

**CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY 2005  
HOUSEHOLD QUESTIONNAIRE**

**MINISTRY OF PLANNING  
NATIONAL INSTITUTE OF STATISTICS**

**MINISTRY OF HEALTH  
NATIONAL INSTITUTE OF PUBLIC HEALTH**

DOMAIN .....	DOMAIN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
PROVINCE _____	PROVINCE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
DISTRICT _____	DISTRICT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
COMMUNE _____	COMMUNE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
VILLAGE _____	VILLAGE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER .....	CLUSTER <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>
HOUSEHOLD NUMBER .....	HOUSEHOLD <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>

IS THIS HOUSEHOLD SELECTED FOR HIV TESTING OF MEN AND WOMEN ? (1 = Yes, 2 = NO)	HIV <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
IS THIS HOUSEHOLD SELECTED FOR ANEMIA OF WOMEN AND CHILDREN ? (1 = Yes, 2 = NO)	ANEMIA <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
IS THIS HOUSEHOLD SELECTED FOR HEIGHT AND WEIGHT OF WOMEN AND CHILDREN ? (1 = Yes, 2 = NO)	HEIGHT/WEIGHT <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
IS THIS HOUSEHOLD SELECTED FOR CAUSE OF DEATH MODULE ? (1 = Yes, 2 = NO)	CAUSE OF DEATH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
IS THIS HOUSEHOLD SELECTED FOR WOMEN'S STATUS MODULE ? (1 = Yes, 2 = NO)	WOMEN'S STATUS <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
IS THIS HOUSEHOLD SELECTED FOR HOUSEHOLD RELATIONS MODULE ? (1 = Yes, 2 = NO)	HH RELATIONS <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
RECORD LINE NUMBER OF WOMAN SELECTED FOR HH RELATIONS, IF NO WOMAN SELECTED, RECORD 00.	WOMAN SELECTED <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
				YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle; text-align: center;">2 0</table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT * <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

<p><b>*RESULT CODES:</b></p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>
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<p align="center"><b>SUPERVISOR</b></p> <p>NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	<p align="center"><b>FIELD EDITOR</b></p> <p>NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	<p align="center"><b>OFFICE EDITOR</b></p> <p><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p>	<p align="center"><b>KEYED BY</b></p> <p><table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p>
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**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
			M F	YES NO	YES NO	IN YEARS					
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	

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

\*\* CODES FOR Q. 8 MARITAL STATUS:  
 1 = MARRIED/LIVING TOGETHER  
 2 = DIVORCED/SEPARATED  
 3 = WIDOWED  
 4 = NEVER MARRIED/ NEVER LIVED WITH A PARTNER

LINE NO.	SICK PERSON	BASIC MATERIAL NEEDS			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
		IF AGE 15 YRS OR OLDER	IF AGE 5-17 YEARS			IF AGE 0-17 YEARS					
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER ...	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER ...	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	CHECK Q.16 AND Q.19: IF YES TO Q.16 AND Q.19 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	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 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 22	<input type="text"/>	Y N DK 1 2 8	YES NO 1 2 ↓ GO TO 27
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

\*\*\*Qs. 17 AND 20  
RECORD '00' IF PARENT NOT LISTED  
IN THE HOUSEHOLD SCHEDULE.

LINE NO.	BROTHERS AGE 0-17YEARS				SISTERS AGE 0-17YEARS				EDUCATION								BIRTH REGISTRATION
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS				IF AGE 0-4				
	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean of the same mother and same father.	Do all of (NAME)'s natural brothers who are under age 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean of the same mother and same father.	Do all of (NAME)'s natural sisters who are under age 18 live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?***** What is the highest grade (NAME) completed at that level?*****	Did (NAME) attend school at any time during the 2004 - 2005 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?*****	Did (NAME) attend school at any time during the previous school year, that is, 2003 - 2004 ?	During that school year, what level and grade did (NAME) attend?*****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? *****						
(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)							
Y N DK	YES NO	Y N DK	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	C R N DK							
01	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
02	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
03	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
04	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
05	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
06	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
07	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
08	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
09	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							
10	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE		1 2 ↓ GO TO 31	1 2 ↓ NEXT LINE		1 2 3 8							

