

WOMENS' QUESTIONNAIRE
NRVA 2007 - 2008

Survey No	Survey Month	Block No	HH No	Household Code	Interviewer Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
District Name					Province Name	
<input type="text"/>					<input type="text"/>	
<input type="text"/>	Kuchi Code	<input type="text"/>				نام قريه/نام شهر
<input type="text"/>	Cluster No	<input type="text"/>	HH Head Name	<input type="text"/>	Sub Village/Guzar/Mosque	
<input type="text"/>	Door No	Interview Date	Interviewer Name	Respondent Name		
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>		

SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS

<p>15.1 How many household members were resident and ate at least dinner regularly in the household during the last 7 days?</p> <p style="text-align: center;">People</p> <p><input type="radio"/> 1 <input type="radio"/> 7 <input type="radio"/> 13 <input type="radio"/> 19 <input type="radio"/> 25</p> <p><input type="radio"/> 2 <input type="radio"/> 8 <input type="radio"/> 14 <input type="radio"/> 20 <input type="radio"/> 26</p> <p><input type="radio"/> 3 <input type="radio"/> 9 <input type="radio"/> 15 <input type="radio"/> 21 <input type="radio"/> 27</p> <p><input type="radio"/> 4 <input type="radio"/> 10 <input type="radio"/> 16 <input type="radio"/> 22 <input type="radio"/> 28</p> <p><input type="radio"/> 5 <input type="radio"/> 11 <input type="radio"/> 17 <input type="radio"/> 23 <input type="radio"/> 29</p> <p><input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30</p>	<p>Relationship of respondent to head of household</p> <p><input type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 11 <input type="radio"/> 16</p> <p><input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 12 <input type="radio"/> 17</p> <p><input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 13 <input type="radio"/> 18</p> <p><input type="radio"/> 4 <input type="radio"/> 9 <input type="radio"/> 14</p> <p><input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 15</p> <p>1. Household head 10. Brother/ Sister</p> <p>2. Husband/ Wife 11. Brother-in-law/ Sister-in-law</p> <p>3. Son/ Daughter 12. Uncle/ Aunt</p> <p>4. Son-in-law / Daughter-in-law 13. Amboq</p> <p>5. Grandchild 14. Other relatives</p> <p>6. Nephew/ niece 15. Unrelated male/ female</p> <p>7. Father/ Mother 16. Stepfather/stepmother</p> <p>8. Father-in-law/ Mother-in-law 17. Stepdaughter/ stepson</p> <p>9. Grandfather/ Grandmother 18. Step-sister/ step-brother</p>
<p>15.2 How many meals were eaten by guests from the household cooking pot in the last 7 days? (Put 0 if no guests ate in the house in the last 7 days)</p> <p style="text-align: center;">Person-meals</p> <p><input type="text"/></p>	
<p>15.3 How many times have meals been eaten outside of the home (not from household food) by resident household members in the last 7 days? (Put 0 if no household members ate outside the house in the last 7 days)</p> <p style="text-align: center;">Person-meals</p> <p><input type="text"/></p>	

I would like to ask you about all the different foods that your household members and any guests have eaten in the last week (7 days). Could you please tell me how many days in the past week your household has eaten the following foods, and from what source this food came.

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FOOD SOURCE CODES **SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS**

1. Purchase 2. Own production 3. Bartered/Payment in kind 4. Borrowed/taken on credit 5. Received as gift 6. Food aid 7. Other

15.6 What was the amount used in the last 7 days?	15.5 What was the source of this item? (SEE CODES AT BOTTOM)	15.4 How many days did you eat this item in the past 7 days?	FOOD ITEM	15.6 What was the amount used in the last 7 days?	15.5 What was the source of this item? (SEE CODES AT BOTTOM)	15.4 How many days did you eat this item in the past 7 days?	FOOD ITEM
KGS/ UNIT	CODE	DAYS		KGS/ UNIT	CODE	DAYS	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Milk (fresh)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Goat
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Milk (powdered)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Chicken
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Yogurt	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Liver
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Curd (Chaka)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Dried meat
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Krut (dried)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Fish
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Dogh	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Other Meat and fish Specify
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ <input type="checkbox"/> ○	Ghee	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0			

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FOOD SOURCE CODES **SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS**

1. Purchase 2. Own production 3. Bartered/Payment in kind 4. Borrowed/taken on credit 5. Received as gift 6. Food aid 7. Other

15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM	15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Potato	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Butter
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Sweet potato	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Cheese
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Onion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Eggs (number)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Tomato	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Other dairy products Specify
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Okra	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Vegetable oil, cotton oil, or sesame
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Spinach	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Animal fat
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 . <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	0 1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Other oils/fat Specify

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FOOD SOURCE CODES **SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS**

1. Purchase 2. Own production 3. Bartered/Payment in kind 4. Borrowed/taken on credit 5. Received as gift 6. Food aid 7. Other

15.6 What was the amount used in the last 7 days?	15.5 What was the source of this item? (SEE CODES AT BOTTOM)	15.4 How many days did you eat this item in the past 7 days?	FOOD ITEM	15.6 What was the amount used in the last 7 days?	15.5 What was the source of this item? (SEE CODES AT BOTTOM)	15.4 How many days did you eat this item in the past 7 days?	FOOD ITEM
KGS/ UNIT	CODE	DAYS		KGS/ UNIT	CODE	DAYS	
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Cabbage	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Cauliflower
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Leek	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Eggplant
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Broccoli	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Carrots
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Hot pepper	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Pumpkin/squash
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Wild leafy vegetables	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Cucumber
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Coriander	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Radish
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Mint	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Turnip
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Dried tomatoes	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	0 1 2 3 4 5 6 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	

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FOOD SOURCE CODES

SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS

1. Purchase 2. Own production 3. Bartered/Payment in kind 4. Borrowed/taken on credit 5. Received as gift 6. Food aid 7. Other

15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM	15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Peach	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Dried vegetables
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Dried Apricots	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Pickled vegetables
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Orange/citrus	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Green beans
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<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Pomegranate	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Apple
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Pear	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Grapes
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<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Raisins	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 .	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	

