

## SMS\_household\_questionnaire (English)

Variable Name	Question Text	Saved Value																																
start	Hidden from user	Timestamp of form open																																
end	Hidden from user	Timestamp of form save																																
today	Hidden from user	Today's date																																
deviceid	Hidden from user	Device ID (IMEI, Wi-Fi MAC, Android ID)																																
phonenumber	Hidden from user	Phone number of SIM																																
tn	HID1. Team number	User entered integer																																
int	HID2. Interviewer name	<table border="1"> <tbody> <tr><td>1</td><td>SL - Ilyas Abdirahman Hussein</td></tr> <tr><td>2</td><td>SL - Khadar Abdi Siciid</td></tr> <tr><td>3</td><td>SL - Hana Ismail Ali</td></tr> <tr><td>4</td><td>SL - Samira Mohamed Issa</td></tr> <tr><td>5</td><td>SL - Asma Mohamoud Jama</td></tr> <tr><td>6</td><td>SL - Fadumo Ali Farah</td></tr> <tr><td>7</td><td>SL - Ifrah Omar Muuse</td></tr> <tr><td>8</td><td>SL - Umayma Mohmed Mohamud</td></tr> <tr><td>9</td><td>CSZ - Shafie Adan Farah</td></tr> <tr><td>10</td><td>CSZ - Amal Abdullahi Ali</td></tr> <tr><td>11</td><td>CSZ - Abdirahman Khaliif Mohamud</td></tr> <tr><td>12</td><td>CSZ - Ali Mohamud Ahmed</td></tr> <tr><td>13</td><td>CSZ - Ahmed Mohamed Ali</td></tr> <tr><td>14</td><td>CSZ - Na'ima Ahmed Adow</td></tr> <tr><td>15</td><td>CSZ - Muhidin Adan Ibrahim</td></tr> <tr><td>16</td><td>CSZ - Abdulkadir Mohamed Gure</td></tr> </tbody> </table>	1	SL - Ilyas Abdirahman Hussein	2	SL - Khadar Abdi Siciid	3	SL - Hana Ismail Ali	4	SL - Samira Mohamed Issa	5	SL - Asma Mohamoud Jama	6	SL - Fadumo Ali Farah	7	SL - Ifrah Omar Muuse	8	SL - Umayma Mohmed Mohamud	9	CSZ - Shafie Adan Farah	10	CSZ - Amal Abdullahi Ali	11	CSZ - Abdirahman Khaliif Mohamud	12	CSZ - Ali Mohamud Ahmed	13	CSZ - Ahmed Mohamed Ali	14	CSZ - Na'ima Ahmed Adow	15	CSZ - Muhidin Adan Ibrahim	16	CSZ - Abdulkadir Mohamed Gure
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I001	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
I002	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
b	Hidden from user																									
hid3	HID3. Strata	<table border="1"> <tr> <td>1</td> <td>Somaliland</td> </tr> <tr> <td>2</td> <td>Puntland</td> </tr> <tr> <td>3</td> <td>Hirshabelle/Galmugud</td> </tr> <tr> <td>4</td> <td>Jubaland/South-West State</td> </tr> <tr> <td>5</td> <td>Benaadir</td> </tr> </table>	1	Somaliland	2	Puntland	3	Hirshabelle/Galmugud	4	Jubaland/South-West State	5	Benaadir														
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hid4	HID4. District name	User entered text																								

hid5	HID5. Sub-district name	User entered text						
hid6	HID6. Laanta	User entered text						
hid7	HID7. Tabella	User entered text						
hid8	HID8. Location of this cluster	<table border="1"> <tr> <td>1</td> <td>Urban</td> </tr> <tr> <td>2</td> <td>Rural</td> </tr> <tr> <td>3</td> <td>IDP Settlement</td> </tr> </table>	1	Urban	2	Rural	3	IDP Settlement
1	Urban							
2	Rural							
3	IDP Settlement							
hid9	HID9. Name of settlement or town:	User entered text						
idp_s	HID10. Name of IDP settlement	User entered text						
cnum1	HID11. Cluster number	User entered integer						
cnum2	HID11. Cluster number	User entered integer						
hhn1	HID12. Household ID from cluster control form	User entered integer						
hhn2	HID12. Household ID from cluster control form	User entered integer						
hhln1	HID13. Household label number	User entered text						
hhln2	HID13. Household label number	User entered text						
c	Hidden from user							
hid14	HID14. Name of head of household:	User entered text						
nphh	HID15. Select "Yes" or "No" as indicated on the cluster control form?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
hhckg	Hidden from user							
hhlbl1	Household ID is an even number. Please select "No" for HID15.	User entered text						
hhlbl2	Household ID is an odd number. Please select "Yes" for HID15.	User entered text						
hid16	HID16. Collect the GPS coordinates of this household.	User captured location coordinates						
hid17	HID17. Household available for interview?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
d	Hidden from user							
I003	Introduction text:	User entered text						
I004	We are working with the Government of Somaliland and UNICEF. We are conducting a micronutrient survey to better understand the various nutritional conditions, such as such as anemia, vitamin and mineral deficiencies and underweight in women and children. This	User entered text						

	<p>information will help the government to plan for better health in the future. I would like to talk to you about this. The interview will take about 20-30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. After these questions to you, I would like to speak with some of the women in your household and the women who take care of the children 0-59 months.</p>					
I005	<p>We are working with the Federal Government of Puntland and UNICEF. We are conducting a micronutrient survey to better understand the various nutritional conditions, such as such as anemia, vitamin and mineral deficiencies and underweight in women and children. This information will help the government to plan for better health in the future. I would like to talk to you about this. The interview will take about 20-30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. After these questions to you, I would like to speak with some of the women in your household and the women who take care of the children 0-59 months.</p>	User entered text				
I006	<p>We are working with the Federal Government of Somalia and UNICEF. We are conducting a micronutrient survey to better understand the various nutritional conditions, such as such as anemia, vitamin and mineral deficiencies and underweight in women and children. This information will help the government to plan for better health in the future. I would like to talk to you about this. The interview will take about 20-30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. After these questions to you, I would like to speak with some of the women in your household and the women who take care of the children 0-59 months.</p>	User entered text				
I007	<p>May I start now?</p>	User entered text				
hrr1	<p>&lt;span style="color:gray"&gt;HRR1. Written permission obtained&lt;/span&gt;</p>	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
e	<p>Hidden from user</p>					
I008	<p>First, I would like to ask you some general questions about the people who permanently lived in this household in the past 30 days.</p>	User entered text				
I009	<p>&lt;span style="color:gray"&gt;A household is defined as "A group of individuals, with family or other social relations among themselves, eating from the same pot and sharing common resources".&lt;/span&gt;</p>	User entered text				
phh	<p>HHM1. How many people usually live in this household?</p>	User entered integer				

e1	Hidden from user																											
l010	Please tell me the name of each person who usually lives here, starting with the head of the household and please tell me the name of the head of the household first.	User entered text																										
l011	<span style="color:gray">The head of the household is listed as line 1.</span>	User entered text																										
l012	<span style="color:gray">The household head is "The person who controls and makes key decisions on household resources (livestock, assets, income, and food), health and social matters for and on behalf of the household members."</span>	User entered text																										
g1	Hidden from user																											
lblnm1	Name of household head is :\${5}	User entered text																										
ln1	Line number	User entered integer																										
sx1	Is \${5} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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d1	Hidden from user																											
nm1dob	What is \${5}'s date of birth?	User entered text																										
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12	December																											
0	Don't Know																											
yr1	Year	User entered integer																										
dl1	Date of birth is not correct. Please check again.	User entered text																										