\*\*\*\*CODES FOR Qs. 28, 30 AND 32

LEVEL	Pre-Primary =0	Primary =1	Lower Secondary =2	Upper Secondary =3	Higher =4	DK =8
G R A D E	00= ANY YEAR	01=GRADE 1 02=GRADE 2 03=GRADE 3 04=GRADE 4 05=GRADE 5 06=GRADE 6	07=GRADE 7 08=GRADE 8 09=GRADE 9	10=GRADE 10 11=GRADE 11 12=GRADE 12	01=YEAR 1 02=YEAR 2 03=YEAR 3 04=YEAR 4	98 = DON'T KNOW

\*\*\*\*\*CODES FOR Q.33

C = CERTIFICATE  
R = REGISTRATION  
N = NEITHER  
DK = DON'T KNOW

00 = LESS THAN 1 YEAR COMPLETED CODE ONLY FOR Q. 28 IF NEEDED. NOT ALLOWED IN Q30 OR 32.

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

\* CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
02 = WIFE OR HUSBAND  
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04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
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10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER/STEPCHILD  
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1 = MARRIED/LIVING TOGETHER  
2 = DIVORCED/SEPARATED  
3 = WIDOWED  
4 = NEVER MARRIED/ NEVER LIVED WITH A PARTNER

To make sure that I have a complete household listing

1) Are there any small children or infants we have not listed? YES  LIST NO

2) Any friends, domestic servants, or lodgers who are not members of your family but usually live here? YES  LIST NO

3) Did any guests or visitors sleep here last night who have not been listed? YES  LIST NO

LINE NO.	SICK PERSON	BASIC MATERIAL NEEDS			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
		IF AGE 15 YRS OR OLDER	IF AGE 5-17 YEARS			IF AGE 0-17 YEARS						
		Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER ...	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER ...	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least 3 of the past 12 months?	CHECK Q.16 AND Q.19: IF YES TO Q.16 AND Q.19 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'.
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)		
	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK		Y N DK	Y N DK		Y N DK	YES NO	
11	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
12	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
13	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
14	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
15	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
16	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
17	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
18	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
19	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	
20	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 19		1 2 8	1 2 8 ↓ GO TO 22		1 2 8	1 2 ↓ GO TO 27	

\*\*\*Qs. 17 AND 20  
RECORD '00' IF PARENT NOT LISTED  
IN THE HOUSEHOLD SCHEDULE.

LINE NO.	BROTHERS AGE 0-17YEARS				SISTERS AGE 0-17YEARS				EDUCATION						BIRTH REGISTRATION	
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS							IF AGE 0-4
	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean of the same mother and same father.	Do all of (NAME)'s natural brothers who are under age 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean of the same mother and same father.	Do all of (NAME)'s natural sisters who are under age 18 live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?**** What is the highest grade (NAME) completed at that level?****	Did (NAME) attend school at any time during the 2004 - 2005 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?****	Did (NAME) attend school at any time during the previous school year, that is, 2003 - 2004 ?	During that school year, what level and grade did (NAME) attend?****	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? *****					
(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)						
Y N DK	YES NO	Y N DK	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	C R N DK						
11	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
12	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
13	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
14	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
15	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
16	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
17	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
18	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
19	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					
20	1 2 8 ↓ GO TO 25	1 2	1 2 8 ↓ GO TO 27	1 2	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 ↓ GO TO 31	LEVEL GRADE	1 2 ↓ NEXT LINE	LEVEL GRADE	1 2 3 8					

TICK HERE IF CONTINUATION SHEET USED

\*\*\*\*CODES FOR Qs. 28, 30 AND 32

\*\*\*\*CODES FOR Q.33

C = CERTIFICATE  
R = REGISTRATION  
N = NEITHER  
DK = DON'T KNOW

LEVEL	Pre-Primary =0	Primary =1	Lower Secondary =2	Upper Secondary =3	Higher =4	DK =8
G R A D E	00= ANY YEAR	01=GRADE 1 02=GRADE 2 03=GRADE 3 04=GRADE 4 05=GRADE 5 06=GRADE 6	07=GRADE 7 08=GRADE 8 09=GRADE 9	10=GRADE 10 11=GRADE 11 12=GRADE 12	01=YEAR 1 02=YEAR 2 03=YEAR 3 04=YEAR 4	98 = DON'T KNOW