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FOOD SOURCE CODES **SECTION 15: FOOD CONSUMPTION IN LAST 7 DAYS**

1. Purchase 2. Own production 3. Bartered/Payment in kind 4. Borrowed/taken on credit 5. Received as gift 6. Food aid 7. Other

15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM	15.6 What was the amount used in the last 7 days? KGS/ UNIT	15.5 What was the source of this item? (SEE CODES AT BOTTOM) CODE	15.4 How many days did you eat this item in the past 7 days? DAYS	FOOD ITEM
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Black pepper	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Bottled/ canned beverages mineral water
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Ginger and	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0 LITERS	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ LITERS	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Other Beverages Specify
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Tomato sauce	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0 LITERS	1 2 3 4 5 6 7	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	Salt
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Mixed spices	<input type="checkbox"/> 1 2 <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	
<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Other spices Specify	<input type="checkbox"/> 1 2 3 4 5 6 7 8 9 0		<input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	

SECTION 16: IODIZED SALT, AVIAN FLU, HH EXPENSES

<input type="checkbox"/> Relative (husband, mother, father, aunt, etc.) <input type="checkbox"/> Neighbour <input type="checkbox"/> Mullah <input type="checkbox"/> Posters/ billboards <input type="checkbox"/> Information leaflets <input type="checkbox"/> Salt trader <input type="checkbox"/> Other (specify _____)	16.3 Where have you heard about iodized salt? (MARK ALL THAT APPLY) [INTERVIEWER: DO NOT READ RESPONSES ALOUD] <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspaper <input type="checkbox"/> Health worker (doctor, nurse, etc.) <input type="checkbox"/> School/ teacher	16.1 INTERVIEWER, PLEASE PUT THE ID CODE OF THE WOMAN RESPONDING TO THESE QUESTIONS ID CODE <input type="text"/> <input type="text"/>
16.2 Have you ever heard of iodized salt? 1 Yes <input type="checkbox"/> 1 2 2 No >> 16.5 <input type="checkbox"/> ○ ○		

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<p>16.9 Does your household or any household in the same compound as you have any poultry (chickens, ducks, geese or turkeys)? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes 1 <input type="radio"/> 2 No >> 16.11 2 <input type="radio"/></p>	<p>16.4 Why is iodized salt important? [INTERVIEWER: MARK ALL RESPONSES. DO NOT READ RESPONSES ALOUD.]</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> It is tastier than plain salt</p> <p><input type="radio"/> It is cleaner</p> <p><input type="radio"/> It prevents goiter</p> <p><input type="radio"/> It prevents cretinism</p> <p><input type="radio"/> It makes you smarter</p> <p><input type="radio"/> It prevents mental retardation</p> <p><input type="radio"/> It prevents stillbirth</p> <p><input type="radio"/> It prevents miscarriage</p> <p><input type="radio"/> It prevents pregnancy</p>																											
<p>16.10 If an unexpectedly high number of the chickens, ducks, geese or turkeys (poultry) died within a week, what would you do? [INTERVIEWER: MARK ALL RESPONSES. DO NOT READ RESPONSES ALOUD.]</p> <p><input type="radio"/> Nothing</p> <p><input type="radio"/> Bury the dead birds</p> <p><input type="radio"/> Kill the other birds/ OR kill and eat the other birds</p> <p><input type="radio"/> Contact a local vet</p> <p><input type="radio"/> Contact a local health official</p> <p><input type="radio"/> Contact someone from local government</p> <p><input type="radio"/> Contact someone else, who? _____</p> <p><input type="radio"/> Other - what? _____</p>	<p>16.5 Could I see the original salt bag or package?</p> <p>1 Did not see original salt package</p> <p>2 Saw original salt package - labeled iodized with government seal</p> <p>3 Saw original salt package - labeled iodized without government seal</p> <p>4 Saw original salt package not labeled iodized</p> <p>5 Ground salt, not labeled</p> <p>6 Family uses rock salt</p> <p style="text-align: right;">1 2 3 4 5 6 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>																											
<p>16.11 Have you heard of a disease that can be transmitted from birds to humans? <input type="checkbox"/></p> <p style="text-align: right;">1 Yes 1 <input type="radio"/> 2 No 2 <input type="radio"/></p>	<p>16.6 We would like to check whether the salt used in your household is iodized. May I see a small sample of the salt used for cooking? [INTERVIEWER: CONDUCT SALT TEST WITH THE KIT PROVIDED TO YOU]</p> <p>1 No color change 3 No salt at home 1 2 3 4 2 Color change (blue) 4 Salt not tested <input type="checkbox"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>																											
<p>We will ask you for some household expenses, in either the last 30 days or in the last 12 months. Other household expenses have been asked in the male portion of the questionnaire.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Total IN LAST 30 DAYS (in Afs)</th> <th style="width: 30%; text-align: center;">Expenditure activities in last</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> </td> <td style="text-align: center;">Cosmetics and beauty supplies</td> <td style="vertical-align: top;">16.12</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table> </td> <td style="text-align: center;">Personal grooming (beauty parlours, haircuts, etc) for women and girls (NOT</td> <td style="vertical-align: top;">16.13</td> </tr> <tr> <td style="text-align: center;"> <p>Expense in last 12 MOS (in Afghanis)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table> </td> <td style="text-align: center;">Tahwiz/ Shoyest (talismans for health)</td> <td style="vertical-align: top;">16.14</td> </tr> </tbody> </table>	Total IN LAST 30 DAYS (in Afs)	Expenditure activities in last		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					Cosmetics and beauty supplies	16.12	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table>						Personal grooming (beauty parlours, haircuts, etc) for women and girls (NOT	16.13	<p>Expense in last 12 MOS (in Afghanis)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table>							Tahwiz/ Shoyest (talismans for health)	16.14	<p>16.7 How would you compare the overall economic situation of the household with 1 year ago?</p> <p>1 Much worse 4 Slightly better 1 2 3 4 5 2 Slightly worse 5 Much better <input type="checkbox"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>3 Same</p>
Total IN LAST 30 DAYS (in Afs)	Expenditure activities in last																											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					Cosmetics and beauty supplies	16.12																						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table>						Personal grooming (beauty parlours, haircuts, etc) for women and girls (NOT	16.13																					
<p>Expense in last 12 MOS (in Afghanis)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> </tr> </table>							Tahwiz/ Shoyest (talismans for health)	16.14																				
<p>16.8 How often in the last year did you have problems satisfying the food needs of the household?</p> <p>1 Never</p> <p>2 Rarely (1 to 3 times) 4 Often (a few times every month) 1 2 3 4 5 3 Sometimes (4 to 6 times) 5 Mostly (this happens a lot) <input type="checkbox"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>																												