I014	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
I015	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd1	Hidden from user																											
am1	Hidden from user																											
ay1	Hidden from user																											
wp1	Is \${5} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
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cg1	What is the line number of the primary caretaker of \${5}?	User entered integer																										
g2	Hidden from user																											
nm2	Name	User entered text																										
ln2	Line number	User entered integer																										
sx2	Is \${6} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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yr2	Year	User entered integer																						
dl2	Date of birth is not correct. Please check again.	User entered text																						
l016	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																						
l017	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																						
agd2	Hidden from user																							
am2	Hidden from user																							
ay2	Hidden from user																							
wp2	Is \${6} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																
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cg2	What is the line number of the primary caretaker of \${6}?	User entered integer																						
g3	Hidden from user																							
nm3	Name	User entered text																						
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sx3	Is \${25} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																		
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yr3	Year	User entered integer	
dl3	Date of birth is not correct. Please check again.	User entered text	
l018	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
l019	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
agd3	Hidden from user		
am3	Hidden from user		
ay3	Hidden from user		
wp3	Is \${25} pregnant?	1	Yes
		0	No
		9	Don't Know
cg3	What is the line number of the primary caretaker of \${25}?	User entered integer	
g4	Hidden from user		
nm4	Name	User entered text	
ln4	Line number	User entered integer	
sx4	Is \${34} male or female?	1	Male
		2	Female
d4	Hidden from user		
nm4dob	What is \${34}'s date of birth?	User entered text	
dy4	Day	User entered integer	
mn4	Month	1	January
		2	February
		3	March
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l020	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
l021	Value for "Day" or "Month" not correct. Please go back and check!	User entered text														
agd4	Hidden from user															
am4	Hidden from user															
ay4	Hidden from user															
wp4	Is \${34} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know								
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g6	Hidden from user													
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5	May																			
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7	July																			
8	August																			
9	September																			
10	October																			
11	November																			
12	December																			
0	Don't Know																			
yr6	Year	User entered integer																		
dl6	Date of birth is not correct. Please check again.	User entered text																		
l024	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																		
l025	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																		
agd6	Hidden from user																			
am6	Hidden from user																			
ay6	Hidden from user																			
wp6	Is \${33} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know												
1	Yes																			
0	No																			
9	Don't Know																			
cg6	What is the line number of the primary caretaker of \${33}?	User entered integer																		
g7	Hidden from user																			
nm7	Name	User entered text																		
ln7	Line number	User entered integer																		
sx7	Is \${41} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female														
1	Male																			
2	Female																			
d7	Hidden from user																			
nm7dob	What is \${41}'s date of birth?	User entered text																		
dy7	Day	User entered integer																		
mn7	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> </table>	1	January	2	February														
1	January																			
2	February																			

		3	March
		4	April
		5	May
		6	June
		7	July
		8	August
		9	September
		10	October
		11	November
		12	December
		0	Don't Know
yr7	Year	User entered integer	
dl7	Date of birth is not correct. Please check again.	User entered text	
l026	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
l027	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
agd7	Hidden from user		
am7	Hidden from user		
ay7	Hidden from user		
wp7	Is \${41} pregnant?	1	Yes
		0	No
		9	Don't Know
cg7	What is the line number of the primary caretaker of \${41}?	User entered integer	
g8	Hidden from user		
nm8	Name	User entered text	
ln8	Line number	User entered integer	
sx8	Is \${38} male or female?	1	Male
		2	Female
d8	Hidden from user		
nm8dob	What is \${38}'s date of birth?	User entered text	
dy8	Day	User entered integer	

mn8	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> <tr><td>0</td><td>Don't Know</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
1	January																											
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12	December																											
0	Don't Know																											
yr8	Year	User entered integer																										
dl8	Date of birth is not correct. Please check again.	User entered text																										
l028	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l029	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd8	Hidden from user																											
am8	Hidden from user																											
ay8	Hidden from user																											
wp8	Is \${38} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg8	What is the line number of the primary caretaker of \${38}?	User entered integer																										
g9	Hidden from user																											
nm9	Name	User entered text																										
ln9	Line number	User entered integer																										
sx9	Is \${52} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female																						
1	Male																											
2	Female																											
d9	Hidden from user																											

nm9dob	What is \${52}'s date of birth?	User entered text																										
dy9	Day	User entered integer																										
mn9	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> <tr><td>0</td><td>Don't Know</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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8	August																											
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10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr9	Year	User entered integer																										
dl9	Date of birth is not correct. Please check again.	User entered text																										
l030	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l031	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd9	Hidden from user																											
am9	Hidden from user																											
ay9	Hidden from user																											
wp9	Is \${52} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg9	What is the line number of the primary caretaker of \${52}?	User entered integer																										
g10	Hidden from user																											
nm10	Name	User entered text																										
ln10	Line number	User entered integer																										
sx10	Is \${20} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td></td><td></td></tr> </table>	1	Male																								
1	Male																											

		2	Female
d10	Hidden from user		
nm10dob	What is \${20}'s date of birth?	User entered text	
dy10	Day	User entered integer	
mn10	Month	1	January
		2	February
		3	March
		4	April
		5	May
		6	June
		7	July
		8	August
		9	September
		10	October
		11	November
		12	December
		0	Don't Know
yr10	Year	User entered integer	
dl10	Date of birth is not correct. Please check again.	User entered text	
l032	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
l033	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
agd10	Hidden from user		
am10	Hidden from user		
ay10	Hidden from user		
wp10	Is \${20} pregnant?	1	Yes
		0	No
		9	Don't Know
cg10	What is the line number of the primary caretaker of \${20}?	User entered integer	
g11	Hidden from user		
nm11	Name	User entered text	

In11	Line number	User entered integer																										
sx11	Is \${21} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
1	Male																											
2	Female																											
d11	Hidden from user																											
nm11dob	What is \${21}'s date of birth?	User entered text																										
dy11	Day	User entered integer																										
mn11	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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9	September																											
10	October																											
11	November																											
12	December																											
0	Don't Know																											
yr11	Year	User entered integer																										
dl11	Date of birth is not correct. Please check again.	User entered text																										
I034	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
I035	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd11	Hidden from user																											
am11	Hidden from user																											
ay11	Hidden from user																											
wp11	Is \${21} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg11	What is the line number of the primary caretaker of \${21}?	User entered integer																										



g12	Hidden from user																											
nm12	Name	User entered text																										
ln12	Line number	User entered integer																										
sx12	Is \${29} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
1	Male																											
2	Female																											
d12	Hidden from user																											
nm12dob	What is \${29}'s date of birth?	User entered text																										
dy12	Day	User entered integer																										
mn12	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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11	November																											
12	December																											
0	Don't Know																											
yr12	Year	User entered integer																										
dl12	Date of birth is not correct. Please check again.	User entered text																										
l036	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l037	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd12	Hidden from user																											
am12	Hidden from user																											
ay12	Hidden from user																											
wp12	Is \${29} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																						
1	Yes																											
0	No																											