00 = LESS THAN 1 YEAR COMPLETED CODE ONLY FOR Q. 28 IF NEEDED. NOT ALLOWED IN Q30 OR 32.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
50	Was any person of your household injured or killed in an accident in the past 12 months?	YES ..... 1 NO ..... 2 (GO TO 59) ←	
51	What is the name of the person(s) injured or killed? ENTER THE NAME OF EACH PERSON INJURED OR KILLED. IF THERE ARE MORE THAN TWO PEOPLE, USE AN ADDITIONAL QUESTIONNAIRE.		
52	NAME INJURED/KILLED	NAME _____	NAME _____
53	Could you tell me in what type of accident (NAME) was injured or killed?	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE ..... 09 OTHER ..... 96 DON'T KNOW ..... 98	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 FIRE/BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE ..... 09 OTHER ..... 96 DON'T KNOW ..... 98
54	Is (NAME) still alive?	YES ..... 1 NO ..... 2 (GO TO 57) ←	YES ..... 1 NO ..... 2 (GO TO 57) ←
55	In your opinion, was (NAME)'s injury serious, moderate, or slight?	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8
56	IF ALIVE: RECORD LINE NUMBER FROM COLUMN (1).	LINE NUMBER ..... <input type="text"/> <input type="text"/> (GO TO 58) ←	LINE NUMBER ..... <input type="text"/> <input type="text"/> (GO TO 58) ←
57	Was (NAME)'s death due to the accident?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
58		GO BACK TO 52 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 59.	GO TO 52 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 59.
59	Is there any person who usually lives in your household who has any type of physical impairment?	YES ..... 1 NO ..... 2 (GO TO 65) ←	
60	Please give me the name of each individual who has a physical impairment. ENTER THE LINE NUMBER AND NAME OF EACH PERSON WITH A PHYSICAL IMPAIRMENT. IF THERE ARE MORE THAN TWO PEOPLE WITH A PHYSICAL IMPAIRMENT, USE ADDITIONAL QUESTIONNAIRE.		
61	LINE NUMBER AND NAME FROM COL. (1) AND (2).	NAME _____ <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>
62	Has (NAME) been physically impaired since birth, or was (NAME)'s impairment due to an illness or accident?	SINCE BIRTH ..... 1 FROM ILLNESS ..... 2 ACCIDENT ..... 3 DON'T KNOW ..... 8 (SKIP TO 64) ←	SINCE BIRTH ..... 1 FROM ILLNESS ..... 2 ACCIDENT ..... 3 DON'T KNOW ..... 8 (SKIP TO 64) ←

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	
63	What type of accident?	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 SEVERE BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE ..... 09 OTHER ..... 96 DON'T KNOW ..... 98	LANDMINE/UNEXPLODED BOMB (UXO) ..... 01 GUN SHOT/WEAPON ..... 02 ROAD ACCIDENT ..... 03 SEVERE BURNING ..... 04 SNAKE/ANIMAL BITE ..... 05 FALL FROM TREE/BUILDING ..... 06 DROWNING ..... 07 POISONING (CHEMICAL) ..... 08 VIOLENCE ..... 09 OTHER ..... 96 DON'T KNOW ..... 98	
64		GO BACK TO 61 IN NEXT COLUMN; OR, IF NO OTHER PERSON, GO TO 65.	GO TO 61 IN NEXT COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO OTHER PERSON, GO TO 65.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
65	Please tell me if any member of your household is sick, has an illness or an injury now or at any time in the last 30 days?	YES ..... 1 NO ..... 2 (GO TO 101A) ←		
66	Now I would like to ask you some questions about each person who is sick/injured now or at any time in the last 30 days. Could you tell me his/her/their name(s)? Then we will talk about one person at a time.  ENTER THE LINE NUMBER AND NAME OF EACH PERSON SICK/INJURED. ASK ALL QUESTIONS ABOUT ALL OF THESE PEOPLE. (IF THERE ARE MORE THAN 3 PEOPLE, USE ADDITIONAL QUESTIONNAIRE).			
67	LINE NUMBER AND NAME FROM COL. (1) AND (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 _____
68	In your opinion, was (NAME)'s illness/injury serious, moderate, or slight?	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8	SERIOUS ..... 1 MODERATE ..... 2 SLIGHT ..... 3 DON'T KNOW ..... 8
69	Was advice or treatment sought for (NAME)'s illness/injury?	YES ..... 1 NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 101A)	YES ..... 1 NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 101A)	YES ..... 1 NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 101A)
70	Where was advice or treatment first sought for (NAME)'s illness/injury?  IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?  IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?  IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?  CIRCLE THE APPROPRIATE CODE.	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96	PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17  PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26 NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96