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SECTION 17: NUMBER OF CHILDREN BORN AND MARRIAGE INFORMATION FOR "EVER MARRIED " WOMEN UP

INTERVIEWER: PLEASE LOOK AT THE HOUSEHOLD REGISTER. WE ARE INTERESTED IN EVERY WOMAN WHO IS 49 YEARS OR LESS (COL 1.3) AND HAS BEEN EVER MARRIED (ANSWERED 1, 2, OR 3 IN COL 1.4). PLEASE ENTER THE ID CODES AND ASK THE NAMES OF ALL ELIGIBLE WOMEN IN Q 17.1.

<p>17.6</p> <p>Do you have any sons or daughters to whom you have given birth who are not presently living in your household?</p>	<p>17.5</p> <p>How many sons live with you? And how many daughters live with you? [IF NONE, RECORD "0"]</p>			<p>17.4</p> <p>Do you have any sons or daughters to whom you have given birth who are still members of your household now?</p>	<p>17.3</p> <p>Now I would like to ask you about all the births you have had in your life. Have you ever given birth?</p>	<p>17.2</p> <p>What is the result of this interview?</p> <p>1 Completed 2 Not at home>>NEXT WOMAN 3 Partly completed 4 Refused>>NEXT WOMAN 5 Incapacitated 6 Other (Specify _____)</p>	<p>17.1</p> <p>PLEASE RECORD THE NAMES AND ID CODES OF ALL WOMEN WHO ARE ELIGIBLE (UP TO 49 YEARS, AND HAVE EVER BEEN MARRIED).</p>
	TOTAL	DAUGHTERS	SONS	1 Yes 2 No >> 17.6	1 Yes 2 No >> 17.8		
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 1st Women
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 2nd Women
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 3rd Women
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 4rt Women
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 5th Women
1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/> 6th Women

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SECTION 17: NUMBER OF CHILDREN BORN AND MARRIAGE INFORMATION FOR "EVER MARRIED " WOMEN UP

17.12 What is your marital status now? 1 Yes 2 No >>17.16 3 Refused >>17.17	17.11 Just to make sure that I have this right: you have had in total (REPEAT TOTAL IN 17.10) births in your life. Is this correct? If NO, PROBE AND CORRECT 17.5, 17.7, 17.9 AS NECESSARY. 1 Yes 2 No	17.10 [SUM ANSWERS OF THE TOTALS IN 17.5, 17.7, 17.9 IF NONE, RECORD "0"]			17.9 How many boys have died? [IF NONE, RECORD "0"]			17.8 Have you ever given birth to a boy or a girl who was born alive but later died? IF THE RESPONDENT ANSWERS NO, PROBE TO BE SURE: was there any baby who cried or showed signs of life but only survived a few hours or a few days? 1 Yes 2 No >> 17.10	17.7 How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? [IF NONE RECORD "0"]			Women ID Code	
		TOTAL	DAUGHTERS	SONS	TOTAL	DAUGHTERS	SONS		TOTAL	DAUGHTERS	SONS		
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1st Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2nd Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3rd Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4rt Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5th Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6th Women

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SECTION 17: NUMBER OF CHILDREN BORN AND MARRIAGE INFORMATION FOR "EVER MARRIED " WOMEN UP

17.16 Who in your family decides if you can use birth control methods? 1 Husband alone 2 Woman herself 3 Husband & woman jointly 4 Mother of woman or husband 5 Nobody 6 Other (specify ___)	17.15 Which methods are you using? [RECORD ALL MENTIONED]										17.14 Now I would like to talk about family planning -- the various ways or methods that a couple can use to avoid pregnancy. Are you currently using any method to delay or avoid getting pregnant? 1 Yes 2 No >>17.16 3 Refused >>17.17	17.13 Are you pregnant now? 1 Yes >>17.17 2 No 3 Unsure	Women ID Code	
	10 Other (Specify ___)	9 Special herbs	8 Withdrawal	7 Periodic abstinence	6 Breastfeeding	5 Condom	4 Injections	3 Pill	2 IUD	1 Female sterilization				
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1st Women
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	2nd Women
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	3rd Women
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	4rt Women
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	5th Women
1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	6th Women

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SECTION 17: NUMBER OF CHILDREN BORN AND MARRIAGE INFORMATION FOR "EVER MARRIED " WOMEN UP

17.24	17.23	17.22	17.21	17.20	17.19	17.18	17.17	
Who selected your husband?	What was your husband's age at his first marriage? IF DO NOT KNOW, WRITE 99.	Was your husband married before marrying you?	What age was your husband when you married him? IF DO NOT KNOW, WRITE 99.	At what age did you get married for the first time? (IF DOES NOT KNOW, probe by refering to when she began menstrual cycle)	How old are you?	Could you please give me the name of your husband? [RECORD NAME AND ID CODE OF HUSBAND FROM ROSTER] IF HUSBAND IS NOT A HOUSEHOLD MEMBER, WRITE 99.	Who in your family decides when you should have your next child?	
1 It was a "badal" arrangement 2 It was a "bad" arrangement 3 My parents/family decided in consultation with me 4 My parents/ family decided without consulting me 5 I decided in consultation with my parents 6 I decided alone 7 Other (Specify _____)		1 Yes 2 No >> 17.24					1 Husband alone 2 Woman herself 3 Husband & woman jointly 4 Mother of woman or husband 5 Nobody 6 Other (Specify____) 7 It is in the hands of God 8 Refused	Women ID Code
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 1st Women
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 2nd Women
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 3rd Women
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 4rt Women
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 5th Women
1 2 3 4 5 6 7 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/>	1 2 <input type="checkbox"/> ○ ○	<input type="text"/>	<input type="text"/>	<input type="text"/>	Husband Name <input type="text"/> Husband Code <input type="text"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	<input type="text"/> 6th Women