		<table border="1"> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	9	Don't Know																								
9	Don't Know																											
cg12	What is the line number of the primary caretaker of \${29}?	User entered integer																										
g13	Hidden from user																											
nm13	Name	User entered text																										
ln13	Line number	User entered integer																										
sx13	Is \${4} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
1	Male																											
2	Female																											
d13	Hidden from user																											
nm13dob	What is \${4}'s date of birth?	User entered text																										
dy13	Day	User entered integer																										
mn13	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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12	December																											
0	Don't Know																											
yr13	Year	User entered integer																										
dl13	Date of birth is not correct. Please check again.	User entered text																										
l038	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l039	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd13	Hidden from user																											
am13	Hidden from user																											
ay13	Hidden from user																											

wp13	Is \${4} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg13	What is the line number of the primary caretaker of \${4}?	User entered integer																										
g14	Hidden from user																											
nm14	Name	User entered text																										
ln14	Line number	User entered integer																										
sx14	Is \${9} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
1	Male																											
2	Female																											
d14	Hidden from user																											
nm14dob	What is \${9}'s date of birth?	User entered text																										
dy14	Day	User entered integer																										
mn14	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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l040	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
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agd14	Hidden from user																											

am14	Hidden from user																											
ay14	Hidden from user																											
wp14	Is \${9} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg14	What is the line number of the primary caretaker of \${9}?	User entered integer																										
g15	Hidden from user																											
nm15	Name	User entered text																										
ln15	Line number	User entered integer																										
sx15	Is \${12} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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d15	Hidden from user																											
nm15dob	What is \${12}'s date of birth?	User entered text																										
dy15	Day	User entered integer																										
mn15	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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yr15	Year	User entered integer																										
dl15	Date of birth is not correct. Please check again.	User entered text																										
l042	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										

I043	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd15	Hidden from user																											
am15	Hidden from user																											
ay15	Hidden from user																											
wp15	Is \${12} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
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cg15	What is the line number of the primary caretaker of \${12}?	User entered integer																										
g16	Hidden from user																											
nm16	Name	User entered text																										
ln16	Line number	User entered integer																										
sx16	Is \${37} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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d16	Hidden from user																											
nm16dob	What is \${37}'s date of birth?	User entered text																										
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11	November																											
12	December																											
0	Don't Know																											
yr16	Year	User entered integer																										

dl16	Date of birth is not correct. Please check again.	User entered text																								
l044	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
l045	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
agd16	Hidden from user																									
am16	Hidden from user																									
ay16	Hidden from user																									
wp16	Is \${37} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																		
1	Yes																									
0	No																									
9	Don't Know																									
cg16	What is the line number of the primary caretaker of \${37}?	User entered integer																								
g17	Hidden from user																									
nm17	Name	User entered text																								
ln17	Line number	User entered integer																								
sx17	Is \${16} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																				
1	Male																									
2	Female																									
d17	Hidden from user																									
nm17dob	What is \${16}'s date of birth?	User entered text																								
dy17	Day	User entered integer																								
mn17	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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		0	Don't Know
yr17	Year	User entered integer	
dl17	Date of birth is not correct. Please check again.	User entered text	
l046	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
l047	Value for "Day" or "Month" not correct. Please go back and check!	User entered text	
agd17	Hidden from user		
am17	Hidden from user		
ay17	Hidden from user		
wp17	Is \${16} pregnant?	1	Yes
		0	No
		9	Don't Know
cg17	What is the line number of the primary caretaker of \${16}?	User entered integer	
g18	Hidden from user		
nm18	Name	User entered text	
ln18	Line number	User entered integer	
sx18	Is \${23} male or female?	1	Male
		2	Female
d18	Hidden from user		
nm18dob	What is \${23}'s date of birth?	User entered text	
dy18	Day	User entered integer	
mn18	Month	1	January
		2	February
		3	March
		4	April
		5	May
		6	June
		7	July
		8	August
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		10	October

		<table border="1"> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	11	November	12	December	0	Don't Know										
11	November																	
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yr18	Year	User entered integer																
dl18	Date of birth is not correct. Please check again.	User entered text																
l048	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																
l049	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																
agd18	Hidden from user																	
am18	Hidden from user																	
ay18	Hidden from user																	
wp18	Is \${23} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
cg18	What is the line number of the primary caretaker of \${23}?	User entered integer																
g19	Hidden from user																	
nm19	Name	User entered text																
ln19	Line number	User entered integer																
sx19	Is \${51} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female												
1	Male																	
2	Female																	
d19	Hidden from user																	
nm19dob	What is \${51}'s date of birth?	User entered text																
dy19	Day	User entered integer																
mn19	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August
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		<table border="1"> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> <tr><td>0</td><td>Don't Know</td></tr> </table>	9	September	10	October	11	November	12	December	0	Don't Know		
9	September													
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yr19	Year	User entered integer												
d19	Date of birth is not correct. Please check again.	User entered text												
l050	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
l051	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd19	Hidden from user													
am19	Hidden from user													
ay19	Hidden from user													
wp19	Is \${51} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
0	No													
9	Don't Know													
cg19	What is the line number of the primary caretaker of \${51}?	User entered integer												
g20	Hidden from user													
nm20	Name	User entered text												
ln20	Line number	User entered integer												
sx20	Is \${45} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female								
1	Male													
2	Female													
d20	Hidden from user													
nm20dob	What is \${45}'s date of birth?	User entered text												
dy20	Day	User entered integer												
mn20	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td></td><td></td></tr> </table>	1	January	2	February	3	March	4	April	5	May		
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7	July																	
8	August																	
9	September																	
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0	Don't Know																	
yr20	Year	User entered integer																
dl20	Date of birth is not correct. Please check again.	User entered text																
l052	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																
l053	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																
agd20	Hidden from user																	
am20	Hidden from user																	
ay20	Hidden from user																	
wp20	Is \${45} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know										
1	Yes																	
0	No																	
9	Don't Know																	
cg20	What is the line number of the primary caretaker of \${45}?	User entered integer																
g21	Hidden from user																	
nm21	Name	User entered text																
ln21	Line number	User entered integer																
sx21	Is \${18} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female												
1	Male																	
2	Female																	
d21	Hidden from user																	
nm21dob	What is \${18}'s date of birth?	User entered text																
dy21	Day	User entered integer																
mn21	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> </table>	1	January	2	February	3	March										
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yr21	Year	User entered integer																				
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l054	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																				
l055	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																				
agd21	Hidden from user																					
am21	Hidden from user																					
ay21	Hidden from user																					
wp21	Is \${18} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know														
1	Yes																					
0	No																					
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cg21	What is the line number of the primary caretaker of \${18}?	User entered integer																				
g22	Hidden from user																					
nm22	Name	User entered text																				
ln22	Line number	User entered integer																				
sx22	Is \${8} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female																
1	Male																					
2	Female																					
d22	Hidden from user																					
nm22dob	What is \${8}'s date of birth?	User entered text																				
dy22	Day	User entered integer																				
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2	February																									
3	March																									
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yr22	Year	User entered integer																								
dl22	Date of birth is not correct. Please check again.	User entered text																								
l056	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
l057	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																								
agd22	Hidden from user																									
am22	Hidden from user																									
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wp22	Is \${8} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																		
1	Yes																									
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cg22	What is the line number of the primary caretaker of \${8}?	User entered integer																								
g23	Hidden from user																									
nm23	Name	User entered text																								
ln23	Line number	User entered integer																								
sx23	Is \${28} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female																				
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nm23dob	What is \${28}'s date of birth?	User entered text																								