71	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.70)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
72	<p>How much in total was spent on (NAME)'s treatment at the (NAME (NAME OF PLACE FROM Q.70)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
73	<p>After the first visit to (NAME OF PLACE FROM Q.70), was there a second visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT COLUMN OR TO 81)</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT COLUMN OR TO 81)</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT COLUMN OR TO 81)</p>
74	<p>For the second visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>

75	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.74)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>
76	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.74)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS; IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DONT KNOW . 9999998</p>
77	<p>After the second visit to (NAME OF PLACE FROM Q.74), was there a third visit to this place or was advice or treatment sought anywhere else for (NAME)'s illness/injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 81)</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 81)</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO NEXT ← COLUMN OR TO 81)</p>
78	<p>For the third visit, where was advice or treatment sought for (NAME)'s illness/injury?</p> <p>IF "HOSPITAL", PROBE: Do you mean a permanent building where health workers are present every day?</p> <p>IF "YES": Was it a Provincial Hospital, District Hospital, Health Center, or Private Hospital?</p> <p>IF "HEALTH WORKER/NURSE", PROBE: Did the health worker/nurse visit you or did you go to his/her office/home?</p> <p>CIRCLE THE APPROPRIATE CODE.</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>	<p>PUBLIC SECTOR NATIONAL HOSP. (PP) ..... 11 PROVINCIAL HOSP. (RH) ..... 12 DISTRICT H. (RH) . 13 HEALTH CENTER . 14 HEALTH POST ... 15 OUTREACH ..... 16 OTHER PUBLIC ... 17</p> <p>PRIVATE MEDICAL PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ... 22 PRIVATE PHARMACY ..... 23 HOME/OFFICE OF TRAINED HEALTH WORKER/NURSE ..... 24 VISIT OF TRAINED HLTH. WORKER/NURSE ..... 25 OTHER PRIVATE MEDICAL ..... 26</p> <p>NOT MEDICAL SECTOR SHOP SELLING DRUGS/MARKET . 31 KRU KHMER/MAGICIAN ..... 32 MONK/RELIGIOUS LEADER ..... 33 TRADITIONAL BIRTH ATTENDANT ... 34 OTHER ..... 96</p>