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SECTION 17: NUMBER OF CHILDREN BORN AND MARRIAGE INFORMATION FOR "EVER MARRIED " WOMEN UP

17.28 ONLY FOR WOMEN WITH A BIRTH SINCE AUGUST 2005: Do you have a TT card?	17.27 Is there another "ever married" woman 49 years old or less in this household?	17.26 Do you have a child under 5 years (60 months old)?	17.25 Have you given birth since August 2005? (INTERVIEWER: ENSURE THE WOMAN UNDERSTANDS THE YEARS AND MONTHS SINCE THAT DATE). IF SHE ANSWERS NO, PROBE TO BE SURE: "Did you give birth to any child who cried or showed any sign of life but only survived for a few minutes or a few hours or a few days?	Women ID Code
1 Yes, seen>>fill in chart 2 Has, but not seen>> Sect. 18 3 Had card, but lost it>> Sect. 18 4 Never had a card >>Sect. 18	1 Yes >>NEXT WOMAN, QUESTION 17.1 2 No>>19.29	1 Yes >>Section 19 2 No	1 Yes>>17.28 2 No	
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 1st Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 2nd Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 3rd Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 4rt Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 5th Women
1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 6th Women

SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

<p>18.7</p> <p>Where did the delivery of this baby take place?</p> <p>1 Hospital 2 Public health facility 3 Private health facility 4 At home, neighbor or relative's home 5 Other (Specify _____)</p>	<p>18.6</p> <p>Who was the primary person to assist with this delivery?</p> <p>1 No one 2 Doctor 3 Midwife 4 Nurse 5 CHW 6 TBA 7 Relative/ neighbor/friend 8 Other</p>	<p>18.5</p> <p>Did you see anyone for prenatal care during this pregnancy? If yes, who did you see? Anyone else? [RECORD ALL PERSONS MENTIONED]</p> <p>7 No one 6 Other 5 TBA 4 CHW 3 Nurse 2 Midwife 1 DR</p>									<p>18.4</p> <p>What is the name of the child? [RECORD NAME AND ID CODE]</p>	<p>18.3</p> <p>Is this child currently alive?</p> <p>1 Yes 2 No >> 18.5</p>	<p>18.2</p> <p>Can you please give me the month and year for your most recent (next recent) delivery? Please answer even if the child has died. (ASK TO SEE THE IMMUNIZATION CARD OF THE CHILD AND CHECK THE BIRTHDATE.)</p> <p>YEAR MONTH</p>			<p>18.1</p> <p>PLEASE RECORD THE NAME AND ID CODE OF THIS WOMAN (woman with a child born after August 2005)</p> <p>NAME Women ID Code</p>
<p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>LAST BIRTH (youngest)</p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>YEAR MONTH</p>	<p>LAST BIRTH (youngest)</p>	<p>1ST WOMAN WITH BIRTH SINCE AUGUST 2005</p>	
<p>18.16<<</p> <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>NEXT TO LAST</p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>YEAR MONTH</p>	<p>NEXT TO LAST</p>	<p>2ND WOMAN WITH BIRTH SINCE AUGUST 2005</p>	
<p>18.16<<</p> <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>THIRD LAST BIRTH</p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>YEAR MONTH</p>	<p>THIRD LAST BIRTH</p>	<p>3RD WOMAN WITH BIRTH SINCE AUGUST 2005</p>	
<p>18.16<<</p> <p>1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>THIRD LAST BIRTH</p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>YEAR MONTH</p>	<p>THIRD LAST BIRTH</p>	<p>4TH WOMAN WITH BIRTH SINCE AUGUST 2005</p>	

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

<p>18.7</p> <p>Where did the delivery of this baby take place?</p> <p>1 Hospital 2 Public health facility 3 Private health facility 4 At home, neighbor or relative's home 5 Other (Specify _____)</p>	<p>18.6</p> <p>Who was the primary person to assist with this delivery?</p> <p>1 No one 2 Doctor 3 Midwife 4 Nurse 5 CHW 6 TBA 7 Relative/ neighbor/friend 8 Other</p>	<p>18.5</p> <p>Did you see anyone for prenatal care during this pregnancy? If yes, who did you see? Anyone else? [RECORD ALL PERSONS MENTIONED]</p> <table border="1"> <tr> <td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td>No one</td><td>Other</td><td>TBA</td><td>CHW</td><td>Nurse</td><td>Midwife</td><td>DR</td> </tr> </table>									7	6	5	4	3	2	1	No one	Other	TBA	CHW	Nurse	Midwife	DR	<p>18.4</p> <p>What is the name of the child? [RECORD NAME AND ID CODE]</p>	<p>18.3</p> <p>Is this child currently alive?</p> <p>1 Yes 2 No >> 18.5</p>	<p>18.2</p> <p>Can you please give me the month and year for your most recent (next recent) delivery? Please answer even if the child has died. (ASK TO SEE THE IMMUNIZATION CARD OF THE CHILD AND CHECK THE BIRTHDATE.)</p>			<p>18.1</p> <p>PLEASE RECORD THE NAME AND ID CODE OF THIS WOMAN (woman with a child born after August 2005)</p> <p>NAME Women ID Code</p>
7	6	5	4	3	2	1																								
No one	Other	TBA	CHW	Nurse	Midwife	DR																								
1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	3RD WOMAN WITH BIRTH SINCE AUGUST 2005															
18.16<< 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NEXT TO LAST <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																
18.16<< 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	THIRD LAST BIRTH <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																
1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	4TH WOMAN WITH BIRTH SINCE AUGUST 2005															
18.16<< 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NEXT TO LAST <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																
18.16<< 1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	THIRD LAST BIRTH <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

