

VANUATU DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE				10-Aug-13
VANUATU NATIONAL STATISTICS OFFICE/MINISTRY OF HEALTH				
IDENTIFICATION				
ISLAND NAME _____ VILLAGE NAME _____ ENUMERATION AREA CODE HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ URBAN/RURAL (URBAN = 1, RURAL'1' = 2, RURAL'2' = 3) HOUSEHOLD SUB-SELECTED FOR MALE SURVEY? 1 YES 2 NO 	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> MONTH <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> YEAR <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> INT. NUMBER <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> RESULT <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE WOMEN <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TOTAL ELIGIBLE MEN <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
LANGUAGE OF INTERVIEW 1 ENGLISH 2 BISLAMA 3 OTHER _____ LANGUAGE OF RESPONDENT 1 ENGLISH 2 BISLAMA 3 OTHER _____ <div style="text-align: center;">(SPECIFY)</div> TRANSLATOR USED? 1 YES 2 NO				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
SUPERVISOR NAME _____ DATE _____ <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		FIELD EDITOR NAME _____ DATE _____ <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		OFFICE EDITOR <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
KEYED BY <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				

Introduction and Consent

Hello. My name is _____ and I am working with the **Vanuatu National Statistics office and Ministry of Health**. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 20 and 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

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

Signature of interviewer: _____ Date: _____

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

Halo. Nem blo mi _____ mi wok wetem Vanuatu Nasenel Statistik ofis mo Ministri blo helt. Mifala stap kondatem wan nasenel sevei abaotem ol difidifren helt isus. Bae mifala hapi tumas sapos yu save pat long sevei ia. Sevei ia mbae hemi tekem abaot 20 mo 30 minits blo finisim.

Olsem pat blo sevei ia mbae mifala askem sam kwestens abaotem haoshol blong yu. Everi ansa we yu kivim mbae mifala kipim hemi sikret and mbae mifala nosave talem olbaot. Mifala no fosem yu blo pat long sevei ia. Sapos yumi kam long wan kwesten we yu no wantem ansa, jes letem mi save blo mi save ko long narafala kwesten; o yu save stopem intaviu lo eni taem. Haevea, mifala hop se mbae yu patisipet lo sevei ia sins ol vius blo yu hemi impoten tumas.

*Naoia, yu wantem askem eni ting abaotem sevei ia?
Mi save statem intaviu nao?*

HOUSEHOLD SCHEDULE												
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY				
	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 5-25 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. (NEM) hemi rileded olsem wanem long hed blong haoshold?	Is (NAME) male or female? (NEM) hemi van man o wan woman?	Does (NAME) usually live here? (NEM) hemi liv long ples ia everi taem?	Did (NAME) stay here last night? (NEM) hemi bin stap long ples ia long las naet?	How old is (NAME)? (NEM) hemi gat hamas yia?	What is (NAME'S) current marital status? 1 = MARRIED (LEGALLY) 2. DEFACTO 3 = DIVORCED 4=SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED Wanem karent maritel stetas blong (NEM)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OVER	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 1-14
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11a)	(11b)	(11c)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 0-14 YEARS	IF AGE 3 YEARS OR OLDER	IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	IF AGE 5 OR ABOVE		
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MOTHER OR PRIMARY CARE TAKER	EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	DISABILITY STATUS		
	Is (NAME)'s natural mother alive? <i>Stret mama blo (NEM) hemi laef iet?</i>	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'. <i>Stret mama blo nem hemi stap liv long haeshol ia o hemi tes kam nomo olsem wan gest long las naef?</i> Wanem nem blong hem?	Is (NAME)'s natural father alive? <i>Stret papa blo (NEM) hemi laef iet?</i>	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'. <i>Stret papa blo nem hemi stap liv long haeshol ia o hemi tes kam nomo olsem wan gest long las naef?</i> Wanem nem blong hem?	ENTER LINE NUMBER OF MOTHER FROM COLUMN 13 IF INDICATED. IF COLUMN 13 IS BLANK OR "00" ASK: Who is the primary caretaker of (NAME)? <i>Huia nao hemi stap lukaotem (NEM)?</i>	Has (NAME) ever attended school or pre-school? <i>(NEM) hemi eva ko long skul o pri-skul?</i>	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. <i>Wanem haest level mo grad blong skul nao (NEM) hemi atendem?</i>	Did (NAME) attend school or preschool at any time during the (2013 school year? <i>(NEM) hemi eva ko long skul o pri skul long eni taem lo 2013 skul yia?</i>	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. <i>Long taem blong skul yia, wanem level mo grad nao (NEM) hemi bin atendem?</i>	Did (NAME) attend school at any time during the previous school year, that is, (2012)? <i>(NEM) hemi bin ko long skul long eni taem long privious skul ia long (2012)?</i>	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW. <i>Long taem blo skul, wanem level mo grad nao (NEM) hemi kasem?</i>	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? IF YES: Can you show it to me please? 1= HAS CERTIFICATE (SEEN) 2= HAS CERTIFICATE (NOT SEEN) 3= REGISTERED BUT NO CERTIFICATE 4= NEITHER 8= DONT KNOW Nem hemi kat birth cetifiket? wetem ol man blong we oli stap rigistarem ol pikinini? Yu save some long mi plis?	Does (NAME) have any difficulties due to health problem in doing the following activities: 1. Seeing 2. Hearing 3. Walking or climbing steps 4. Remembering or concentrating 5. Self care like washing or dressing 6. Communicating and understanding or being understood <i>Nem hemi faenem I had long saed blong problem blong helt blo mekem ol wok ia ve I stap:</i> 1. Lukluk 2. Harem samting 3. Wokabaot o klaem steps 4. Tingbaot o lisen gud 5. Lukaotem yu wan o dressing 6. Toktok mo unda-standem samting	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR DISABILITY MODULE
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
01	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 16			Y N 1 2 ↓ GO TO 23	LEVEL GRADE 1 2 ↓ GO TO 23	Y N 1 2 ↓ GO TO 21	LEVEL GRADE 1 2 ↓ GO TO 21	Y N 1 2 ↓ GO TO 23			Y N DK 1 2 8 ↓	01
02	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	02
03	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	03
04	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	04
05	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	05
06	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	06
07	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	07
08	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	08
09	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	09
10	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 21	1 2 ↓ GO TO 21	1 2 ↓ GO TO 23			1 2 8 ↓	10