79	<p>How much in total was spent on transport to go to and return from (NAME OF PLACE FROM Q.78)?</p> <p>RECORD IN RIELS OR IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
80	<p>How much in total was spent on (NAME)'s treatment at the (NAME OF PLACE FROM Q.78)?</p> <p>IF LESS THAN 1,000,000 RIELS RECORD IN RIELS OR IN DOLLARS. IF 1,000,000 RIELS OR MORE, RECORD IN DOLLARS.</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>	<p>RIELS ..... 1 <input type="text"/></p> <p>DOLLARS ..... 2 <input type="text"/></p> <p>FREE/NO COST 0000000 IN KIND ..... 9999996 DON'T KNOW . 9999998</p>
81	<p>CHECK 71, 72 75 76 79 AND 80 (ALL COLUMNS):</p> <p>MONEY WAS SPENT <input type="checkbox"/> NO EXPENSES IN CASH <input type="checkbox"/> → 101A</p>			
82	<p>Where did the money come from to pay for transportation and treatment for the (two/three) member(s) of your household who had an illness/injury over the past 30 days?</p>	<p>WAGES/POCKET MONEY ..... 01 GIFT FROM RELATIVE/FRIEND ..... 02 SAVINGS ..... 03 BORROW FROM (NO INTEREST) ..... 04 LOAN (WITH INTEREST) ..... 05 SALE OF ASSETS ..... 06 OTHER ..... 96</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101A	What is the main source of drinking water during the dry season 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 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 61  TANKER TRUCK/WATER VENDOR 71 BOTTLED WATER ..... 81  OTHER _____ 96 (SPECIFY)	→ 101E
101B	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 101E
101C	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES ..... 996 DON'T KNOW ..... 998	→ 101E
101D	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)	
101E	During the wet season, is the main source of drinking water for members of your household the same as during the dry season?	YES ..... 1 NO ..... 2	→ 103A
102A	What is the main source of drinking water during the wet season 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 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 61  TANKER TRUCK/WATER VENDOR 71 BOTTLED WATER ..... 81  OTHER _____ 96 (SPECIFY)	→ 103A
102B	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 103A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102C	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES ..... 996 DON'T KNOW ..... 998	→ 103A
102D	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)	
103A	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
103B	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 106
103C	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES ..... 996 DON'T KNOW ..... 998	→ 106
103D	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 treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 108
107	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B WHITE ALUM ..... C STRAIN THROUGH A CLOTH ..... D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... E SOLAR DISINFECTION ..... F LET IT STAND AND SETTLE ..... G  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO 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 (VIP) ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 TOILET OVER WATER ..... 51 NO TOILET/FIELD/FOREST ..... 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 ..... <input type="text" value="0"/> <input type="text"/>  10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW ..... 98	
111	Does your household have:	YES NO ELECTRICITY ..... 1 2 A radio? ..... 1 2 A television? ..... 1 2 A mobile telephone? ..... 1 2 A refrigerator? ..... 1 2 A wardrobe? ..... 1 2 A Sewing machine or loom? ..... 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 BIOGAS ..... 03 KEROSENE ..... 04 COAL ..... 05 CHARCOAL ..... 06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10  OTHER _____ 96 (SPECIFY)	} → 114
113	In this household, is food cooked on a stove or an open fire?  PROBE FOR TYPE.	OPEN FIRE EMBER PILES/STOVE WITHOUT CHIMNEY ..... 1 OPEN FIRE OR STOVE WITH CHIMNEY ..... 2 CLOSED STOVE WITH CHIMNEY ... 3  OTHER _____ 6 (SPECIFY)	
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 UNDER THE HOUSE ..... 2 IN A SEPARATE BUILDING ..... 3 OUTDOORS ..... 4  OTHER _____ 6 (SPECIFY)	} → 116
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
116	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/CLAY ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES ..... 33 CEMENT TILES ..... 34 CEMENT ..... 35 FLOATING HOUSE ..... 41  OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
117	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 PALM/BAMBOO/THATCH ..... 12 RUDIMENTARY ROOFING PLASTIC SHEET ..... 21 WOOD PLANKS ..... 22  FINISHED ROOFING METAL ..... 31 CALAMINE/CEMENT FIBER ..... 32 CERAMIC TILES ..... 33 CLAY TILES ..... 34 CEMENT ..... 35  OTHER _____ 96 (SPECIFY)																						
118	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 PALM/BAMBOO/THATCH ..... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STRAW WITH MUD ..... 22 STONE WITH MUD ..... 23 UNCOVERED ADOBE ..... 24 PLYWOOD ..... 25 CARTON ..... 26 REUSED WOOD ..... 27 METAL ..... 28 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS ..... 35  OTHER _____ 96 (SPECIFY)																						
119	TYPE OF WINDOWS.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS OR SHUTTERS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS .....	1	2	WINDOWS WITH GLASS ...	1	2	WINDOWS WITH SCREENS .	1	2	WINDOWS WITH CURTAINS OR SHUTTERS .....	1	2							
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WINDOWS WITH GLASS ...	1	2																						
WINDOWS WITH SCREENS .	1	2																						
WINDOWS WITH CURTAINS OR SHUTTERS .....	1	2																						
120	How many rooms in this household are used for sleeping?	ROOMS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																						
121	Does any member of this household own:  A bicycle or cyclo? A motorcycle or moped or motor scooter? A car or truck or van? A boat with a motor? A boat without a motor? An oxcart or horsecart?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE/CYCLO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK/VAN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OX CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/CYCLO .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK/VAN .....	1	2	BOAT WITH MOTOR .....	1	2	BOAT WITHOUT MOTOR ...	1	2	OX CART .....	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
122	Does any member of this household own any land that can be used for agriculture?	YES ..... 1 NO ..... 2	→ 124																																													
123	How many hectares of agricultural land do members of this household own?	SQ. METER 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> A ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> HECTARE 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> RAY ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> KONG ... 5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DON'T KNOW ..... 999998																																														
124	Does this household own any livestock, herds, or farm animals?	YES ..... 1 NO ..... 2	→ 126																																													
125	How many of the following animals does this household own?  Water buffalo?  Cows or bulls?  Horses?  Goats?  Pigs?  Chickens or ducks?  IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	WATER BUFFALO ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> COWS/BULLS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> HORSES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GOATS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> CHICKENS/DUCKS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																														
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 137																																													
127	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>																																														