18.16	18.15	18.14	18.13	18.12	18.11	18.10	18.9	18.8		Women ID Code
Did you breastfeed this baby at all? 1 Yes 2 No >> 18.23	During the whole pregnancy, for how many days did you take tablets or syrup?	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? [SHOW TABLETS/SYRUP] 1 Yes 2 No >> 18.16 3 Don't know >> 18.16	How many years ago did you receive your last dose?	How many doses/injections did you receive before your last pregnancy?	If you did not receive at least two TT doses for the most recent pregnancy, did you receive the tetanus injection any time before your last pregnancy?	How many doses/injections did you (the mother) receive in this most recent pregnancy? If 2 or more doses >> 18.14	During this most recent pregnancy, did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? 1 Yes 2 No >> 18.11	SURVEYOR: Did the mother show a TT card in Question 17.29 with five injections recorded? LOOK AT PAGE XX QUESTION 17.29 FOR THIS WOMAN 1 Yes >> 18.14 2 No		
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="checkbox"/> <input type="checkbox"/>
1 2 <input type="checkbox"/> <input type="checkbox"/>									NEXT TO LAST	<input type="checkbox"/> <input type="checkbox"/>
1 2 <input type="checkbox"/> <input type="checkbox"/>									THIRD LAST BIRTH	<input type="checkbox"/> <input type="checkbox"/>
1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="checkbox"/> <input type="checkbox"/>
1 2 <input type="checkbox"/> <input type="checkbox"/>									NEXT TO LAST	<input type="checkbox"/> <input type="checkbox"/>
1 2 <input type="checkbox"/> <input type="checkbox"/>									THIRD LAST BIRTH	<input type="checkbox"/> <input type="checkbox"/>

1ST WOMAN WITH BIRTH SINCE AUGUST 2005

2ND WOMAN WITH BIRTH SINCE AUGUST 2005

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

18.16	18.15	18.14	18.13	18.12	18.11	18.10	18.9	18.8		Women ID Code	
Did you breastfeed this baby at all? 1 Yes 2 No >> 18.23	During the whole pregnancy, for how many days did you take tablets or syrup?	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? [SHOW TABLETS/SYRUP] 1 Yes 2 No >> 18.16 3 Don't know >> 18.16	How many years ago did you receive your last dose?	How many doses/injections did you receive before your last pregnancy?	If you did not receive at least two TT doses for the most recent pregnancy, did you receive the tetanus injection any time before your last pregnancy?	How many doses/injections did you (the mother) receive in this most recent pregnancy? If 2 or more doses >> 18.14	During this most recent pregnancy, did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? 1 Yes 2 No >> 18.11	SURVEYOR: Did the mother show a TT card in Question 17.29 with five injections recorded? LOOK AT PAGE XX QUESTION 17.29 FOR THIS WOMAN 1 Yes >> 18.14 2 No			
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="checkbox"/> <input type="checkbox"/>	
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									NEXT TO LAST	<input type="checkbox"/> <input type="checkbox"/>	3RD WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									THIRD LAST BIRTH	<input type="checkbox"/> <input type="checkbox"/>	
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="checkbox"/> <input type="checkbox"/>	
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									NEXT TO LAST	<input type="checkbox"/> <input type="checkbox"/>	4TH WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									THIRD LAST BIRTH	<input type="checkbox"/> <input type="checkbox"/>	

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

<p>18.21</p> <p>Are you still breastfeeding the baby?</p> <p>1 Yes>> 18.24 2 No 3 Baby died>>18.27</p>	<p>18.20</p> <p>Not including liquids you gave to the baby in the first three days after delivery, how long did you feed the baby only breast milk before giving other liquids?</p> <p>If baby died before beginning other liquids, put "999" and >>18.27. If baby is still drinking only breastmilk, put "888" and >>18.24.</p>	<p>18.19</p> <p>What liquids did you give to the baby in the first three days after birth?? MARK ALL THAT APPLY</p>							<p>18.18</p> <p>During the first three days after delivery, what did you do with the liquid (colostrum) that came from your breasts?</p> <p>1 Threw it away 2 Gave it to baby 3 Other (specify _____)</p>	<p>18.17</p> <p>How soon after [CHILD NAME 's] birth did you begin to breastfeed? PLEASE ANSWER EVEN IF THE BABY LATER DIED.</p> <p>1 less than 1 hr 2 1-3 hours 3 4-6 hours 4 6-24 hours 5 more than 24 hours 6 don't know</p>	<p>Women ID Code</p>		
		other (specify _____)	powdered milk	herb water or tea	melted butter	glucose	sugar water	breastmilk					
1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="text"/>	1ST WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NEXT TO LAST	<input type="text"/>	
<p>ⓐ Yes>> 18.24</p> <p>ⓑ No</p> <p>ⓒ Baby died>>18.27</p>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	THIRD LAST BIRTH	<input type="text"/>	
1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH (youngest)	<input type="text"/>	2ND WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NEXT TO LAST	<input type="text"/>	
<p>ⓐ Yes>> 18.24</p> <p>ⓑ No</p> <p>ⓒ Baby died>>18.27</p>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	THIRD LAST BIRTH	<input type="text"/>	

