

Malaria Indicator Survey

Household Questionnaire

**ORC Macro
Calverton, Maryland**

April 2005

MALARIA INDICATOR SURVEY
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION ¹																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER.....																			
HOUSEHOLD NUMBER.....																			
REGION.....																			
URBAN/RURAL (URBAN=1, RURAL=2).....																			
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ² (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																			

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

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	_____	_____
DATE _____	_____	_____

¹ This section should be adapted for country-specific survey design.

² The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; the remaining urban sample points are "towns."

HOUSEHOLD LISTING

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	ELIGIBLE WOMEN	CURRENTLY PREGNANT?			
			M	F	YES	NO	YES		NO	IN YEARS	YES	NO/DK
(1)	(2)	(3)	(4)		(5)		(6)	(7)	(8)			
	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.	What is the relationship of (NAME) to the head of the household?*	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	FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?			
01		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	01	1	2
02		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	02	1	2
03		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	03	1	2
04		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	04	1	2
05		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	05	1	2
06		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	06	1	2
07		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	07	1	2
08		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	08	1	2
09		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	09	1	2
10		<input style="width: 40px; height: 20px;" type="text"/>	1	2	1	2	1	2	<input style="width: 40px; height: 20px;" type="text"/>	10	1	2

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE/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 = OTHER RELATIVE
 10 = ADOPTED/FOSTER/STEPCHILD
 11 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBLE WOMEN	CURRENTLY PREGNANT?	
			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		FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
			M F	YES NO	YES NO	IN YEARS		YES	NO/DK	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	1	2	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	1	2	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	1	2	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	1	2	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	1	2	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	1	2	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	1	2	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	1	2	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	1	2	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	1	2	

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
10	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)																			
11	What kind of toilet facilities does your household use? ¹	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 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)																			
12	Does your household have: ² Electricity? A radio? A television? A telephone? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			
13	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL/LIGNITE 05 CHARCOAL 06 FIREWOOD/STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																			

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Additional indicators of socioeconomic status should be added, especially to distinguish among lower socioeconomic classes.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
14	<p>MAIN MATERIAL OF THE FLOOR.¹</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>													
15	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</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</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK	1	2	
	YES	NO													
BICYCLE	1	2													
MOTORCYCLE/SCOOTER	1	2													
CAR/TRUCK	1	2													
15A	<p>At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?²</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	↳ 16												
15B	<p>How many months ago was the house sprayed?²</p> <p>IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.</p>	<p>MONTHS AGO..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>													
15C	<p>Who sprayed the house?²</p>	<p>GOVERNMENT WORKER/PROGRAM ... 1</p> <p>PRIVATE COMPANY 2</p> <p>HOUSEHOLD MEMBER 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>													
16	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1</p> <p>NO 2</p>	→ 27												
17	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>													

¹ Categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained. In some countries, it may be desirable to ask an additional question on the material of walls or ceilings.

² This question should be deleted in countries that do not have an indoor residual spraying program for mosquitoes.

18	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN THREE NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED1	OBSERVED1	OBSERVED1
NOT OBSERVED2	NOT OBSERVED2	NOT OBSERVED2		
19	How long ago did your household obtain the mosquito net?	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>
		MORE THAN 3 YEARS AGO95	MORE THAN 3 YEARS AGO95	MORE THAN 3 YEARS AGO95
20	OBSERVE OR ASK THE BRAND OF MOSQUITO NET. IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	'PERMANENT' NET ¹ BRAND A11 BRAND B12 (SKIP TO 24) =	'PERMANENT' NET ¹ BRAND A11 BRAND B12 (SKIP TO 24) =	'PERMANENT' NET ¹ BRAND A11 BRAND B12 (SKIP TO 24) =
		'PRETREATED' NET ² BRAND C21 BRAND D22 (SKIP TO 22) =	'PRETREATED' NET ² BRAND C21 BRAND D22 (SKIP TO 22) =	'PRETREATED' NET ² BRAND C21 BRAND D22 (SKIP TO 22) =
		OTHER31 DON'T KNOW BRAND98	OTHER31 DON'T KNOW BRAND98	OTHER31 DON'T KNOW BRAND98
21	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES1	YES1	YES1
		NO2	NO2	NO2
		NOT SURE8	NOT SURE8	NOT SURE8
22	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES1	YES1	YES1
		NO2 (SKIP TO 24) =	NO2 (SKIP TO 24) =	NO2 (SKIP TO 24) =
		NOT SURE8	NOT SURE8	NOT SURE8
23	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH AGO, RECORD '>00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>
		MORE THAN 2 YEARS AGO95	MORE THAN 2 YEARS AGO95	MORE THAN 2 YEARS AGO95
		NOT SURE98	NOT SURE98	NOT SURE98
24	Did anyone sleep under this mosquito net last night?	YES1	YES1	YES1
		NO2 (SKIP TO 26) =	NO2 (SKIP TO 26) =	NO2 (SKIP TO 26) =
		NOT SURE8	NOT SURE8	NOT SURE8
¹ "Permanent" is a factory treated net that does not require any further treatment. ² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.				