		NET # 1	NET # 2	NET # 3	
128	ASK RESPONDENT TO SHOW YOU THE NET(S) 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	
129	How long ago did your household obtain the mosquito net?	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	
130	WHERE DID YOU GET THIS NET?	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	
131	When you got the net, was it already 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	
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	
133	How long ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 2 YEARS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 2 YEARS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 2 YEARS AGO ... 95  NOT SURE ..... 98	
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ←   NOT SURE ..... 8	

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

		NET # 4	NET # 5	NET # 6	
128	ASK RESPONDENT TO SHOW YOU THE NET(S) 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	
129	How long ago did your household obtain the mosquito net?	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	MONTHS <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO ... 95	
130	WHERE DID YOU GET THIS NET?	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	RELATIVE/FRIEND 1 GOVERNMENT/ NGO/PROJECT HEALTH SERVICE ... 2 MARKET ..... 3 HAWKER ..... 4  OTHER ..... 6 DON'T KNOW ... 8	
131	When you got the net, was it already 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	
132	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ←   NOT SURE ..... 8	
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136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.	
137	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2 NO SALT IN HH ..... 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)			

**RANDOM NUMBER TABLE FOR  
SELECTION OF WOMAN AS RESPONDENT TO HOUSEHOLD RELATIONS MODULE**

CHECK THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE.  
THIS IS THE NUMBER OF THE ROW TO SELECT.

CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE.  
THIS IS THE NUMBER OF THE COLUMN TO SELECT.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THAT NUMBER.

THIS IS THE POSITION NUMBER OF THE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS MODULE.  
IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE,

DRAW A BOX AROUND THE LINE NUMBER OF THE ELIGIBLE WOMAN IN THAT POSITION.

FOR EXAMPLE, IF THE LAST DIGIT OF THE HOUSEHOLD NUMBER IS 6  
AND THERE ARE 3 ELIGIBLE WOMEN, THE NUMBER IN THE BOX WHERE ROW 6 AND COLUMN 3 MEET IS 2.  
NOW SUPPOSE THE THREE ELIGIBLE WOMEN'S LINE NUMBERS ARE '02', '03', AND '07',  
THEN THE WOMAN WITH LINE NUMBER '03' IS SELECTED FOR THE HOUSEHOLD RELATIONS MODULE.

LAST DIGIT HH No.	Total number of eligible women in the household									
	1	2	3	4	5	6	7	8	9	10+
0	1	2	2	3	5	5	3	6	8	9
1	1	1	3	4	1	6	4	7	9	10
2	1	2	1	1	2	1	5	8	1	1
3	1	1	2	2	3	2	6	1	2	2
4	1	2	3	3	4	3	7	2	3	3
5	1	1	1	4	5	4	1	3	4	4
6	1	2	2	1	1	5	2	4	5	5
7	1	1	3	2	2	6	3	5	6	6
8	1	2	1	3	3	1	4	6	7	7
9	1	1	2	4	4	2	5	7	8	8

**\* VOLUNTARY CONSENT STATEMENT FOR ANEMIA TESTING**

Hello, my name is \_\_\_\_\_. I'm from the Ministry of Health and Ministry of Planning.

