

Malaria Indicator Survey

Household Questionnaire

**ORC Macro
Calverton, Maryland**

April 2005

MALARIA INDICATOR SURVEY
MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

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

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

SUPERVISOR	OFFICE EDITOR	KEYED BY						
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
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¹ This section should be adapted for country-specific survey design.

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

HOUSEHOLD LISTING

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBLE WOMEN	CURRENTLY PREGNANT?	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
			M F	YES NO	YES NO	IN YEARS		YES NO/DK		
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	1 2		
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	1 2		
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	1 2		
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	1 2		
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	1 2		
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	1 2		
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	1 2		
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	1 2		
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	1 2		
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	1 2		

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE/HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
10	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT..... 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE..... 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER..... 51 TANKER TRUCK 61 CART WITH SMALL TANK..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL 81 BOTTLED WATER..... 91 OTHER _____ 96 (SPECIFY)																			
11	What kind of toilet facilities does your household use? ¹	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)																			
12	Does your household have: ² Electricity? A radio? A television? A telephone? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
13	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS..... 03 KEROSENE 04 COAL/LIGNITE..... 05 CHARCOAL 06 FIREWOOD/STRAW..... 07 DUNG..... 08 OTHER _____ 96 (SPECIFY)																			

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

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

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

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

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

18	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN THREE NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2
19	How long ago did your household obtain the mosquito net?	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YEARS AGO.....95	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YEARS AGO.....95	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 3 YEARS AGO.....95
20	OBSERVE OR ASK THE BRAND OF MOSQUITO NET. IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	'PERMANENT' NET ¹ BRAND A.....11 BRAND B.....12 (SKIP TO 24)← 'PRETREATED' NET ² BRAND C.....21 BRAND D.....22 (SKIP TO 22)← OTHER.....31 DON'T KNOW BRAND.....98	'PERMANENT' NET ¹ BRAND A.....11 BRAND B.....12 (SKIP TO 24)← 'PRETREATED' NET ² BRAND C.....21 BRAND D.....22 (SKIP TO 22)← OTHER.....31 DON'T KNOW BRAND.....98	'PERMANENT' NET ¹ BRAND A.....11 BRAND B.....12 (SKIP TO 24)← 'PRETREATED' NET ² BRAND C.....21 BRAND D.....22 (SKIP TO 22)← OTHER.....31 DON'T KNOW BRAND.....98
21	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES.....1 NO.....2 NOT SURE.....8	YES.....1 NO.....2 NOT SURE.....8	YES.....1 NO.....2 NOT SURE.....8
22	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO.....2 (SKIP TO 24) ← NOT SURE.....8	YES.....1 NO.....2 (SKIP TO 24) ← NOT SURE.....8	YES.....1 NO.....2 (SKIP TO 24) ← NOT SURE.....8
23	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH AGO, RECORD '00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 2 YEARS AGO.....95 NOT SURE.....98	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 2 YEARS AGO.....95 NOT SURE.....98	MOS <input type="text"/> <input type="text"/> AGO MORE THAN 2 YEARS AGO.....95 NOT SURE.....98
24	Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 (SKIP TO 26) ← NOT SURE.....8	YES.....1 NO.....2 (SKIP TO 26) ← NOT SURE.....8	YES.....1 NO.....2 (SKIP TO 26) ← NOT SURE.....8
¹ "Permanent" is a factory treated net that does not require any further treatment. ² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.				

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

HAEMOGLOBIN MEASUREMENT

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

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