CODES FOR Qs. 18, 20, AND 22: EDUCATION

LEVEL	GRADE	GRADE
0 = PRE SCHOOL →	01 = 1year, 02 = 2 years, 03 = 3 years	00 = LESS THAN 1YEAR COMPLETED
1 = PRIMARY →	G01, G02, G03, G04, G05, G06, G07, G08	(USE '00' FOR Q. 18 ONLY.
2 = SECONDARY →	G9, G10, G11, G12, G13, G14	THIS CODE IS NOT ALLOWED
3 = TERTIARY →	01 = 1year, 02 = 2 years, 03 = 3 years, etc..	FOR QS. 20 AND 22)
4 = VOCATIONAL →	01 = 1year, 02 = 2 years, 03 = 3 years, etc..	98 = DONT KNOW
5 = OTHER →	01 = 1year, 02 = 2 years, 03 = 3 years, etc..	
8 = DONT KNOW →	98	

Instruction for Qs. 24 and 25

If no more household members, go to Q. 26

HOUSEHOLD SCHEDULE												
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY				
	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 5-25 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. (NEM) hemi riletet olsem wanem long hed blong haoshold?	Is (NAME) male or female? (NEM) hemi van man o wan woman?	Does (NAME) usually live here? (NEM) hemi liv long ples ia everi taem?	Did (NAME) stay here last night? (NEM) hemi bin stap long ples ia long las naet?	How old is (NAME)? (NEM) hemi gat hamas yia?	What is (NAME'S) current marital status? 1 = MARRIED (LEGALLY) 2. DEFACTO 3 = DIVORCED 4=SEPARATED 5 = WIDOWED 6 = NEVER-MARRIED Wanem karent maritel stetas blong (NEM)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OVER	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 5-14	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 1-14
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11a)	(11b)	(11c)
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 1 2		11	11	11	11	11
12			1 2	1 2	1 2	1 2		12	12	12	12	12
13			1 2	1 2	1 2	1 2		13	13	13	13	13
14			1 2	1 2	1 2	1 2		14	14	14	14	14
15			1 2	1 2	1 2	1 2		15	15	15	15	15
16			1 2	1 2	1 2	1 2		16	16	16	16	16
17			1 2	1 2	1 2	1 2		17	17	17	17	17
18			1 2	1 2	1 2	1 2		18	18	18	18	18
19			1 2	1 2	1 2	1 2		19	19	19	19	19
20			1 2	1 2	1 2	1 2		20	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

(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 ☐

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LINE NO.	IF AGE 0-17 YEARS				IF AGE 0-14 YEARS	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	IF AGE 5 OR ABOVE	
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				MOTHER OR PRIMARY CARE TAKER	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	DISABILITY STATUS	
	Is (NAME)'s natural mother alive? <i>Stret mama blo (NEM) hemi laef iet?</i>	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'. <i>Stret mama blo nem hemi stap liv long haeshol ia o hemi tes kam nomo olsem wan gest long las naef?</i> Wanem nem blong hem?	Is (NAME)'s natural father alive? <i>Stret papa blo (NEM) hemi laef iet?</i>	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'. <i>Stret papa blo nem hemi stap liv long haeshol ia o hemi tes kam nomo olsem wan gest long las naef?</i> Wanem nem blong hem?	ENTER LINE NUMBER OF MOTHER FROM COLUMN 13 IF INDICATED. IF COLUMN 13 IS BLANK OR '00' ASK: Who is the primary caretaker of (NAME)? <i>Huia nao hemi stap lukactem (NEM)?</i>	Has (NAME) ever attended school or pre-school? <i>(NEM) hemi eva ko long skul o pri skul?</i>	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. <i>Wanem haest level mo gred blong skul nao (NEM) hem atendem?</i>	Did (NAME) attend school or preschool at any time during the (2013) school year? <i>(NEM) hemi eva ko long skul o pri skul long eni taem lo 2013 skul yia?</i>	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. <i>Long taem blong skul yia, wanem level mo gred nao (NEM) hemi bin atendem?</i>	Did (NAME) attend school at any time during the previous school year, that is, (2012)? <i>(NEM) hemi bin ko long skul long eni taem long prvious skul ia long (2012)?</i>	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW. <i>Long taem blo skul, wanem level mo grad nao (NEM) hemi kasem?</i>	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? IF YES: Can you show it to me please? 1= HAS CERTIFICATE (SEEN) 2= HAS CERTIFICATE (NOT SEEN) 3= REGISTERED BUT NO CERTIFICATE 4= NEITHER 8= DON'T KNOW Nem hemi kat birth cetifiket? wetem ol man blong we oli stap rigistarem ol pikinini? Yu save some long milis?	Does (NAME) have any difficulties due to health problem in doing the following activities: 1. Seeing 2. Hearing 3. Walking or climbing steps 4. Remembering or concentrating 5. Self care like washing or dressing 6. Communicating and understanding or being understood <i>Nem hemi faenem I had long saed blong problem blong helt blo mekem ol wok ia we I stap:</i> 1. Lukuluk 2. Harem samting 3. Wokabaot o klaem steps 4. Tingbaot o lisen gud 5. Lukaotem yu wan o dresing 6. Toktok mo unda-standem samting	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR DISABILITY MODULE
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
11	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 16			Y N 1 2 ↓ GO TO 23	LEVEL GRADE 1 2 8	Y N 1 2 ↓ GO TO 21	LEVEL GRADE 1 2 8	Y N 1 2 ↓ GO TO 23	LEVEL GRADE 1 2 8		Y N DK 1 2 8 ↓	11
12	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	12
13	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	13
14	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	14
15	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	15
16	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	16
17	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	17
18	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	18
19	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	19
20	1 2 8 ↓ GO TO 14		1 2 8 ↓ GO TO 16			1 2 ↓ GO TO 23	1 2 8	1 2 ↓ GO TO 21	1 2 8	1 2 ↓ GO TO 23	1 2 8		1 2 8 ↓	20