dy23	Day	User entered integer																										
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yr23	Year	User entered integer																										
dl23	Date of birth is not correct. Please check again.	User entered text																										
l058	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l059	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd23	Hidden from user																											
am23	Hidden from user																											
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wp23	Is \${28} pregnant?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know																				
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cg23	What is the line number of the primary caretaker of \${28}?	User entered integer																										
g24	Hidden from user																											
nm24	Name	User entered text																										
ln24	Line number	User entered integer																										
sx24	Is \${27} male or female?	<table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table>	1	Male	2	Female																						
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d24	Hidden from user																											
nm24dob	What is \${27}'s date of birth?	User entered text																										
dy24	Day	User entered integer																										
mn24	Month	<table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> <tr><td>0</td><td>Don't Know</td></tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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dl24	Date of birth is not correct. Please check again.	User entered text																										
l060	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l061	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd24	Hidden from user																											
am24	Hidden from user																											
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1	Yes																											
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9	Don't Know																											
cg24	What is the line number of the primary caretaker of \${27}?	User entered integer																										
g25	Hidden from user																											
nm25	Name	User entered text																										
ln25	Line number	User entered integer																										
sx25	Is \${7} male or female?																											

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2	Female																											
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nm25dob	What is \${7}'s date of birth?	User entered text																										
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mn25	Month	<table border="1"> <tr> <td>1</td> <td>January</td> </tr> <tr> <td>2</td> <td>February</td> </tr> <tr> <td>3</td> <td>March</td> </tr> <tr> <td>4</td> <td>April</td> </tr> <tr> <td>5</td> <td>May</td> </tr> <tr> <td>6</td> <td>June</td> </tr> <tr> <td>7</td> <td>July</td> </tr> <tr> <td>8</td> <td>August</td> </tr> <tr> <td>9</td> <td>September</td> </tr> <tr> <td>10</td> <td>October</td> </tr> <tr> <td>11</td> <td>November</td> </tr> <tr> <td>12</td> <td>December</td> </tr> <tr> <td>0</td> <td>Don't Know</td> </tr> </table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	0	Don't Know
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yr25	Year	User entered integer																										
dl25	Date of birth is not correct. Please check again.	User entered text																										
l062	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
l063	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
agd25	Hidden from user																											
am25	Hidden from user																											
ay25	Hidden from user																											
wp25	Is \${7} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																				
1	Yes																											
0	No																											
9	Don't Know																											
cg25	What is the line number of the primary caretaker of \${7}?	User entered integer																										
g26	Hidden from user																											

nm26	Name	User entered text																										
ln26	Line number	User entered integer																										
sx26	Is \${31} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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nm26dob	What is \${31}'s date of birth?	User entered text																										
dy26	Day	User entered integer																										
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l066	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
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sx28	Is \${10} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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g29	Hidden from user																											
nm29	Name	User entered text																										
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sx29	Is \${44} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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I070	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										
I071	Value for "Day" or "Month" not correct. Please go back and check!	User entered text																										