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 2000 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

If you decide not to have the test done, it is your decision and we will respect your decision.

**Please tell me if you agree for yourself (and NAME OF CHILDREN) to participate in the anemia test.**

GO TO COLUMN (160). CIRCLE THE APPROPRIATE CODE AND SIGN.

**\* VOLUNTARY CONSENT STATEMENT FOR HIV TESTING OF ADULTS AGE 18 OR OLDER**

Hello, my name is \_\_\_\_\_. I'm from the Ministry of Health and Ministry of Planning.

As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years.

As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death.

We are conducting tests to measure the extent of the disease in Cambodia. The results of the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample.

The results will be completely anonymous and for this reason we cannot provide you with results of the test.

However, if you would like to know your HIV status then we will give you a coupon for a free test at a Voluntary Counseling and Testing center.

I hope you will agree to participate in the testing. But if you decide not to have the test done, it is your right and I will respect your decision.

**Do you have any questions about this?**

**Please tell me if you agree to participate in the HIV test.**

GO TO COLUMN (172). CIRCLE THE APPROPRIATE CODE AND SIGN.

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.

**\* VOLUNTARY CONSENT STATEMENT FOR HIV TESTING OF YOUNG WOMEN AND MEN AGE 15-17 YEARS**

**STEP ONE: ASK CONSENT OF THE PARENT OR RESPONSIBLE ADULT.**

The study of HIV/AIDS includes young women and men starting at age 15. For testing of young women and men age 15-17 we ask that the parent or responsible adult provide their consent, as well as the eligible young woman or young man.

We request that (NAME) participate in the HIV testing part of the survey by permitting us to take a few drops of blood from her or his finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, no name or personally identifying information

will be attached to the blood sample. The results will be completely anonymous and for this reason we cannot provide results of the test.

However, if (NAME) wishes to know their status then we will give (NAME) a coupon for a free test at a Voluntary Counseling and Testing center.

**Please tell me if you agree for (NAME) to participate in the HIV test.**

GO TO COLUMN (171). CIRCLE THE APPROPRIATE CODE AND SIGN.

**STEP TWO: ASK CONSENT OF THE YOUNG WOMAN OR YOUNG MAN.**  
IF THE PARENT OR RESPONSIBLE ADULT AGREES THAT THE YOUNG PERSON CAN BE TESTED,  
READ THE STATEMENT TO THE YOUNG PERSON.

As part of this survey, we are studying HIV/AIDS among women and men age 15 to 49 years.

As you may know, HIV is the virus that causes AIDS, and AIDS is a serious illness that often leads to death.

We are conducting tests to measure the extent of the disease in Cambodia. The results of the survey will assist the government in developing programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by permitting us to take a few drops of blood from your finger. Only disposable, sterile instruments that are clean and completely safe will be used.

The blood sample will be sent to a laboratory to be analyzed. To ensure confidentiality, your name will not be attached to the blood sample.

The results will be completely anonymous and for this reason we cannot provide you with results of the test.

However, if you would like to know your HIV status then we will give you a coupon for a free test at a Voluntary Counseling and Testing center.

I hope you will agree to participate in the testing. But if you decide not to have the test done, it is your right and I will respect your decision.

**Do you have any questions about this?**  
**Please tell me if you agree to participate in the HIV test.**

GO TO COLUMN (172). CIRCLE THE APPROPRIATE CODE AND SIGN.

THE RESPONDENT HAS THE RIGHT TO REFUSE THE HIV TEST, AND THEREFORE SHOULD NOT BE FORCED.

GIVE EACH ELIGIBLE PERSON A COUPON FOR A FREE HIV TEST AT A VOLUNTARY COUNSELING AND TESTING CENTER.