CODES FOR Qs. 18, 20, AND 22: EDUCATION

LEVEL	GRADE	GRADE
0 = PRE SCHOOL →	01 = 1 year, 02 = 2 years, 03 = 3 years	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY →	G01, G02, G03, G04, G05, G06, G07, G08	(USE '00' FOR Q. 18 ONLY.)
2 = SECONDARY →	G9, G10, G11, G12, G13, G14	THIS CODE IS NOT ALLOWED FOR Qs. 20 AND 22)
3 = TERTIARY →	01 = 1 year, 02 = 2 years, 03 = 3 years, etc..	98 = DON'T KNOW
4 = VOCATIONAL →	01 = 1 year, 02 = 2 years, 03 = 3 years, etc..	
5 = OTHER →	01 = 1 year, 02 = 2 years, 03 = 3 years, etc..	
8 = DON'T KNOW →	98	

Instruction for Qs. 24 and 25

If no more household members, go to Q. 26

CHILD LABOR (FOR ALL CHILDREN AGED 5 THROUGH 14)										
(26)	CHECK COLUMN (11b) FOR ELIGIBILITY: AT LEAST ONE CHILD AGE 5-14	NO CHILDREN AGE 5-14							37	
THE MODULE OF CHILD DISCIPLINE IS TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR GUARDIAN OF THE CHILD.										
Now I would like to ask about any work that children in this household may do.										
Naoia mi laekem blong askem abaotem eni wok we ol pikinini blong haoshol ia hemi stap mekem.										
LINE NUMBER	NAME OF CHILD FROM COL. 2	AGE OF CHILD FROM COL. 7	WORK LAST WEEK						HOUSEHOLD CHORES	
WRITE CHILD'S LINE NUMBER FROM COLUMN 11b IN THE HOUSEHOLD SCHEDULE	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay (cash or in kind) or unpaid? <i>Long las wik, (NEM) hemi bin mekem eni wok blong narafala man we hemi no membra blo haoshol?</i> <i>Oli pem hem long cash o pem long ol narafala samting o oli no pem hem?</i>	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this house- hold? INCLUDE ALL HOURS AT ALL JOBS <i>Long las (DEI Blo Wik). Abaot hamas haoa nao (NEM) hemi bin mekem wok ia blong narafala man we hemi no membra blo haoshol?</i>	During the past week, did (NAME) fetch water or collect firewood for household use? <i>Long pas wik, (NEM) hemi bin Kasem vota o karem faevud blo haoshol I usum?</i>	Since last (DAY OF THE WEEK) about how many hours did (NAME) fetch water or collect firewood for household use? <i>Long las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin kasem vota o karem faevud blo haoshol I usum?</i>	During the past week, did (NAME) do any paid or un- paidwork on a family farm or in a family business or selling goods in the streets? INCLUDE WORK FOR A BUSINESS RUN BY THE CHILD ALONE, OR WITH ONE OR MORE PARTNERS. <i>Long pas wik, (NEM) hemi bin mekem eni wok from payo wok we oli no pem hem from lo fam blo famili o lo bisnis blo famili o salem ol samting lo strit?</i>	Since last (DAY OF WEEK) about how many hours did (NAME) do this work for his/her family or himself/ herself? <i>Sins las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin mekem wok ia blong familis o blong hem wan?</i>	During the past week, did (NAME) help with household chores such as shopping, cleaning, cooking or caring for children, old, or sick people? <i>Long pas wik, (NEM) hemi bin helpem haoshol wok olsem ko shoping, klining, washem ol klos, kuking o lukaotem pikinini, olfala o sik pipol?</i>	Since last (DAY OF THE WEEK) about how many hours did (NAME) spend doing these chores? <i>Sins las (DEI BLO WIK) abaot hamas haoa nao (NEM) hemi bin spendem blong mekem olgeta wok ia?</i>
(27)	(28a)	(28b)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
Child 1			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 2			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 3			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 4			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 5			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 6			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 7			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT LINE	
Child 8			PAID UNPD NO 1 2 3 ↓ GO TO 31		Y N 1 2 ↓ GO TO 33		Y N 1 2 ↓ GO TO 35		Y N 1 2 ↓ NEXT PAGE	
IF NO MORE CHILD, GO TO QUESTION 37										

LIST OF ALL CHILDREN AGE 1-14				
37	CHECK COLUMN (11c) FOR ELIGIBILITY. AT LEAST ONE CHILD AGED 1-14 <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; margin-left: 10px;"></div>		NO CHILDREN AGED 1-14 <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; margin-left: 10px;"></div>	59
<p>LIST EACH OF THE CHILDREN AGED 1-14 YEARS BELOW IN THE ORDER THEY APPEAR IN THE HOUSEHOLD LISTING FORM. DO NOT INCLUDE OTHER HOUSEHOLD MEMBERS OUTSIDE OF THE AGE RANGE 1-14 YEARS.</p> <p>THE MODULE OF CHILD DISCIPLINE IS TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR GUARDIAN OF THE CHILD)</p>				
CHILDREN AGED 1-14 YEARS				
RANK NO.	LINE NUMBER	NAME OF CHILD	CHILD'S AGE	MOTHER'S OR PRIMARY CARETAKER'S LINE NUMBER AND NAME
	WRITE CHILD'S LINE NO. FROM COLUMN 11c IN THE HHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 1-14	WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 1-14	WRITE CHILD'S AGE FROM COLUMN 7 IN THE HOUSEHOLD SCHEDULE	WRITE MOTHER'S OR PRIMARY CARETAKER'S LINE NUMBER AND NAME FROM COLUMN 16 IN THE HOUSEHOLD SCHEDULE IF NOT AVAILABLE, RECORD '00' AND CONTINUE TO THE NEXT CHILD IN COLUMN 38, IF NO MORE CHILD CONTINUE TO QUESTION 42
	(38)	(39)	(40)	(41)
1	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
3	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
4	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
5	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
6	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
7	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____
8	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> _____