agd29	Hidden from user																											
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g30	Hidden from user																											
nm30	Name	User entered text																										
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sx30	Is \${3} male or female?	<table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female																						
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I072	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
I073	Value for "Day" or "Month" not correct. Please go back and check!	User entered text												
agd30	Hidden from user													
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wp30	Is \${3} pregnant?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
0	No													
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cg30	What is the line number of the primary caretaker of \${3}?	User entered integer												
f	Hidden from user													
I074	HOUSEHOLD CHARACTERISTICS	User entered text												
I075	Now I would like to ask you about some basic questions about the household head and other household members	User entered text												
hhm2	HHM2. Has the head of this household ever attended school or preschool?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
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hhm3	HHM3. What is the highest level of school attended by the head of this household?	<table border="1"> <tr> <td>0</td> <td>Preschool</td> </tr> <tr> <td>1</td> <td>Primary</td> </tr> <tr> <td>2</td> <td>Secondary</td> </tr> <tr> <td>3</td> <td>Higher</td> </tr> <tr> <td>4</td> <td>Koranic</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	0	Preschool	1	Primary	2	Secondary	3	Higher	4	Koranic	9	Don't know
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2	Secondary													
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hhm3_a	How many years at preschool did he/she complete?	User entered integer												
hhm3_b	How many years at primary school did he/she complete?	User entered integer												
hhm3_c	How many years at secondary school did he/she complete?	User entered integer												
hhm3_d	How many years at university school did he/she complete?	User entered integer												
hhm4	HHM4. Are any household members employed or earning income?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
0	No													
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hhm5	HHM5. How many household members are employed or earning income?	User entered integer												
hhm6	HHM6. For how many years have you and your family lived here?	User entered integer												
hhm7	HHM7. Are you hosting any internally displaced persons?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
g	Hidden from user													
hhm8	HHM8. Have any of these internally displaced persons arrived in the past 6 months?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes													
0	No													
hhm9	HHM9. How many people are you hosting?	User entered integer												
h	Hidden from user													
hhm10	HHM10. What is the type of your current place of residence?	<table border="1"> <tr> <td>1</td> <td>Rural</td> </tr> <tr> <td>2</td> <td>Urban</td> </tr> <tr> <td>3</td> <td>IDP settlement</td> </tr> <tr> <td>4</td> <td>Refugee camp</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Rural	2	Urban	3	IDP settlement	4	Refugee camp	9	Don't know		
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hhm11	HHM11. What was the type of your previous place of residence?	<table border="1"> <tr> <td>1</td> <td>Rural</td> </tr> <tr> <td>2</td> <td>Urban</td> </tr> <tr> <td>3</td> <td>IDP settlement</td> </tr> <tr> <td>4</td> <td>Refugee camp</td> </tr> <tr> <td>9</td> <td>Don't know</td> </tr> </table>	1	Rural	2	Urban	3	IDP settlement	4	Refugee camp	9	Don't know		
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3	IDP settlement													
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hhm12	HHM12. How many years ago did you move from your previous residence to where you live now?	User entered integer												
hhm13	HHM13. What was the main reason why your household moved from your previous residence?	<table border="1"> <tr> <td>1</td> <td>Insecurity</td> </tr> <tr> <td>2</td> <td>Drought</td> </tr> <tr> <td>3</td> <td>Floods</td> </tr> <tr> <td>4</td> <td>Total loss of livelihood (destitution)</td> </tr> <tr> <td>5</td> <td>Better economic opportunities elsewhere</td> </tr> <tr> <td>6</td> <td>Lack of access to services</td> </tr> </table>	1	Insecurity	2	Drought	3	Floods	4	Total loss of livelihood (destitution)	5	Better economic opportunities elsewhere	6	Lack of access to services
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		8 Other																						
hhm13_o	Specify other reason why your household moved from your previous residence	User entered text																						
hhm14	HHM14. Does your household plan to move in the coming year?	<table border="1"> <tr> <td>1</td> <td>No, will stay here in this current location</td> </tr> <tr> <td>2</td> <td>Yes, will return to place of origin</td> </tr> <tr> <td>3</td> <td>Yes, will temporarily return to place of origin</td> </tr> <tr> <td>4</td> <td>Yes, will relocate to another place permanently</td> </tr> <tr> <td>5</td> <td>Have no plan</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> </table>	1	No, will stay here in this current location	2	Yes, will return to place of origin	3	Yes, will temporarily return to place of origin	4	Yes, will relocate to another place permanently	5	Have no plan	8	Other										
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hhm14_o	Specify other plan	User entered text																						
I076	Household Characteristics: Now I would like to ask you about some basic questions about the household's characteristics	User entered text																						
hcr1	HCR1. How many rooms in this dwelling are used for sleeping?	User entered integer																						
hcr2	HCR2. Main material of the dwelling floor	<table border="1"> <tr> <td>11</td> <td>Earth/ Sand</td> </tr> <tr> <td>12</td> <td>Dung</td> </tr> <tr> <td>21</td> <td>Wood planks</td> </tr> <tr> <td>22</td> <td>Palm/ Bamboo</td> </tr> <tr> <td>31</td> <td>Parquet or polished wood</td> </tr> <tr> <td>32</td> <td>Vinyl or asphalt strips</td> </tr> <tr> <td>33</td> <td>Ceramic/Marble/Porcelain tiles/terrazo</td> </tr> <tr> <td>34</td> <td>Cement</td> </tr> <tr> <td>35</td> <td>Carpet (wall to wall)</td> </tr> <tr> <td>36</td> <td>Linoleum/Rubber carpet</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> </table>	11	Earth/ Sand	12	Dung	21	Wood planks	22	Palm/ Bamboo	31	Parquet or polished wood	32	Vinyl or asphalt strips	33	Ceramic/Marble/Porcelain tiles/terrazo	34	Cement	35	Carpet (wall to wall)	36	Linoleum/Rubber carpet	88	Other
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hcr2_o	Specify other material of the dwelling floor	User entered text																						
hcr3	HCR3. Main material of the roof	<table border="1"> <tr> <td>11</td> <td>No roof</td> </tr> <tr> <td>12</td> <td>Thatch/ Palm leaf/ Grass</td> </tr> </table>	11	No roof	12	Thatch/ Palm leaf/ Grass																		
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hcr3_o	Specify other material of the roof	User entered text																												
hcr4	HCR4. Main material of the exterior walls	<table border="1"> <tbody> <tr><td>11</td><td>No walls</td></tr> <tr><td>12</td><td>Sticks/ Palm/ Trunks</td></tr> <tr><td>13</td><td>Dung/ Mud/ Sod</td></tr> <tr><td>21</td><td>Bamboo/ Sticks with mud</td></tr> <tr><td>22</td><td>Stone with mud</td></tr> <tr><td>23</td><td>Uncovered adobe</td></tr> <tr><td>24</td><td>Plywood</td></tr> <tr><td>25</td><td>Cardboard/ Carton/ Tin/ Plastic/ Sacks/ Cloth</td></tr> <tr><td>26</td><td>Canvas tent</td></tr> <tr><td>27</td><td>Reused wood</td></tr> <tr><td>28</td><td>Iron sheets</td></tr> <tr><td>31</td><td>Cement</td></tr> <tr><td>32</td><td>Stone with lime/ cement</td></tr> <tr><td>33</td><td>Bricks</td></tr> </tbody> </table>	11	No walls	12	Sticks/ Palm/ Trunks	13	Dung/ Mud/ Sod	21	Bamboo/ Sticks with mud	22	Stone with mud	23	Uncovered adobe	24	Plywood	25	Cardboard/ Carton/ Tin/ Plastic/ Sacks/ Cloth	26	Canvas tent	27	Reused wood	28	Iron sheets	31	Cement	32	Stone with lime/ cement	33	Bricks
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88	Other																					
hcr4_o	Specify other material of the exterior walls	User entered text																				
i	Hidden from user																					
hcr5	HCR5. What is the main energy source your household mainly uses for cooking?	<table border="1"> <tr> <td>1</td> <td>Electricity</td> </tr> <tr> <td>2</td> <td>Liquefied Petroleum Gas (LPG)</td> </tr> <tr> <td>3</td> <td>Kerosene</td> </tr> <tr> <td>4</td> <td>Charcoal</td> </tr> <tr> <td>5</td> <td>Firewood</td> </tr> <tr> <td>6</td> <td>Straw / Shrubs / Grass</td> </tr> <tr> <td>7</td> <td>Animal dung</td> </tr> <tr> <td>8</td> <td>Agricultural crop residue</td> </tr> <tr> <td>9</td> <td>No food cooked in household</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> </table>	1	Electricity	2	Liquefied Petroleum Gas (LPG)	3	Kerosene	4	Charcoal	5	Firewood	6	Straw / Shrubs / Grass	7	Animal dung	8	Agricultural crop residue	9	No food cooked in household	88	Other
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9	No food cooked in household																					
88	Other																					
hcr5_o	Specify other main energy source your household uses for cooking	User entered text																				
hcr6	HCR6. At night, what does your household mainly use to light the household?	<table border="1"> <tr> <td>1</td> <td>Mains electricity</td> </tr> <tr> <td>2</td> <td>Solar energy</td> </tr> <tr> <td>3</td> <td>Kerosene</td> </tr> <tr> <td>4</td> <td>Firewood</td> </tr> <tr> <td>5</td> <td>Torch</td> </tr> <tr> <td>8</td> <td>Other</td> </tr> </table>	1	Mains electricity	2	Solar energy	3	Kerosene	4	Firewood	5	Torch	8	Other								
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4	Firewood																					
5	Torch																					
8	Other																					
hcr6_o	Specify other	User entered text																				
I078	Now I would like to ask you some questions about things people in your household may own and things you may use at home.	User entered text																				
j	Hidden from user																					
generated_table_list_label_720	.	User entered text																				
I079	HCR7. Does your household have any of the following working	User entered text																				

	items?		
reserved_name_for_field_list_labels_722		1	Yes
		0	No
hcr7_a	A. Electricity	1	Yes
		0	No
hcr7_b	B. Radio	1	Yes
		0	No
hcr7_c	C. Television	1	Yes
		0	No
hcr7_d	D. Non-mobile telephone	1	Yes
		0	No
hcr7_e	E. Refrigerator	1	Yes
		0	No
hcr7_f	F. Charcoal stove/ Jiko	1	Yes
		0	No
hcr7_g	G. Wheel barrow	1	Yes
		0	No
hcr7_h	H. Mat	1	Yes
		0	No
hcr7_i	I. Vacuum flask	1	Yes
		0	No
hcr7_j	J. Kerosene lamp	1	Yes