		NET #1	NET #2	NET #3
25	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/> NAME _____ LINE NO <input type="text"/> <input type="text"/>
26		GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 27.	GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 27.	GO BACK TO 18 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 27.

HAEMOGLOBIN MEASUREMENT

CHECK COLUMN (7) OF HOUSEHOLD LISTING: RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6. THEN ASK THE DATE OF BIRTH.

CHILDREN UNDER AGE 6 YEARS				HAEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2000 ¹ OR LATER				
LINE NUMBER	NAME	AGE	What is (NAME's) date of birth? COPY MONTH AND YEAR OF BIRTH FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY. FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR.	LINE NUMBER OF PARENT/ADULT RESPONSIBLE FOR THE CHILD RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/ADULT RESPONSIBLE FOR THE CHILD CIRCLE CODE AND SIGN	HAEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER	
FROM COL. (1)	FROM COL. (2)	FROM COL. (7)						
(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	
□□		□□	DAY MONTH YEAR □□ □□ □□□□	□□	GRANTED REFUSED 1 SIGN _____ NEXT LINE← 2	□□ □	□	
□□		□□	□□ □□ □□□□	□□	1 SIGN _____ NEXT LINE← 2	□□ □	□	
□□		□□	□□ □□ □□□□	□□	1 SIGN _____ NEXT LINE← 2	□□ □	□	
□□		□□	□□ □□ □□□□	□□	1 SIGN _____ NEXT LINE← 2	□□ □	□	
□□		□□	□□ □□ □□□□	□□	1 SIGN _____ NEXT LINE← 2	□□ □	□	
□□		□□	□□ □□ □□□□	□□	1 SIGN _____ NEXT LINE← 2	□□ □	□	
¹ For fieldwork beginning in 2006, 2007 or 2008, the year should be 2001, 2002 or 2003, respectively.		TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	CONSENT STATEMENT: As part of this survey, we are studying anaemia among children. Anaemia is a serious health problem that results from poor nutrition or diseases such as malaria. This survey will assist the government to develop programs to prevent and treat these important health problems. We request that all children born in 2000 ¹ or later participate in the anaemia 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. May I now ask that (NAME OF CHILD[REN]) participate in the anaemia test. However, if you decide not to have him/her/them tested, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.			NOTE: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected in a separate form for each enumeration area higher than 1,000 meters so that the anaemia estimates can be adjusted appropriately.		

35	<p>CHECK 33:</p> <p>NUMBER OF CHILDREN WITH HAEMOGLOBIN LEVEL BELOW 7 G/DL</p> <p>ONE OR MORE NONE</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p>GIVE EACH PARENT/ADULT RESPONSIBLE FOR THE CHILD THE RESULT OF THE HAEMOGLOBIN MEASUREMENT, AND CONTINUE WITH 36.¹ GIVE EACH PARENT/ADULT RESPONSIBLE FOR THE CHILD THE RESULT OF THE HAEMOGLOBIN MEASUREMENT AND END THE HOUSEHOLD INTERVIEW.</p>		
36	<p>We detected a low level of haemoglobin in the blood of [NAME OF CHILD(REN)]. This indicates that (NAME OF CHILD(REN)) has/have developed severe anaemia, which is a serious health problem. We would like to inform the doctor at _____ about the condition of [NAME OF CHILD(REN)]. This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of haemoglobin in the blood of [NAME OF CHILD(REN)] may be given to the doctor?</p>		
	NAME OF CHILD WITH HAEMOGLOBIN BELOW 7 G/DL	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2
			YES.....1 NO.....2

¹ If more than one child is below 7 g/dl, read statement in Q.36 to each parent/adult responsible for a child who is below the cutoff point.