TABLE FOR SELECTION OF CHILDREN FOR THE CHILD DISCIPLINE QUESTIONS

NO.	QUESTIONS AND FILTERS	SKIP																																																																																																												
42	<p>CHECK COLUMN 38:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>MORE THAN ONE CHILD AGE 1-14 ENTER TOTAL NUMBER IN BOX AND GO TO INSTRUCTIONS BELOW</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>ONLY ONE CHILD AGE 1-14</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <p>NO CHILDREN AGE 1-14</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> </div> </div> <p>→ 45</p> <p>→ 59</p>																																																																																																													
43	<p>INSTRUCTIONS</p> <p>LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW YOU SHOULD CIRCLE BELOW. LOOK AT QS 38 AND RECORD THE TOTAL NUMBER OF ELIGIBLE CHILDREN AGE 1-14 FROM COLUMN 38 _____. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. IF THERE ARE MORE THAN 8 ELIGIBLE CHILDREN IN THE HOUSEHOLD, CIRCLE '8' IN THE ROW AT THE TOP OF THE TABLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE RANK NUMBER OF THE ELIGIBLE CHILD WHOSE PARENT OR CARETAKER WILL BE ASKED THE QUESTIONS ON CHILD DISCIPLINE. THEN, GO TO COLUMN (38) AND PUT A * NEXT TO THE HOUSEHOLD LINE NUMBER OF SELECTED CHILD AND RECORD CHILD'S HOUSEHOLD LINE NUMBER IN Q.45 AND RECORD CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT'S NAME AND LINE NUMBER IN Q.46.</p> <p>FOR EXAMPLE, IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE CHILDREN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE CHILD. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE CHILDREN ARE '02', '03', AND '07'; THEN THE ELIGIBLE CHILD FOR THE QUESTIONS ON CHILD DISCIPLINE IS THE SECOND ELIGIBLE CHILD, I.E., THE CHILD WITH HOUSEHOLD LINE NUMBER '03'. PUT A * NEXT TO THIS CHILD'S LINE NUMBER IN COLUMN (38) OF THE LIST AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND CHILD'S NAME IN Q.45. THEN, RECORD THE LINE NUMBER AND A NAME OF CHILD'S PARENT OR OTHER MOST KNOWLEDGEABLE ADULT IN Q.46</p>																																																																																																													
44	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">LAST DIGIT OF THE HOUSEHOLD NUMBER</th><th colspan="9">TOTAL NUMBER OF CHILDREN AGE 1-14 IN THE HOUSEHOLD</th></tr> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8+</th></tr> </thead> <tbody> <tr><td>0</td><td>1</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>1</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>1</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>1</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>	LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF CHILDREN AGE 1-14 IN THE HOUSEHOLD									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	
LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF CHILDREN AGE 1-14 IN THE HOUSEHOLD																																																																																																													
	1	2	3	4	5	6	7	8+																																																																																																						
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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																																																																																																						

CHILD DISCIPLINE - FOR ONE CHILD AGED 1 THROUGH 14			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
45	LINE NUMBER AND NAME OF THE SELECTED CHILD AGE 1-14 YEARS FROM COLUMNS 38 AND 39	LINE NUMBER <input type="text"/> <input type="text"/> NAME	
46	LINE NUMBER AND NAME OF CHILD'S MOTHER OR OTHER PRIMARY CARETAKER FROM COLUMN 41	MOTHER/CARETAKER NOT AVAILABLE 00 → 59 LINE NUMBER <input type="text"/> <input type="text"/> NAME	
THE FOLLOWING QUESTIONS 47-58 ON CHILD DISCIPLINE ARE TO BE ADMINISTERED ONLY TO THE MOST KNOWLEDGEABLE ADULT (MOTHER, FATHER, OTHER PRIMARY CARETAKER OR A GUARDIAN OF A CHILD)			
47	Adults use certain ways to teach children the right behavior or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in the household has used this method with (NAME) in the past month. Adolt oli usum sam weis blo tijim pikinini hao blo bihev o hao blo adreseem problem. Bae mi ridim sam metods we oli stap usum mo mi wantem yu talem lo mi sapos yu o eniwan bakeken lo haoshold hemi bin usum metod ia wetem (NEM) lo pas manis Took away privileges, forbade something (NAME) liked, or did not allow him/her to leave the house (in the past month)? Tekem aot ol raets, stopem samsamting lo (NEM) olsem, o no letem hem livim haos (lo pas manis)?	YES..... 1 NO 2	
48	Explained why (NAME's) behaviour was wrong (in the past month)? Yu bin explenem from wanem bihevia blo (NEM) hemi rong (long pas manis)?	YES..... 1 NO 2	
49	Shook him/her (in the past month)? Shokem hem (lo pas manis)?	YES..... 1 NO 2	
50	Shouted, yelled or screamed at (NAME) in the past month? Singsingaot lo (NEM) lo pas manis?	YES..... 1 NO 2	
51	Gave him/her something else to do (in the past month)? Kivim hem narafala samting blong mekem (lo pas manis)?	YES..... 1 NO 2	
52	Spanked, hit or slapped him/her on the bottom with bare hand (in the past month)? Slapem hem lo botom blo hem wetem hand nomo (long pas manis)?	YES..... 1 NO 2	
53	Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object (in the past month)? Wipim hem lo botom o narafala pat blo bodi wetem samting olsem strap, bras blo hea, stik o ol narafala strong samting (long pas manis)?	YES..... 1 NO 2	
54	Called him/her dumb, lazy, or a similar name (in the past month)? Singaotem hem kranke, les man, o semak nem (lo pas manis)?	YES..... 1 NO 2	
55	Hit or slapped him/her on the face, head, or ears (in the past month)? Hitim o slapem hem lo fes, hed, o sorae (lo pas manis)?	YES..... 1 NO 2	
56	Hit or slapped him/her on the hand, arm or leg (in the past month)? Hitim o slapem hem lo han, am o lek (lo pas manis)?	YES..... 1 NO 2	
57	Beat him/her up, that is hit him/her over and over as hard as one could (in the past month)? Wipim hem strong fulap taem olsem wan I save mekem (lo pas manis)	YES..... 1 NO 2	
58	Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? Yu bilif se blo resemap o educatem gud pikinini, oli nid blo panisim pikinini ia?	YES..... 1 NO 2 DON'T KNOW 8	