		0	No
hcr7_k	K. Fan	1	Yes
		0	No
hcr7_l	L. Solar panel	1	Yes
		0	No
hcr7_m	M. Generator	1	Yes
		0	No
hcr7_n	N. Bed	1	Yes
		0	No
hcr7_o	O. Sofa	1	Yes
		0	No
hcr7_p	P. Somali stool	1	Yes
		0	No
hcr7_q	Q. Sitting cushion/ pillow	1	Yes
		0	No
k	Hidden from user		
generated_table_list_label_740	.	User entered text	
I080	HCR8. Does any member of this household own _____?	User entered text	
reserved_name_for_field_list_labels_742		1	Yes
		0	No
hcr8_a	A. A watch	1	Yes
		0	No

hcr8_b	B. Simple mobile phone	1	Yes
		0	No
hcr8_c	C. Smart devices(iPad, iPhone, tablet computer)	1	Yes
		0	No
hcr8_d	D. A bicycle	1	Yes
		0	No
hcr8_e	E. A motor cycle/ scooter	1	Yes
		0	No
hcr8_f	F. An animal drawn cart	1	Yes
		0	No
hcr8_g	G. A car or truck (pick up)	1	Yes
		0	No
hcr8_h	H. A boat with motor	1	Yes
		0	No
hcr9	HCR9. Do you or someone living in this household own or rent this dwelling?	1	Own
		2	Rent
		8	Other
hcr9_o	Specify other	User entered text	
hcr10	HCR10. Does any member of this household own any agricultural land?	1	Yes
		0	No
		9	Don't Know
hcr11	HCR11. What is the unit of measurement of agricultural land members of this household own?	1	Hectares
		2	Daarb

		<table border="1"> <tr><td>3</td><td>Jabaal</td></tr> <tr><td>4</td><td>Qoodi</td></tr> <tr><td>5</td><td>Talaboo</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	3	Jabaal	4	Qoodi	5	Talaboo	9	Don't know				
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9	Don't know													
hcr11_h	Specify agricultural land size in hectares	User entered decimal												
hcr11_d	Specify agricultural land size in daarb	User entered decimal												
hcr11_j	Specify agricultural land size in jabaal	User entered decimal												
hcr11_q	Specify agricultural land size in qoodi	User entered decimal												
hcr11_t	Specify agricultural land size in talaboo	User entered decimal												
hcr12	HCR12. Does any member of this household own any grazing land?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
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hcr13	HCR13. What is the unit of measurement of grazing land members of this household own?	<table border="1"> <tr><td>1</td><td>Hectares</td></tr> <tr><td>2</td><td>Daarb</td></tr> <tr><td>3</td><td>Jabaal</td></tr> <tr><td>4</td><td>Qoodi</td></tr> <tr><td>5</td><td>Talaboo</td></tr> <tr><td>9</td><td>Don't know</td></tr> </table>	1	Hectares	2	Daarb	3	Jabaal	4	Qoodi	5	Talaboo	9	Don't know
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hcr13_h	Specify grazing land size in hectares	User entered decimal												
hcr13_d	Specify grazing land size in daarb	User entered decimal												
hcr13_j	Specify grazing land size in jabaal	User entered decimal												
hcr13_q	Specify grazing land size in qoodi	User entered decimal												
hcr14	HCR14. Does this household own any livestock, herds, other farm animals, or poultry?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know						
1	Yes													
0	No													
9	Don't Know													
l	Hidden from user													
I081	HCR15. How many of the following animals does this household own?	User entered text												
I082	<span style="color:gray">If none, enter '0'. If more than 95, enter	User entered text												

	'95'. If unknown, enter '99'							
hcr15_a	A. Camels	User entered integer						
hcr15_b	B. Cattle	User entered integer						
hcr15_c	C. Goats	User entered integer						
hcr15_d	D. Sheep	User entered integer						
hcr15_e	E. Donkeys	User entered integer						
hcr15_f	F. Horses	User entered integer						
hcr15_g	G. Poultry	User entered integer						
hcr15_h	H. Bees (# of hives)	User entered integer						
ofa	Are there other animals in this household that are not part of the above list	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
hcr15_o	Specify other animals and the total number this household has.	User entered text						
hcr15a	HCR15a. How many bed nets are in the household now?	User entered integer						
hcr15b	HCR15b. How many of these bed nets were used the prior night?	User entered integer						
hcr16	HCR16. Does any member of this household have a bank account?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
hcr17	HCR17. Over the past three months, has your household received cash remittances from family members, relatives or friends who live outside of Somalia?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know
1	Yes							
0	No							
9	Don't Know							
hcr18	HCR18. What is the total actual amount received in United States Dollars (USD)?	User entered decimal						
m	Hidden from user							
I083	FOOD SECURITY	User entered text						
I084	Now I would like to ask you about the food situation in your household during the past 4 weeks or 30 days.	User entered text						
n	Hidden from user							
fs1	FS1. In the past 4 weeks (or 30 days), did you worry that your household would not have enough food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							

