ GO TO 23
17	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	17	1 2 ↓ GO TO 23
18	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	18	1 2 ↓ GO TO 23
19	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	19	1 2 ↓ GO TO 23
20	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	20	1 2 ↓ GO TO 23

Question 12, Question 15, and Questions 18-20 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

LINE NO.	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS			
	BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE			
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2006 - 2007) (3) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2005 - 2006) (3)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [][] [][]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [][] [][]
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

CODES FOR Qs. 24, 26, AND 28: EDUCATION

Questions 21 and 22 relate to situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

LEVEL
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DON'T KNOW

GRADE
 00 = LESS THAN 1 YEAR COMPLETED
 (USE '00' FOR Q. 24 ONLY.)
 THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
 98 = DON'T KNOW

	IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	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
	(29)	(30)	(31)	(32)
	Y N DK	Y N DK	Y N DK	
11	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
12	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
13	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
14	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
15	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
16	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
17	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
18	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
19	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>
20	1 2 8	1 2 8	1 2 8	<input type="checkbox"/>

Questions 29-31 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 106 → 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 106
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	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108																					
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z																						
108	What kind of toilet facility do members of your household usually use? (4)	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 111																					
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																					
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																					
0																								
111	Does your household have: (5) Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? [ADD ADDITIONAL ITEMS. SEE FOOTNOTE 5.]	<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>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> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE .	1	2	REFRIGERATOR	1	2	
	YES	NO																						
ELECTRICITY	1	2																						
RADIO	1	2																						
TELEVISION	1	2																						
MOBILE TELEPHONE	1	2																						
NON-MOBILE TELEPHONE .	1	2																						
REFRIGERATOR	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER _____ 6 (SPECIFY)	→ 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. (4) RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
118	MAIN MATERIAL OF THE ROOF. (4) RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
119	MAIN MATERIAL OF THE EXTERIOR WALLS. (4) RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
121	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	
	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																						
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many hectares of agricultural land do members of this household own?	HECTARES <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 95 DON'T KNOW 98	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126
125	How many of the following animals does this household own? (6) IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Milk cows or bulls? Horses, donkeys, or mules? Goats? Sheep? Chickens?	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 <input type="text"/> <input type="text"/>	
126	Does any member of this household have a bank account?	YES 1 NO 2	
127	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

Questions 127-137 are part of the malaria module and should be omitted in countries that do not adopt the module. The malaria module should be used in all malaria endemic countries.

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2	OBSERVED 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	'PERMANENT' NET BRAND A 11 BRAND B 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET BRAND C 21 BRAND D 22 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98	'PERMANENT' NET BRAND A 11 BRAND B 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET BRAND C 21 BRAND D 22 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98	'PERMANENT' NET BRAND A 11 BRAND B 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET BRAND C 21 BRAND D 22 OTHER/ DK BRAND 26 (SKIP TO 133) ← OTHER 31 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. (7) RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 (SPECIFY REASON) _____		

SUPPORT FOR SICK PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	<p>CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE:</p> <p>AT LEAST ONE <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>	<p>NUMBER OF SICK PEOPLE AGE 18-59 <input type="text"/> <input type="text"/></p> <p>→ 301</p>		
202	<p>ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK.</p> <p>You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons].</p> <p>First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay.</p> <p>By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.</p>			
203	<p>NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE</p> <p>Questions 201-211 should only be included in countries with HIV prevalence greater than 5 percent.</p>	<p>1ST SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/> <input type="text"/></p>	<p>2ND SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/> <input type="text"/></p>	<p>3RD SICK PERSON</p> <p>NAME _____</p> <p>LINE NO. ... <input type="text"/> <input type="text"/></p>
204	<p>Now I would like to ask you about any support you received for (NAME).</p> <p>In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 206) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 206) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 206) ←</p> <p>DK 8</p>
205	<p>Did your household receive any of this medical support at least once a month while (NAME) was sick?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>
206	<p>In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 208) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 208) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 208) ←</p> <p>DK 8</p>
207	<p>Did your household receive of this any emotional or psychological support in the past 30 days?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>
208	<p>In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 210) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 210) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 210) ←</p> <p>DK 8</p>
209	<p>Did your household receive any of this material support in the past 30 days?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>
210	<p>In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 212) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 212) ←</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 212) ←</p> <p>DK 8</p>
211	<p>Did your household receive any of this social support in the past 30 days?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 214) ←
213	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←	YES, SEVERE 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 216) ←
215	Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		<p>Questions 212-215 are used to assess aspects of the President's Emergency Plan for AIDS Relief and can be deleted in the countries that are not targeted for special initiatives under the Plan.</p> <p>GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.</p>		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES	NO	DON'T KNOW	→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS			<input type="text"/>
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH	
305	Was (NAME) male or female?	<p>Questions 301-306 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).</p>			E 1 ALE 2
306	How old was (NAME) when (he/she) died?	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	<18/60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	<18/60+ <input type="text"/> (SKIP TO 318) ← 18-59 <input type="text"/>	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	<p>Questions 307-317 should only be included in countries with HIV prevalence greater than 5 percent.</p>
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) severe?	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 322) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

Questions 318-321 are used to assess aspects of the President's Emergency Plan for AIDS Relief and can be deleted in the countries that are not targeted for special initiatives under the Plan.