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

<p>18.21</p> <p>Are you still breastfeeding the baby?</p> <p>1 Yes>> 18.24 2 No 3 Baby died>>18.27</p>	<p>18.20</p> <p>Not including liquids you gave to the baby in the first three days after delivery, how long did you feed the baby only breast milk before giving other liquids?</p> <p>If baby died before beginning other liquids, put "999" and >>18.27. If baby is still drinking only breastmilk, put "888" and >>18.24.</p>	<p>18.19</p> <p>What liquids did you give to the baby in the first three days after birth?? MARK ALL THAT APPLY</p>							<p>18.18</p> <p>During the first three days after delivery, what did you do with the liquid (colostrum) that came from your breasts?</p> <p>1 Threw it away 2 Gave it to baby 3 Other (specify _____)</p>	<p>18.17</p> <p>How soon after [CHILD NAME's] birth did you begin to breastfeed? PLEASE ANSWER EVEN IF THE BABY LATER DIED.</p> <p>1 less than 1 hr 2 1-3 hours 3 4-6 hours 4 6-24 hours 5 more than 24 hours 6 don't know</p>		<p>Women ID Code</p>
<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>other (specify _____) <input type="checkbox"/></p>	<p>powdered milk <input type="checkbox"/></p>	<p>herb water or tea <input type="checkbox"/></p>	<p>melted butter <input type="checkbox"/></p>	<p>glucose <input type="checkbox"/></p>	<p>sugar water <input type="checkbox"/></p>	<p>breastmilk <input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>LAST BIRTH (youngest) <input type="text"/> <input type="text"/></p>	<p>3RD WOMAN WITH BIRTH SINCE AUGUST 2005</p>
<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>NEXT TO LAST <input type="text"/> <input type="text"/></p>	<p>4TH WOMAN WITH BIRTH SINCE AUGUST 2005</p>
<p>④ Yes>> 18.24 ④ No ④ Baby died>>18.27</p> <p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>THIRD LAST BIRTH <input type="text"/> <input type="text"/></p>	<p></p>
<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>LAST BIRTH (youngest) <input type="text"/> <input type="text"/></p>	<p></p>
<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>NEXT TO LAST <input type="text"/> <input type="text"/></p>	<p></p>
<p>④ Yes>> 18.24 ④ No ④ Baby died>>18.27</p> <p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>THIRD LAST BIRTH <input type="text"/> <input type="text"/></p>	<p></p>

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

18.28	18.27	18.26	18.25	18.24	18.23	18.22	Child ID Code	Women ID Code			
Do you have any child who is less than five years of age? 1 Yes >>Section 19 2 No>> Q.17.1 NEXT WOMAN (if no more eligible women in household >>19.29)	(THIS QUESTION IS IF BABY HAS DIED:) Did you give birth to any other child since August 2005? 1 Yes >>NEXT BIRTH Q18.2, same woman 2 No	Did you give birth to any other child since August 2005? 1 Yes >>NEXT BIRTH Q18.2, same woman 2 No >>Section 19	How old was the baby when you started solid foods? [][]	Have you started feeding solid foods to the baby? 1 Yes 2 No>>18.26	Why did you not breastfeed? 1 baby died>>18.27 2 baby too sick 3 did not have milk 4 mother too sick 5 did not want to 6 husband/ family did not want 7 had to work 8 other (specify___)	How old was the baby when you completely stopped breastfeeding? [][]					
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 [] [] [] [] [] [] [] []	[][]	[][]	[][]	LAST BIRTH (youngest)	[][]	1ST WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 [] [] [] [] [] [] [] []	[][]	[][]	[][]	NEXT TO LAST	[][]	
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 18.28<< [] [] [] [] [] [] [] []	[][]	[][]	[][]	THIRD LAST BIRTH	[][]	
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 [] [] [] [] [] [] [] []	[][]	[][]	[][]	LAST BIRTH (youngest)	[][]	2ND WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 [] [] [] [] [] [] [] []	[][]	[][]	[][]	NEXT TO LAST	[][]	
1 2 [] [] []	1 2 [] [] []	1 2 [] [] []	[][]	1 2 [] [] []	1 2 3 4 5 6 7 8 18.28<< [] [] [] [] [] [] [] []	[][]	[][]	[][]	THIRD LAST BIRTH	[][]	

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SECTION 18: RECENT BIRTHS (CHILDREN BORN SINCE AUGUST

<p>18.28 Do you have any child who is less than five years of age? 1 Yes >> Section 19 2 No >> Q.17.1 NEXT WOMAN (if no more eligible women in household >>19.29)</p>	<p>18.27 (THIS QUESTION IS IF BABY HAS DIED:) Did you give birth to any other child since August 2005? 1 Yes >>NEXT BIRTH Q18.2, same woman 2 No</p>	<p>18.26 Did you give birth to any other child since August 2005? 1 Yes >>NEXT BIRTH Q18.2, same woman 2 No >> Section 19</p>	<p>18.25 How old was the baby when you started solid foods?</p>	<p>18.24 Have you started feeding solid foods to the baby? 1 Yes 2 No >> 18.26</p>	<p>18.23 Why did you not breastfeed? 1 baby died >> 18.27 2 baby too sick 3 did not have milk 4 mother too sick 5 did not want to 6 husband/ family did not want 7 had to work 8 other (specify ___)</p>	<p>18.22 How old was the baby when you completely stopped breastfeeding?</p>	<p>Child ID Code</p>	<p>Women ID Code</p>		
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	LAST BIRTH (youngest)	<input type="text"/>	3RD WOMAN WITH BIRTH SINCE AUGUST 2005
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	NEXT TO LAST		
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 18.28 << <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	THIRD LAST BIRTH		
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	LAST BIRTH (youngest)	4TH WOMAN WITH BIRTH SINCE AUGUST 2005	
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	NEXT TO LAST		
1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 18.28 << <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	THIRD LAST BIRTH		

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IF THERE IS NO MORE SPACE TO ENTER DATA (IF THIS IS 8TH CHILD) >>19.30

SECTION 19: IMMUNIZATION AND CHILD HEALTH - for all children under 5

19.6 Does [NAME] have an immunization card? (May I see it?) 1 Yes, seen 2 Yes, not seen>>19.20 3 No card >>19.20	19.5 What is the year of birth?	19.4 What is the month of birth?	19.3 Is this child a son or daughter? 1 Son 2 Daughter	19.2 Mother's ID code. If mother not in household, main caregiver's ID code. If caregiver not a household member, put "88" CAREGIVER'S ID CODE MOTHER'S ID CODE		19.1 Child's name and ID code [ENTER ID CODE] NAME Child ID Code		
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1st child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2nd child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3rd child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4th child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5th child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6th child
1 2 3 <input type="checkbox"/> 0 0 0	<input type="text"/>	<input type="text"/>	1 2 <input type="checkbox"/> 0 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7th child

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SECTION 19: IMMUNIZATION AND CHILD HEALTH - for all children under 5