fs2	FS2. How often did this happen?	<table border="1"> <tr> <td data-bbox="1185 96 1230 180">1</td> <td data-bbox="1230 96 1520 180">Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td data-bbox="1185 180 1230 319">2</td> <td data-bbox="1230 180 1520 319">Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td data-bbox="1185 319 1230 462">3</td> <td data-bbox="1230 319 1520 462">Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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3	Often (more than ten times in the past 4 weeks)							
fs3	FS3. In the past 4 weeks (or 30 days), were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<table border="1"> <tr> <td data-bbox="1185 470 1230 533">1</td> <td data-bbox="1230 470 1520 533">Yes</td> </tr> <tr> <td data-bbox="1185 533 1230 596">0</td> <td data-bbox="1230 533 1520 596">No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs4	FS4. How often did this happen?	<table border="1"> <tr> <td data-bbox="1185 651 1230 751">1</td> <td data-bbox="1230 651 1520 751">Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td data-bbox="1185 751 1230 890">2</td> <td data-bbox="1230 751 1520 890">Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td data-bbox="1185 890 1230 1033">3</td> <td data-bbox="1230 890 1520 1033">Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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3	Often (more than ten times in the past 4 weeks)							
fs5	FS5. In the past 4 weeks (or 30 days), did you or any household member have to eat a limited variety of foods due to a lack of resources?	<table border="1"> <tr> <td data-bbox="1185 1041 1230 1104">1</td> <td data-bbox="1230 1041 1520 1104">Yes</td> </tr> <tr> <td data-bbox="1185 1104 1230 1167">0</td> <td data-bbox="1230 1104 1520 1167">No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs6	FS6. How often did this happen?	<table border="1"> <tr> <td data-bbox="1185 1222 1230 1323">1</td> <td data-bbox="1230 1222 1520 1323">Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td data-bbox="1185 1323 1230 1461">2</td> <td data-bbox="1230 1323 1520 1461">Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td data-bbox="1185 1461 1230 1604">3</td> <td data-bbox="1230 1461 1520 1604">Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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3	Often (more than ten times in the past 4 weeks)							
fs7	FS7. In the past 4 weeks (or 30 days), did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	<table border="1"> <tr> <td data-bbox="1185 1612 1230 1675">1</td> <td data-bbox="1230 1612 1520 1675">Yes</td> </tr> <tr> <td data-bbox="1185 1675 1230 1738">0</td> <td data-bbox="1230 1675 1520 1738">No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs8	FS8. How often did this happen?	<table border="1"> <tr> <td data-bbox="1185 1793 1230 1894">1</td> <td data-bbox="1230 1793 1520 1894">Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td data-bbox="1185 1894 1230 1997">2</td> <td data-bbox="1230 1894 1520 1997">Sometimes (three to ten times in the past four</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four		
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2	Sometimes (three to ten times in the past four							

		weeks)						
		3 Often (more than ten times in the past 4 weeks)						
fs9	FS9. In the past 4 weeks (or 30 days), did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs10	FS10. How often did this happen?	<table border="1"> <tr> <td>1</td> <td>Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td>2</td> <td>Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td>3</td> <td>Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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2	Sometimes (three to ten times in the past four weeks)							
3	Often (more than ten times in the past 4 weeks)							
fs11	FS11. In the past 4 weeks (or 30 days), did you or any household member have to eat fewer meals in a day because there was not enough food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs12	FS12. How often did this happen?	<table border="1"> <tr> <td>1</td> <td>Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td>2</td> <td>Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td>3</td> <td>Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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2	Sometimes (three to ten times in the past four weeks)							
3	Often (more than ten times in the past 4 weeks)							
fs13	FS13. In the past 4 weeks (or 30 days), was there ever no food to eat of any kind in your household because of lack of resources to get food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes							
0	No							
fs14	FS14. How often did this happen?	<table border="1"> <tr> <td>1</td> <td>Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td>2</td> <td>Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td>3</td> <td>Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)
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2	Sometimes (three to ten times in the past four weeks)							
3	Often (more than ten times in the past 4 weeks)							



fs15	FS15. In the past 4 weeks (or 30 days), did you or any household member go to sleep at night hungry because there was not enough food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																			
0	No																			
fs16	FS16. How often did this happen?	<table border="1"> <tr> <td>1</td> <td>Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td>2</td> <td>Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td>3</td> <td>Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)												
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fs17	FS17. In the past 4 weeks (or 30 days), did you or any household member go a whole day and night without eating anything because there was not enough food?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																			
0	No																			
fs18	FS18. How often did this happen?	<table border="1"> <tr> <td>1</td> <td>Rarely (once or twice in the past 4 weeks)</td> </tr> <tr> <td>2</td> <td>Sometimes (three to ten times in the past four weeks)</td> </tr> <tr> <td>3</td> <td>Often (more than ten times in the past 4 weeks)</td> </tr> </table>	1	Rarely (once or twice in the past 4 weeks)	2	Sometimes (three to ten times in the past four weeks)	3	Often (more than ten times in the past 4 weeks)												
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3	Often (more than ten times in the past 4 weeks)																			
o	Hidden from user																			
I085	WATER AND SANITATION	User entered text																		
I086	Now I would like to ask you about drinking water and sanitation in your household.	User entered text																		
hwa1	HWA1. What is the main source of drinking water for members of your household?	<table border="1"> <tr> <td>11</td> <td>Piped into dwelling</td> </tr> <tr> <td>12</td> <td>Piped into compound, yard or plot</td> </tr> <tr> <td>13</td> <td>Piped to neighbour</td> </tr> <tr> <td>14</td> <td>Public tap/ standpipe</td> </tr> <tr> <td>21</td> <td>Tub well or borehole</td> </tr> <tr> <td>31</td> <td>Protected well</td> </tr> <tr> <td>32</td> <td>Unprotected well</td> </tr> <tr> <td>41</td> <td>Protected spring</td> </tr> <tr> <td></td> <td></td> </tr> </table>	11	Piped into dwelling	12	Piped into compound, yard or plot	13	Piped to neighbour	14	Public tap/ standpipe	21	Tub well or borehole	31	Protected well	32	Unprotected well	41	Protected spring		
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32	Unprotected well																			
41	Protected spring																			

		<table border="1"> <tr><td>42</td><td>Unprotected spring</td></tr> <tr><td>51</td><td>Rooftop</td></tr> <tr><td>52</td><td>Berkad</td></tr> <tr><td>53</td><td>Natural water catchment (Balley)</td></tr> <tr><td>61</td><td>Tanker truck</td></tr> <tr><td>71</td><td>Cart with small tank or drum</td></tr> <tr><td>81</td><td>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)</td></tr> <tr><td>91</td><td>Bottled water</td></tr> <tr><td>88</td><td>Other</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	42	Unprotected spring	51	Rooftop	52	Berkad	53	Natural water catchment (Balley)	61	Tanker truck	71	Cart with small tank or drum	81	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	91	Bottled water	88	Other	99	Don't know
42	Unprotected spring																					
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61	Tanker truck																					
71	Cart with small tank or drum																					
81	Surface water (river, stream, dam, lake, pond, canal, irrigation channel)																					
91	Bottled water																					
88	Other																					
99	Don't know																					
hwa1_o	Specify other source of drinking water	User entered text																				
hwa2	HWA2. Do you do anything at home to the water to make it safer to drink?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Don't Know</td></tr> </table>	1	Yes	0	No	9	Don't Know														
1	Yes																					
0	No																					
9	Don't Know																					
p	Hidden from user																					
generated_table_list_label_825	.	User entered text																				
I087	HWA3. What do you usually do to make the water safer to drink?	User entered text																				
I088	<span style="color:gray">Probe</span> : Anything else?	User entered text																				
I089	Record all responses mentioned.	User entered text																				
reserved_name_for_field_list_labels_829		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
hwa3_a	A. Boil	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					
hwa3_b	B. Add bleach or chlorine	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																					
0	No																					