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 <input type="checkbox"/> → 501</p>	
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> → 501</p>	
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

Questions 401-417 relate to the situation of orphans and vulnerable children and are part of the HIV/AIDS module. They should be included only in countries where HIV prevalence is higher than 5 percent or where more than 8 percent of children age 0-17 years are orphans (i.e., one or both biological parents have died).

406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	1ST CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

NO.

CODING CATEGORIES

406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE NO. ... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> ↓	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

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

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508 AND FOR THE ANEMIA PROCEDURE IN 513			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001(8) OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (9).	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

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

We request that all children born in 2001 (8) or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

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

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

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

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001 (8) OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509	CHECK 503: 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 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 513)
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET (9).	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>
513	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

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

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519, FOR THE ANEMIA TEST PROCEDURE IN 528, AND FOR THE HIV TEST PROCEDURE IN 530.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523) ←	15-17 YEARS 18-49 YEARS (GO TO 523) ←
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523) ←	CODE 4 (NEVER IN UNION) OTHER (GO TO 523) ←
522	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"/>
523	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 525).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 525).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 525).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 523 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 523 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

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

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
524	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 2
525	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Questions 525, Questions 529-530 and the HIV test consent statement should be omitted in countries in which HIV testing is not a component of the survey. </div>				
526	CHECK 523 AND 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 528 AND FOR THE HIV TEST PROCEDURE IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
527	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
528	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
CONSENT STATEMENT FOR HIV TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of 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 (COUNTRY).</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>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/NAME OF ADOLESCENT's) test results either.</p> <p>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?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>
		NAME _____	NAME _____	NAME _____
530A	CHECK 530: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> ↓ BLOOD NOT TAKEN <input type="checkbox"/> ↓ GO TO NEXT WOMAN
530B	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR NEVER-IN- UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ↓ _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ↓ _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 ↓ _____ (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
530D	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531.			

CONSENT STATEMENT FOR ADDITIONAL TESTS

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 530B IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-49

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 535, FOR THE ANEMIA TEST PROCEDURE IN 543, AND FOR THE HIV TEST PROCEDURE IN 545.			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
533	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
534	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
535	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
536	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 539) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 539) ←	15-17 YEARS 18-49 YEARS (GO TO 539) ←
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 539) ←	CODE 4 (NEVER IN UNION) OTHER (GO TO 539) ←
538	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"/>
539	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
CONSENT STATEMENT FOR ANEMIA TEST				
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 539 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF HE REFUSES.				
FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 539 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.				
For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.				
The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.				
Do you have any questions?				
You can say yes to the test, or you can say no. It is up to you to decide.				
Will you (allow NAME OF ADOLESCENT to) take the anemia test?				

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
540	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
			Questions 540, Questions 544-545, and the HIV test consent statement should be omitted in countries in which HIV testing is not a component of the survey.	
541	CHECK 539 AND 540 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 543 AND FOR THE HIV TEST PROCEDURE IN 545 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
542	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET (9).	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
543	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
544	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
545	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
CONSENT STATEMENT FOR HIV TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 540 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 540 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of 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 (COUNTRY).</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>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/NAME OF ADOLESCENT's) test results either.</p> <p>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?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?</p>				

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
545A	CHECK 545 OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN
545B	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
545C	ADDITIONAL TESTS	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
545D	GO BACK TO 533 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			
CONSENT STATEMENT FOR ADDITIONAL TESTS				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 545B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 545B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 545B ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				

FOOTNOTES

- ¹ This section should be adapted for country-specific survey design.
- ² The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; the remaining urban sample points are "towns."
- ³ In Q. 25, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended. In Q. 27, the year should be the school year prior to the year mentioned in Q. 25.
- ⁴ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- ⁵ Each country should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, electric generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.
- ⁶ Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
- ⁷ There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be ordered. The test kits should have standard gradations at 0, below 15 PPM, and 15 PPM AND ABOVE so that the percentage of households using adequately iodized salt can be calculated according to the UNICEF standard cutoff point of 15 PPM.
- ⁸ For fieldwork beginning in 2007, 2008 or 2009, the year should be 2002, 2003 or 2004, respectively.
- ⁹ In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.