19.25 How many times has [NAME] been given these injections?	19.24 Has [NAME] ever been given vaccination injections- i.e. an injection in the mid-outer thigh-to prevent him or her from getting DPT (tetanus, whooping cough, diphtheria)?	19.23 How many times has [NAME] been given these drops?	19.22 Has [NAME] ever been given any vaccination drops in the mouth to protect him/her from getting polio?	19.21 Has [NAME] ever been given BCG vaccination against tuberculosis-i.e. an injection in the left shoulder that left a scar? (CHECK FOR SCAR)	19.20 Did [NAME] ever receive any vaccinations to prevent him or her from getting any diseases, including vaccinations received in a national immunization day campaign?	19.19 Has [NAME] received any vaccinations that are not recorded in this card?	Child ID Code	
	1 Yes 2 No >>19.26 3 Don't know>>19.26		1 Yes 2 No >>19.24 3 Don't know>>19.24	1 Yes 2 No 3 Don't know	1 Yes 2 No >>19.27 3 Don't know	1 Yes >>19.21 2 No>> 19.27 3 Don't know >>19.21		
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1st child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	2nd child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	3rd child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	4rt child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	5th child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	6th child
<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	1 2 3 <input type="checkbox"/> ○○○	<input type="checkbox"/>	7th child

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SECTION 19: IMMUNIZATION AND CHILD HEALTH - for all children under 5

19.30	19.29	19.28	19.27	19.26	Child ID Code					
<p>How many ADDITIONAL children under-five are there in the household that information has NOT been collected on?</p> <p>Number of additional children less than 5 yrs of age</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>>> Q.17.1 NEXT WOMAN (if no more eligible women in household >>Section 20)</p>			<p>Is there any child under 5 years in this household whose mother is dead or whose mother does not live in this household?</p> <p>1 Yes >>19.1 2 No >>Section 20</p> <p style="text-align: center;">1 2</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Do you have any other child besides this one who is less than five years of age?</p> <p>1 Yes >>next child, Q 19.1 2 No >> Q.17.1 NEXT WOMAN (if no more eligible women in household >>19.29)</p>	<p>Has [NAME] received a Vitamin A capsule within the last 6 months?</p> <p>1 Yes 2 No 3 Don't know</p>	<p>Has [NAME] ever been given other vaccination injections- i.e. a shot in the outer part of the upper right arm at the age of 9 months or older--to prevent him/her from getting measles?</p> <p>1 Yes 2 No 3 Don't know</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			1st child
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			2nd child		
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			3rd child		
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			4th child		
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			5th child		
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			6th child		
		<p>1 2</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			7th child		

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SECTION 20: WOMEN'S ACTIVITIES

20.1 This section should be administered to the female member who is either the wife of the head of household, the most active and important female member of the household, or in case of female -headed household, the head of household. ID CODE OF RESPONDENT

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20.2 Who in the household usually makes the decision about:

1. Head/Father of the household decides alone 2. Spouse of household head or female household head decides alone 3. Head/Father in consultation with his/her spouse 4. Head/Father in consultation with the person concerned	5. Head/Father and spouse of head in consultation with the person concerned 6. Head/Father and other male members decide 7. Other combination of persons decide 8. Does not apply to this household
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20.5 If this asset were sold or transferred, who would make this decision?	20.4 Who owns the asset?	20.3 Does the household or any member of the household own any ..		Asset	1 2 3 4 5 6 7 8	Purchase of food for the household
1. Head/husband 2. Wife of head 3. Jointly husband and wife 4. Male family member/ members 5. Female family member/ members 6. Jointly by other members of the family 7. Don't know	1. Head/husband 2. Wife of head 3. Jointly husband and wife 4. Male family member/ members 5. Female family member / members 6. Jointly by other members of the family 7. Don't know	1. Yes 2. No >>NEXT ASSET 3. Don't know >> NEXT ASSET			<input type="checkbox"/>	Purchase of food for the household
					<input type="checkbox"/>	Purchase of clothing for head of household
					<input type="checkbox"/>	Purchase of clothing for wife of head
					<input type="checkbox"/>	Purchase of clothing for children
				Livestock	<input type="checkbox"/>	Spending for medicines for wife of head
				Poultry	<input type="checkbox"/>	Spending for medicines for other adult females
				Agricultural equipment	<input type="checkbox"/>	Spending for medicines for children
				Agricultural Land	<input type="checkbox"/>	Son's marriage
				House/ apartment	<input type="checkbox"/>	Daughter's marriage
				Gold & silver	<input type="checkbox"/>	Education for boys
				Furniture and household goods	<input type="checkbox"/>	Education for girls
					<input type="checkbox"/>	Care of elderly
					<input type="checkbox"/>	Taking on or paying off a debt



20.8

If your household has a hoququi dispute, who would you normally seek help from first, then second, and then third to resolve this dispute? PUT UP TO 3 CODES AT BOTTOM

- 01. Relative
- 02. Village shura
- 03. Village Mailik
- 04. NSP CDC
- 05. Wakil gozar
- 06. Mullah
- 07. Mantega representative
- 08. District authorities
- 09. Local commander
- 10. Police
- 11. Other (specify)

Third			Second			First		
<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10
<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11
<input type="radio"/> 4	<input type="radio"/> 8	سوم	<input type="radio"/> 4	<input type="radio"/> 8	دوم	<input type="radio"/> 4	<input type="radio"/> 8	اول

20.10 Are female head's views taken into consideration in hoququi disputes?

- 1 Yes
- 2 No
- 3 Sometimes

20.7

What would be the main reason you could not participate ?

- 1 Women do not need these skills
- 2 Women would not be interested in such classes
- 3 Household duties take up all women's time
- 4 Husbands/ fathers would not allow
- 5 Don't know

1 2 3 4 5

20.6

Would women from this household be able to participate in any literacy or vocational training classes if they were offered?