HEIGHT AND WEIGHT

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR HEIGHT AND WEIGHT?

YES  REQUEST PERMISSION MEASURE HEIGHT/WEIGHT OF WOMEN AND CHILDREN

NO  → GO TO NEXT PAGE

CHECK COLUMNS (9) AND (11): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(150)	(151)	(152)	(153)	(154)	(155)	(156)	(157)
<input type="text"/>		YEARS <input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (11)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

\* COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY OF BIRTH. FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR.

TICK HERE IF CONTINUATION SHEET USED

ANEMIA TESTING

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR ANEMIA TESTING?

YES  REQUEST CONSENT MEASURE HEMOGLOBIN OF WOMEN AND CHILDREN

NO  → GO TO HIV TESTING PAGE

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (152):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT*  CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(158)	(159)	(160)	(161)	(162)	(163)
AGE 15-17    AGE 18-49 1                      2 GO TO 160 ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	GRANTED                      REFUSED 1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	YES    NO/DK 1            2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 GO TO 160 ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1            2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 GO TO 160 ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1            2	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER					
CHECK COLUMN (153):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT*  CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS    OTHER 1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	GRANTED                      REFUSED 1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
1                      2 NEXT CHILD	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	1                                      2 SIGN _____ NEXT LINE ← ↙	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

164	<p>CHECK 161 AND 162:</p> <p>NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*</p> <p>ONE OR MORE <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p> <p>GIVE EACH RESPONSIBLE ADULT/PARENT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 165.**</p> <p>GIVE EACH RESPONSIBLE ADULT/PARENT RESULT OF HEMOGLOBIN MEASUREMENT AND END INTERVIEW.</p>
165	<p>We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem.</p> <p>We recommend that you visit a health facility as soon as possible to be examined and obtain proper treatment.</p> <p>GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA</p>

\* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or don't know if they are pregnant).

\*\* If more than one woman or child is below the cutoff point, read the statement in Q.165 to each woman who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point.

**HIV TESTING - WOMEN AND MEN**

CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR HIV TESTING?

YES    
 REQUEST CONSENT   
 COLLECT DRIED BLOOD SPOTS   
 FROM WOMEN AND MEN

NO  → END OF HOUSEHOLD QUESTIONNAIRE

CHECK COLUMNS (9) AND (10): RECORD THE LINE NUMBER, SEX AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-49. THIS PAGE WILL BE DESTROYED IN OFFICE BEFORE TEST RESULTS ARE ADDED TO DATA FILE.

LINE NO. FROM COL. (9) AND (10)	SEX FROM COL. (4)	AGE FROM COL. (7)	CHECK AGE FROM COL. (168):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO MAN/WOMAN CIRCLE CODE (AND SIGN)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
(166)	(167)	(168)	(169)	(170)	(171)	(172)	(173)	(174)
<input type="checkbox"/>	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 AGE 18+ 1 GO TO 172 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 AGE 18+ 1 GO TO 172 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 AGE 18+ 1 GO TO 172 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 AGE 18+ 1 GO TO 172 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="checkbox"/>	M F 1 2	YEARS <input type="checkbox"/>	AGE 15-17 AGE 18+ 1 GO TO 172 2	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

LINE NO. FROM COL. (9) AND (10)	SEX FROM COL. (4)	AGE FROM COL. (7)	CHECK AGE FROM COL. (168):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO MAN/WOMAN CIRCLE CODE (AND SIGN)	RESULT 1 SAMPLE TAKEN 2 REFUSED 3 NOT PRESENT 4 TECH. PROBLEM 6 OTHER (SPECIFY)	SAMPLE BAR CODE
(166)	(167)	(168)	(169)	(170)	(171)	(172)	(173)	(174)
<input type="text"/>	M F 1 2	YEARS <input type="text"/>	AGE 15-17 AGE 18+ 1 GO TO 172 ← 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM
<input type="text"/>	M F 1 2	YEARS <input type="text"/>	AGE 15-17 AGE 18+ 1 GO TO 172 ← 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2	<input type="checkbox"/>	PASTE FIRST LABEL HERE PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_