DISABILITY QUESTIONS					
DURING THIS MODULE AVOID USING THE TERM "DISABILITY." THIS TERM CARRIES A NEGATIVE CONNOTATION AND COULD INTERFERE WITH THE ACCURACY OF THE RESPONDENT'S RESPONSE.					
NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
59	CHECK COLUMN 25: ONE OR MORE DISABLED <input type="checkbox"/>			NO DISABLED <input type="checkbox"/>	101
60	LINE NUMBER FROM COLUMN 25	DISABLED PERSON 1 LINE NUMBER <input type="text"/>	DISABLED PERSON 2 LINE NUMBER <input type="text"/>	DISABLED PERSON 3 LINE NUMBER <input type="text"/>	
61	ENTER NAME FROM COLUMN 2	NAME: _____	NAME: _____	NAME: _____	
62	Now I would like to ask you about any problems you might have with the following activities. Do you have difficulty seeing, even if wearing glasses? <i>Naoia mi laekem blo askem yu abaotem eni problem yu maet kat wetem ol aktivitis ia.</i> <i>Yu faenem I had blo lukluk, iven taem yu werem glases?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
63	Do you have difficulty hearing, even if using a hearing aid? <i>Yu faenem I had blo harem samting iven taem yu usum samting blo sapotem yu long hering blong yu?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
64	Do you have difficulty walking or climbing steps? <i>Yu faenem I had blo wokbaot o klaempem steps?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
65	Do you have difficulty remembering or concentrating? <i>Yu faenem I had blo ting baot samting o stap qwaet?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
66	Do you have difficulty (with self-care such as) washing all over or dressing? <i>Yu faenem I had (wetem hao blong lukaotem yu wan olsem) suim evriwan o dressem up yu wan?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
67	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? <i>Taem yu usum (kastom lanis, yu faenem I had blo toktok, olsem blo save o bin save?</i>	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	NO, NO DIFFICULTY 1 YES - SOME DIFFICULTY 2 YES-A LOT OF DIFFICULTY 3 CANNOT DO AT ALL 4	
68	GO BACK TO QUESTION 60 IF THERE ARE MORE THAN ONE DISABLED PERSON AND CONTINUE WITH THE QUESTIONS IF NO MORE DISABLED PERSONS THEN GO TO QUESTION 101				

HOUSEHOLD CHARACTERISTICS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<p>What is the main source of drinking water for members of your household?</p> <p><i>Mein ples we ol memba blong haoshol oli stap kasem wota long hem long wea?</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>BOTTLED WATER 91</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p><i>Haoshol blong yu oli usum wanem kaen wota blong kuk mo washem han?</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>RIVER OR STREAM 71</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 108</p> <p>→ 108</p>
103	<p>Where is that water source located?</p> <p><i>Wota hemi stap wea stret?</i></p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 106</p>
104	<p>How long does it take to go there, get water, and come back?</p> <p><i>I tekem hao long blo ko kasem wota mo kam bak?</i></p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
105	<p>Who usually goes to this source to fetch the water for your household?</p> <p><i>Hu nao hemi ko everitaem long ples blong wota blong kasem wota blong haoshol?</i></p>	<p>ADULT WOMAN 1</p> <p>ADULT MAN 2</p> <p>FEMALE CHILD</p> <p>UNDER 15 YEARS OLD 3</p> <p>MALE CHILD</p> <p>UNDER 15 YEARS OLD 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
106	<p>Do you do anything to the water to make it safer to drink?</p> <p><i>Yu mekem eni samting long wota blong mekem I sef blong drink?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 108</p>

107	<p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p><i>Wanem nao yu mekem blong wota I sef blong drink?</i></p> <p><i>I gat narafala samting?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>BOIL A</p> <p>ADD BLEACH/CHLORINE B</p> <p>STRAIN THROUGH A CLOTH C</p> <p>USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D</p> <p>SOLAR DISINFECTION E</p> <p>LET IT STAND AND SETTLE F</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
108	<p>What kind of toilet facility do members of your household usually use?</p> <p><i>Wanem kaen toilet fasiliti nao memba blong haoshol blong yu oli stap usum?</i></p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED</p> <p>PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	→ 111
109	<p>Do you share this toilet facility with other households?</p> <p><i>Yu sherem toilet fasiliti ia wetem ol narafala haoshols?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 111
110	<p>How many households use this toilet facility?</p> <p><i>Hamas haoshols oli usum toilet fasiliti ia?</i></p>	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>	
111	<p>Does your household have:</p> <p><i>Haoshol blong yu I kat:</i></p> <p>Electricity? <i>Elektricit?</i></p> <p>A radio? <i>Radio?</i></p> <p>A television? <i>Televisen?</i></p> <p>A mobile? <i>Mobael?</i></p> <p>A land line telephone? <i>Telephon laen?</i></p> <p>A refrigerator? <i>Refrigireta?</i></p> <p>A clock? <i>Klok?</i></p> <p>A water pump? <i>Wota pamp?</i></p> <p>A grain grinder? <i>Kren Krenda?</i></p> <p>A fan? <i>Fan?</i></p> <p>A blender? <i>Blenda?</i></p> <p>A water heater? <i>Wota hita?</i></p> <p>A generator? <i>Genereta?</i></p> <p>A washing machine? <i>Masin blong wash?</i></p> <p>A microwave oven? <i>Mik rowev aven?</i></p> <p>A computer? <i>Kompita</i></p> <p>A VCR or DVD player? <i>VCR o DVD plea?</i></p> <p>A cassette or CD player? <i>Kaset o CD plea?</i></p> <p>A camera? <i>Kamera?</i></p> <p>Air conditioner? <i>Air kondisen?</i></p> <p>A video screen? <i>Skren blong video?</i></p> <p>A sewing machine? <i>Masin blong somap?</i></p> <p>A solar panel <i>Sola panel</i></p>	<p>YES NO</p> <p>ELECTRICITY 1 2</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>MOBILE 1 2</p> <p>LAND LINE TELEPHONE 1 2</p> <p>REFRIGERATOR 1 2</p> <p>CLOCK 1 2</p> <p>WATER PUMP 1 2</p> <p>GRAIN GRINDER 1 2</p> <p>FAN 1 2</p> <p>BLENDER 1 2</p> <p>WATER HEATER 1 2</p> <p>GENERATOR 1 2</p> <p>WASHING MACHINE 1 2</p> <p>MICROWAVE OVEN 1 2</p> <p>COMPUTER 1 2</p> <p>VCR or DVD PLAYER 1 2</p> <p>CASSETTE OR CD PLAYER. . 1 2</p> <p>CAMERA 1 2</p> <p>CONDITIONER 1 2</p> <p>VIDEO SCREEN 1 2</p> <p>SEWING MACHINE 1 2</p> <p>SOLAR PANEL 1 2</p>	