- 1 Yes >>20.8
- 2 No
- 3 Don't know

20.9 Is this a female-headed household?

- 1 Yes
- 2 No >>20.11

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SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)

20.16 If you do any income generating work, can you decide what to do with the money earned? 1 Do not do any income generating work 2 Can decide myself 3 Can decide in consultation with spouse 4 Can decide in consultation with family 5 Spouse decides 6 Family decides	20.15 In the last 30 days, did you do any non-agricultural work, on own account, - in a business enterprise belonging to the household or member of the household, - e.g. as a trader, shop owner, dressmaker, processing farm produce, making carpets or handicrafts, or any other business activity? 1 Yes 2 No	20.14 In the last 30 days, did you do any agricultural or livestock work, even free, - on land owned, rented or used by household - such as cultivating/harvesting crops, taking care of livestock or poultry in your HH? 1 Yes 2 No	20.13 In the last 30 days, did you work for the government or for any organization or for any individual who is not a HH member? 1 Yes 2 No	20.12 What is the result of this interview? 1 Completed 2 Not at home>>NEXT WOMEN 3 Partly completed 4 Refused>>NEXT WOMEN 5 Incapacitated>>NEXT WOMEN 6 Other (Specify)>> NEXT WOMEN	20.11 Woman's name and ID code- all females ages 10 or older [ENTER ID CODE FROM ROSTER] Women ID Code Women NAME		
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	1st Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	2nd Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	3rd Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	4rt Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	5th Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	6th Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	7th Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	8th Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	9th Women
1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 <input type="checkbox"/> ○ ○	1 2 3 4 5 6 <input type="checkbox"/> ○ ○ ○ ○ ○ ○	<input type="text"/>	<input type="text"/>	10th Women

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SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)

20.20 Why not? MARK ALL THAT APPLY

20.20 Why not? MARK ALL THAT APPLY											20.19	20.18	20.17	Women ID Code		
Other	Traditional constraints	Family did not allow	Husband did not allow	No female medical personnel who could come to dwelling	Security concerns	No one to accompany	No female medical personnel	Poor quality of medical personnel	Too expensive	Too far	No need/ not serious	Did you seek medical care? 1 Yes >>20.21 2 No	In the last 30 days, have you been sick or injured? 1 Yes 2 No >>20.21			In the last year, did you borrow or obtain funds that have/had to be repaid from friends, family, employers, banks, NGOs, traders or any other source? 1 Yes 2 No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	1st Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	2nd Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	3rd Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	4th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	5th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	6th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	7th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	8th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	9th Women
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	1 2 <input type="checkbox"/> <input type="radio"/>	<input type="checkbox"/>	10th Women

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SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)

20.28	20.27	20.26	20.25	20.24	20.23		
If you wish to sell this jewelry, who will decide?	How did you mainly acquire this jewelry?	Do you personally own any jewelry?	When you leave the dwelling compound do you wear a burka?	Who usually accompanies you?	When you go out of the compound are you accompanied (assisted) by someone?	Women ID Code	
1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 Other (specify _____)	1 Given by my family or inherited from my family 2 Husband bought/ mahar 3 Bought by myself 4 Bought by my children 5 Given as a gift from others 6 Other (specify _____)	1 Yes 2 No >>20.29	1 never 2 sometimes 3 usually 4 always	1 Child under 10 2 Child from 11-15 years 3 Husband 4 Male relative 5 Female relative/non-relative	1 Yes 2 No >>20.25		
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	1st Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	2nd Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	3rd Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	4th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	5th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	6th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	7th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	8th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	9th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/>	10th Women

SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)

20.34 Do you personally own any land? 1 Yes 2 No >> 20.38	20.33 If you wish to sell this livestock, who will decide? 1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 There are no profits 8 Other (specify _____)	20.32 Who decides how to use the profits from the livestock you own? 1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 There are no profits 8 Other (specify _____)	20.31 How did you mainly acquire this livestock? 1 Given by my family or inherited from my family 2 Husband bought/ mahar 3 Bought by myself 4 Bought by my children 5 From NGO/ microfinance 6 Other (specify _____)	20.30 What kind of livestock do you own? MARK ALL THAT APPLY (see note) 1 Chickens 2 Other poultry 3 Goats/sheep 4 Cows 5 Other	20.29 Do you personally own any livestock? 1 Yes 2 No >> 20.34	Women ID Code	
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1st Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	2nd Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	3rd Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	4th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	5th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	6th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	7th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	8th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	9th Women
1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 4 3 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	10th Women

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SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)							
20.40	20.39	20.38	20.37	20.36	20.35	Women ID Code	
If you wish to sell this dwelling, who will decide?	How did you acquire this dwelling?	Do you personally own any dwelling?	If you wish to sell this land, who will decide?	Who decides how to use the profits from the land you own?	How did you mainly acquire this land?		
1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 Other (specify _____)	1 Given by my family or inherited from my family 2 Husband bought/ mahar 3 Bought by myself 4 Bought by my children 5 Other (specify _____)	1 Yes 2 No >>20.41	1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 Other (specify _____)	1 Myself alone 2 Myself and husband 3 Husband alone 4 Husband and other male family members 5 My father-in-law or mother-in-law 6 My father or mother 7 There are no profits 8 Other (specify _____)	1 Given by my family or inherited from my family 2 Husband bought/ mahar 3 Bought by myself 4 Bought by my children 5 Took out a mortgage 6 Other (specify _____)		
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	1st Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	2nd Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	3rd Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	4th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	5th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	6th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	7th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	8th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	9th Women
1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	10th Women

SECTION 20: WOMEN'S ACTIVITIES (For all females in the household, ages 10 and older)

<p>20.44 Can you calculate this? SHOW CARD</p> <p>1 Can't calculate 2 Done correctly</p>	<p>20.43 Can you read this? SHOW CARD</p> <p>1 Can't read 2 Read correctly</p>	<p>20.42 What is the highest level and year of schooling you have attended? MARK THE LEVEL OF SCHOOL AND THEN WRITE IN THE YEARS ATTENDED AT THAT SCHOOL LEVEL</p> <p>1 None 5 Teacher's coll(1-2) 2 Primary(1-6) 6 University(1-7) 3 Secondary(1-3) 7 Post-grad(1-7) 4 High School(1-3)</p>		<p>20.41 If you were asked to rate how content you are with your life, how would you rate it?</p> <p>1 very unhappy 2 unhappy 3 neither unhappy nor happy 4 happy 5 very happy 6 don't know 7 refused to answer</p>	<p>Women ID Code</p>	
		<p>YEARS</p>	<p>LEVEL</p>			
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>1st Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>2nd Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>3rd Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>4rt Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>5th Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>6th Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>7th Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>8th Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>9th Women</p>
<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="text"/> <input type="text"/></p>	<p>10th Women</p>