112	<p>What type of fuel does your household mainly use for cooking?</p> <p><i>Wanem kaen fuel nao haashol blong yu i stap usum plante blong kuk long hem?</i></p>	<p>ELECTRICITY 01</p> <p>LPG 02</p> <p>NATURAL GAS 03</p> <p>KEROSENE 04</p> <p>CHARCOAL 05</p> <p>WOOD 06</p> <p>SAW DUST 07</p> <p>NO FOOD COOKED IN HOUSEHOLD 95</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 115</p> <p>→ 117</p>
113	<p>In this household, is food cooked on an open fire, an open stove or a closed stove?</p> <p><i>Haashold ia i kukum kakae long open faea, open stov o klos stov?</i></p> <p>PROBE FOR TYPE.</p>	<p>OPEN FIRE 1</p> <p>OPEN STOVE 2</p> <p>CLOSED STOVE WITH CHIMNEY 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>→ 115</p>
114	<p>Does this (fire/stove) have a chimney, a hood, or neither of these?</p> <p><i>(Faea/stov) i gat smok, lid, o eni wan long tufala?</i></p>	<p>CHIMNEY 1</p> <p>HOOD 2</p> <p>NONE 3</p>	
115	<p>Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>Yu stap kuk long haos, long narafala haos o aotsaed nomo?</i></p>	<p>IN THE HOUSE 1</p> <p>IN A SEPARATE BUILDING 2</p> <p>OUTDOORS 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>→ 117</p>
116	<p>Do you have a separate room which is used as a kitchen?</p> <p><i>Yu kat wan separate room we yu usum olsem kitchen?</i></p>	<p>YES 1</p> <p>NO 2</p>	
117	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR EARTH/SAND/GRAVEL 11</p> <p>RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22</p> <p>FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
118	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING THATCH/PALM LEAF 11 COCONUT LEAF 12 CANE LEAF 13</p> <p>RUDIMENTARY ROOFING WOOD PLANKS 23</p> <p>FINISHED ROOFING METAL 31 WOOD 32 CEMENT 35 TAPOLEN 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 RUDIMENTARY WALLS BAMBOO 21 STONE WITH CEMENT 22 PLYWOOD 24 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 METAL 36 OTHER 96 (SPECIFY)																																					
120a	How many rooms in this household are used for sleeping? <i>Yufala usum hamas room blong haoshol blong yufala blong silip long hem?</i>	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																					
120b	How many places do you have in this household for sleeping? <i>I gat hamas pleses long household blong yu hemi blong silip?</i>	PLACES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																					
121	Does any member of this household own: <i>I gat eni memba blong haoshol I onem:</i> A watch? <i>Wan waj?</i> A bicycle? <i>Wan baesikel?</i> A motorcycle or motor scooter? <i>Wan moto o moto scuta?</i> An animal-drawn cart? <i>Animal we hemi pulum kat?</i> A car or truck? <i>Wan car o trak?</i> A boat with a motor? <i>Wan bot wetem moto?</i> A canoe? <i>Keno?</i>	<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> <tr> <td>CANOE</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	CANOE	1	2													
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122	Does this household own any livestock, herds, other farm animals, or poultry? <i>Haoshold ia hemi onem eni laef stok, herds, narafala animol blong fam, o poulti?</i>	YES 1 NO 2	→ 124a																																				
123	How many of the following animals does this household own? <i>Hamas long ol animols ia nao haoshold blo yu I onem?</i> IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? <i>Buluk?</i> Cows? <i>Mama buluk?</i> Bulls? <i>Man buluk?</i> Horses? <i>Hos?</i> Goats? <i>Nani kot?</i> Sheep? <i>Sipsip</i> Pigs? <i>Pigs?</i> Chickens? <i>Faol?</i> Ducks? <i>Dukduk?</i>	<table border="0"> <tbody> <tr> <td>CATTLE</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>COWS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>BULLS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>HORSES</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>GOATS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>SHEEP</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>PIGS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>CHICKENS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> <tr> <td>DUCKS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table></td> </tr> </tbody> </table>	CATTLE	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			COWS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			BULLS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			HORSES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			GOATS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			SHEEP	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			PIGS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			CHICKENS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			DUCKS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			
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124a	Does any member of this household have a bank account? <i>Eni memba blong haoshold ia I kat bank akaon?</i>	YES 1 NO 2	→ 127a		
124b	What type of bank account or saving is that? <i>Wanem kaen bank akaon o seavings ia?</i>	COMMERCIAL 1 OTHER 2 (SPECIFY)			
125					
126					
127a	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? <i>Long eni taem long pas 12 manis, eniwan I bin kam long haos blong spray long wall blong haos akensem mosquitos?</i>	YES 1 NO 2 DON'T KNOW 8	→ 127c		
127b	Who sprayed the dwelling? <i>Hu I spray long haos?</i>	GOVERNMENT WORKER/PROGRAM. . . A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER X (SPECIFY) DON'T KNOW Z			
127c	Does your household have any mosquito nets that can be used while sleeping? <i>Haoshold blong yu I kat eni mosquito nets we yufala save usum blong silip long hem?</i>	YES 1 NO 2	→ 138		
128	How many mosquito nets does your household have? <i>Haoshold blong yu I kat hamas mosquito net everiwan?</i> IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

		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? <i>Hamas manis I pass naoia we haoshold blong yu hemi karem mosquito net?</i> IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	'LONG LASTING NET' NET PROTECTED 11 OLYSET 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET 21 (SKIP TO 133) ← OTHER 96 DK BRAND 98	'LONG LASTING NET' NET PROTECTED 11 OLYSET 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET 21 (SKIP TO 133) ← OTHER 96 DK BRAND 98	'LONG LASTING NET' NET PROTECTED 11 OLYSET 12 OTHER/ DK BRAND 16 (SKIP TO 135) ← 'PRETREATED' NET 21 (SKIP TO 133) ← OTHER 96 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos? <i>Taem yu karem mosquito net ia, oli bin tritim long medesin blong kilim mosquito o blong mekem moquito I fraet?</i>	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? <i>Taem yu tekem mosquito net, oli bin eva sokem o dipim long wan liquid we I save kilim o mekem mosquito I fraet?</i>	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'. <i>Hamas manis nao net ia hemi bin soked o diped?</i>	MOS AGO <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MOS AGO <input type="text"/> 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night? <i>I gat eniwan I bin silip long mosquito net ia long las naet?</i>	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	<p>Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p> <p><i>Hu nao I bin silip long mosquito net ia long las naet?</i></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"/> 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	<p>We would like to check whether the salt used in our household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p><i>Mifala laekem blong jeckem se salt we haoshold blong yu I usum hemi iodaes. Mi save kat sampol blong salt we yu usum blong kukum kakae long haoshol blong yu?</i></p> <p>ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.</p> <p>TEST SALT FOR IODINE.</p> <p>RECORD PPM (PARTS PER MILLION)</p>	<table> <tr> <td>0 PPM (NO IODINE)</td> <td>1</td> </tr> <tr> <td>ABOVE 0 PPM & BELOW 15 PPM</td> <td>2</td> </tr> <tr> <td>15 PPM AND ABOVE</td> <td>3</td> </tr> <tr> <td>NO SALT IN HH</td> <td>4</td> </tr> <tr> <td>SALT NOT TESTED</td> <td>6</td> </tr> </table> <p>(SPECIFY REASON)</p>			0 PPM (NO IODINE)	1	ABOVE 0 PPM & BELOW 15 PPM	2	15 PPM AND ABOVE	3	NO SALT IN HH	4	SALT NOT TESTED	6
0 PPM (NO IODINE)	1													
ABOVE 0 PPM & BELOW 15 PPM	2													
15 PPM AND ABOVE	3													
NO SALT IN HH	4													
SALT NOT TESTED	6													
139	<p>How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?</p> <p><i>Hamas taem nao eniwan I smok insaed long haos? Yu save talem se everi dei, everi wik, evri manis, ino long manis stret o neva?</i></p>	<table> <tr> <td>DAILY</td> <td>1</td> </tr> <tr> <td>WEEKLY</td> <td>2</td> </tr> <tr> <td>MONTHLY</td> <td>3</td> </tr> <tr> <td>LESS THAN MONTHLY</td> <td>4</td> </tr> <tr> <td>NEVER</td> <td>5</td> </tr> </table>			DAILY	1	WEEKLY	2	MONTHLY	3	LESS THAN MONTHLY	4	NEVER	5
DAILY	1													
WEEKLY	2													
MONTHLY	3													
LESS THAN MONTHLY	4													
NEVER	5													
140	<p>Please show me where members of your household most often wash their hands.</p> <p><i>Plis yu save shoem long mi wea ples nao ol memba blong haoshold oli stap wasem hands blong olgeta.</i></p>	<table> <tr> <td>OBSERVED</td> <td>1</td> </tr> <tr> <td>NOT OBSERVED, NOT IN DWELLING/YARD/PLOT</td> <td>2</td> </tr> <tr> <td>NOT OBSERVED, NO PERMISSION TO SEE</td> <td>3</td> </tr> <tr> <td>NOT OBSERVED, OTHER REASON</td> <td>4</td> </tr> </table> <p>(SKIP TO 144) ←</p>			OBSERVED	1	NOT OBSERVED, NOT IN DWELLING/YARD/PLOT	2	NOT OBSERVED, NO PERMISSION TO SEE	3	NOT OBSERVED, OTHER REASON	4		
OBSERVED	1													
NOT OBSERVED, NOT IN DWELLING/YARD/PLOT	2													
NOT OBSERVED, NO PERMISSION TO SEE	3													
NOT OBSERVED, OTHER REASON	4													
141	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p>	<table> <tr> <td>WATER IS AVAILABLE</td> <td>1</td> </tr> <tr> <td>WATER IS NOT AVAILABLE</td> <td>2</td> </tr> </table>			WATER IS AVAILABLE	1	WATER IS NOT AVAILABLE	2						
WATER IS AVAILABLE	1													
WATER IS NOT AVAILABLE	2													
142	<p>OBSERVATION ONLY:</p> <p>OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p>	<table> <tr> <td>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE)</td> <td>A</td> </tr> <tr> <td>ASH, MUD, SAND</td> <td>B</td> </tr> <tr> <td>NONE</td> <td>C</td> </tr> </table> <p>→ 144</p>			SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE)	A	ASH, MUD, SAND	B	NONE	C				
SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE)	A													
ASH, MUD, SAND	B													
NONE	C													
143	<p>Do you have any soap or detergent (or other locally used cleansing agent) in your household for washing hands?</p> <p><i>Yu kat eni soap o detegen (o narafala lokol sop) blong washem hans long haoshold blong yu?</i></p>	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>			YES	1	NO	2						
YES	1													
NO	2													
144	<p>What is the mother tongue/native language of the head of this household?</p> <p><i>Wanem main lanis blong hed blong haoshold?</i></p>	<table> <tr> <td>BISLAMA</td> <td>1</td> </tr> <tr> <td>ENGLISH</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>3</td> </tr> </table> <p>(SPECIFY)</p>			BISLAMA	1	ENGLISH	2	OTHER	3				
BISLAMA	1													
ENGLISH	2													
OTHER	3													

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5				
201	CHECK COLUMN 11a. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE HOUSEHOLD CONTINUATION QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11a NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR. <i>Wanem deit nao (NEM) i bon long hem?</i>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)
205	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"/>
206	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"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	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
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2
210	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"/>
211	READ ANEMIA CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET .	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"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214	OEDEMA OBSERVE AND RECORD	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____	CHECKED OEDEMA PRESENT. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____
215	GO BACK TO 202 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216a.			
<p align="center">CONSENT STATEMENT FOR ANEMIA FOR CHILDREN</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children born in 2008 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.</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(S) OF CHILD(REN) to participate in the anemia test?</p> <p><i>Olsem pat blong sevei ia, mifala askem ol pipol raon long kantri blong tekem anemia test. Anemia hemi wan series helt problem we hemi resalts long no kakae gud, infeksen, o siknes we hemi stap long taem. Sevei ia bae hemi wok togeta wetem kavman blong developem programs blong stopem mo tritim anemia. Mifala i rekwestem sapos everi pikinini we oli bin bon long 2008 o leta oli mas patisipet long anemia testing ia hemi pat blong sevei ia mo kivim sam fiu drops blong blad from finga blong hem. Ol ekwupmen ia we oli usum hemi klin mo hemi sef blong usum. Hemi neva used bifo mo bae oli sakem afta we oli mekem wan wan test.</i></p> <p><i>Blad bae hemi tested blo anemia stret long taem ia, mo resalt bae oli talem stret long taem ia. Resalt bae hemi sikret i nogat man bae i talem aot.</i></p> <p><i>Yu kat eni kwestens? Yu save talem ies long test, o yu save talem no. Hemi stap long yu blong disaet.</i></p> <p><i>Bae yu save alaem (NEM(S) BLO PIKININI blo patisipet long anemia test?</i></p>				

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR. <i>Wanem deit nao (NEM) I bon long hem?</i>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 503: CHILD BORN IN JANUARY 2008 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a)
205	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"/>
206	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"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	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
209	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 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 216a) OLDER 2
210	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"/>
211	READ ANEMIA CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	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"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214	OEDEMA OBSERVE AND RECORD	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____	CHECKED OEDEMA PRESENT.. 1 NOT PRESENT..... 2 UNSURE..... 3 NOT CHECKED 6 (specify reason) _____
215		GO BACK TO 202 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 216a.		
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.		<input type="checkbox"/>		

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

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

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 229 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 225) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 225 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 confidential.

Do you have any questions?

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

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

Olsew pat blong sevei ia, mifala askem ol pipol raon long kantri blong tekem anemia test. Anemia hemi wan series helt problem we hemi resalts long no kakae gud, infeksi, o siknes we hemi stap long taem. Sevei ia bae hemi wok togeta wetem kavman blong developem programs blong stopem mo tritim anemia.

Blo anemia testing, bae mifala tekem smol drops blo blad aot long finga blong yu. Ekwupment we bae mifala l usum blong tekem blad hemi klin mo hemi sef gud. Hemi neva used bifo mo bae oli sakem afta we oli mekem wan wan test.

Blad bae hemi tested blo anemia stret long taem ia, mo resalt bae oli talem stret long taem ia. Resalt bae hemi sikret l nogat man bae l talem aot.

Yu kat eni kwestens?

Yu save talem ies long test, o yu save talem no. Hemi stap long yu blong disaed.

Bae yu save alaoem (NEM(S) BLO PIKININI blo patisipet long anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
226	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
227	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? <i>Yu kat bel ia?</i>	YES..... 1 NO 2 DK 8	YES..... 1 NO 2 DK 8	YES..... 1 NO 2 DK 8 <div style="text-align: right;">2</div>
228	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/L 	G/L 	G/L
229	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
230	GO BACK TO 216 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE ELIGIBLE WOMEN, GO TO 331.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15 AND OLDER

331	<p>CHECK COLUMN 10 AND COLUMN 2. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 332. IF THERE ARE MORE THAN THREE MEN, USE HOUSEHOLD CONTINUATION QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME FOR THE BLOOD PRESSURE MEASUREMENT MUST BE RECORDED IN 333, THE WEIGHT AND HEIGHT IN 335 AND 336.</p>			
		MAN 1	MAN 2	MAN 3
332	<p>LINE NUMBER (COLUMN 10)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
333	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>
334	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
335	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
336	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
337	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
338	<p>IF MORE THAN 3 ELIGIBLE MEN, CONTINUE TO 'MAN 4', 'MAN 5' AND 'MAN 6' BELOW</p> <p>IF NO MORE ELIGIBLE MEN AT THIS STAGE, CHECK THAT ALL QUESTIONS ARE FILLED IN CORRECTLY, THANK THE RESPONDENTS AND END THE INTERVIEW FOR THE HOUSEHOLD QUESTIONNAIRE</p>			
		MAN 4	MAN 5	MAN 6
332	<p>LINE NUMBER (COLUMN 10)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
333	<p>BLOOD PRESSURE IN MMHG</p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p>
334	<p>RESULT OF BLOOD PRESSURE MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
335	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
336	<p>HEIGHT IN CENTIMETERS</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
337	<p>RESULT OF WEIGHT AND HEIGHT MEASUREMENT</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>OTHER 6</p>
338	<p>IF MORE THAN 6 ELIGIBLE MEN, USE ANOTHER HOUSEHOLD QUESTIONNAIRE</p> <p>IF NO MORE ELIGIBLE MEN, CHECK THAT ALL QUESTIONS ARE FILLED IN CORRECTLY, THANK THE RESPONDENTS AND END THE INTERVIEW FOR THE HOUSEHOLD QUESTIONNAIRE</p>			

<u>INTERVIEWER'S OBSERVATIONS</u>	
TO BE FILLED IN AFTER COMPLETING INTERVIEW	
COMMENTS ABOUT RESPONDENT:	
COMMENTS ON SPECIFIC QUESTIONS:	
ANY OTHER COMMENTS:	
<u>SUPERVISOR'S OBSERVATIONS</u>	
NAME OF SUPERVISOR: _____ DATE: _____	
<u>EDITOR'S OBSERVATIONS</u>	
NAME OF EDITOR: _____ DATE: _____	