hwa3_c	C. Strain it through a cloth	1	Yes
		0	No
hwa3_d	D. Chlorofloc/Aquatab	1	Yes
		0	No
hwa3_e	E. Use water filter(ceramic, sand, composite, etc.)	1	Yes
		0	No
hwa3_f	F. Solar disinfection	1	Yes
		0	No
hwa3_g	G. Let it stand and settle	1	Yes
		0	No
hwa3_h	H. Other	1	Yes
		0	No
hwa3_o	Specify other thing you usually do to make water safer to drink	User entered text	
trials1	Hidden from user		
trials2	Hidden from user		
trials3	Hidden from user		
trials4	Hidden from user		
trials5	Hidden from user		
trials6	Hidden from user		
trials7	Hidden from user		
trials8	Hidden from user		
trials9	Hidden from user		
trials10	Hidden from user		
trials11	Hidden from user		
trials12	Hidden from user		
trials13	Hidden from user		
trials14	Hidden from user		

trials15	Hidden from user											
trials16	Hidden from user											
trials17	Hidden from user											
trials18	Hidden from user											
trials19	Hidden from user											
trials20	Hidden from user											
trials21	Hidden from user											
trials22	Hidden from user											
trials23	Hidden from user											
trials24	Hidden from user											
trials25	Hidden from user											
trials26	Hidden from user											
trials27	Hidden from user											
trials28	Hidden from user											
trials29	Hidden from user											
trials30	Hidden from user											
trials_total	Hidden from user											
q	Hidden from user											
hwa4	HWA4. MAY I HAVE A SMALL SAMPLE OF YOUR DRINKING WATER?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
hwa5	HWA5. WATER SAMPLE COLLECTED?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes											
0	No											
hwa6	HWA6. IF WATER SAMPLE COLLECTED, LABEL NUMBER APPLIED TO SAMPLE.	User entered text										
hwa7	HWA7. What kind of toilet facility do members of your household usually use?	<table border="1"> <tr> <td>11</td> <td>Flush to piped sewer system</td> </tr> <tr> <td>12</td> <td>Flush to septic tank</td> </tr> <tr> <td>13</td> <td>Flush to pit latrine</td> </tr> <tr> <td>14</td> <td>Flush to somewhere else</td> </tr> <tr> <td>15</td> <td>Flush to don't know where</td> </tr> </table>	11	Flush to piped sewer system	12	Flush to septic tank	13	Flush to pit latrine	14	Flush to somewhere else	15	Flush to don't know where
11	Flush to piped sewer system											
12	Flush to septic tank											
13	Flush to pit latrine											
14	Flush to somewhere else											
15	Flush to don't know where											

		<table border="1"> <tr> <td>21</td> <td>Ventilated Improved Pit latrine (VIP)</td> </tr> <tr> <td>22</td> <td>Pit latrine with slab</td> </tr> <tr> <td>23</td> <td>Pit latrine without slab/ Open pit</td> </tr> <tr> <td>31</td> <td>Bucket or container</td> </tr> <tr> <td>51</td> <td>No facility, Bush, Field</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	21	Ventilated Improved Pit latrine (VIP)	22	Pit latrine with slab	23	Pit latrine without slab/ Open pit	31	Bucket or container	51	No facility, Bush, Field	88	Other	99	Don't know
21	Ventilated Improved Pit latrine (VIP)															
22	Pit latrine with slab															
23	Pit latrine without slab/ Open pit															
31	Bucket or container															
51	No facility, Bush, Field															
88	Other															
99	Don't know															
hwa7_o	Specify other toilet facility members of your household usually use	User entered text														
hwa8	HWA8. Do you share this facility with others who are not members of your household ?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know								
1	Yes															
0	No															
9	Don't Know															
hwa9	HWA9. Please show me where members of your household most often wash their hands.	<table border="1"> <tr> <td>1</td> <td>Observed (sink or fixed basin)</td> </tr> <tr> <td>2</td> <td>Observed (anywhere around dwelling)</td> </tr> <tr> <td>3</td> <td>Not in dwelling/ plot/ yard</td> </tr> <tr> <td>4</td> <td>No permission to see</td> </tr> <tr> <td>8</td> <td>Other reason</td> </tr> </table>	1	Observed (sink or fixed basin)	2	Observed (anywhere around dwelling)	3	Not in dwelling/ plot/ yard	4	No permission to see	8	Other reason				
1	Observed (sink or fixed basin)															
2	Observed (anywhere around dwelling)															
3	Not in dwelling/ plot/ yard															
4	No permission to see															
8	Other reason															
hwa9_o	Specify other place where members of your household most often wash their hands	User entered text														
hwa10	HWA10. <span style="color:gray">Observe presence of water at the specific place for handwashing.</span>	<table border="1"> <tr> <td>1</td> <td>Water is available</td> </tr> <tr> <td>2</td> <td>Water is not available</td> </tr> </table>	1	Water is available	2	Water is not available										
1	Water is available															
2	Water is not available															
r	Hidden from user															
generated_table_list_label_887	.	User entered text														
I090	HWA11. <span style="color:gray">Record if soap or detergent is present at the specific place for handwashing.</span>	User entered text														
reserved_name_for_field_list_labels_889		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No										
1	Yes															
0	No															

hwa11_a	A. Bar soap	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa11_b	B. Detergent (powder/ liquid/ paste)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa11_c	C. Liquid soap	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa11_d	D. Ash/ Mud/ Sand	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa12	HWA12. Do you have any soap or detergent in your household for washing hands?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa13	HWA13. Can you please show it to me?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
s	Hidden from user					
generated_table_list_label_898	.	User entered text				
I091	HWA14. <span style="color:gray">Circle Yes for each type of soap seen.</span>	User entered text				
reserved_name_for_field_list_labels_900		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa14_a	A. Bar soap	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa14_b	B. Detergent (powder/ liquid/ paste)	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
hwa14_c	C. Liquid soap	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes		
1	Yes					

		0	No
hwa14_d	D. Ash/ Mud/ Sand	1	Yes
		0	No
hsb1	HSB1. How often is salt purchased for consumption in this household on average?	1	Weekly
		2	Monthly
		3	Yearly
		4	Never, we don't use it
		9	Don't know/ not sure
hsb1_w	How many times do you purchase salt in a week	User entered integer	
hsb1_m	How many times do you purchase salt in a month	User entered integer	
hsb1_y	How many times do you purchase salt in a year	User entered integer	
hsb2a	HSB2a. Specify the unit of measurement for salt (grams / kilograms)	1	Grams
		2	Kilograms
hsb2b_1	HSB2b. What is the quantity usually obtained whenever some salt is bought in grams?	User entered decimal	
hsb2b_2	HSB2b. What is the quantity usually obtained whenever some salt is bought in kilograms?	User entered decimal	
hsb4	HSB4. Do you have salt in your house now?	1	Yes
		0	No
		9	Don't Know
t	Hidden from user		
hsb5	HSB5. May I see the salt container?	1	Yes, original package says iodized
		2	Original package not mention iodization
		3	Undetermined, not in original package
		9	Undetermined for other reasons

hsb6	HSB6. May I have a small sample of the salt?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>9</td> <td>Don't Know</td> </tr> </table>	1	Yes	0	No	9	Don't Know																
1	Yes																							
0	No																							
9	Don't Know																							
hsb7	HSB7. <span style="color:gray">Salt sample collected?</span>	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																		
1	Yes																							
0	No																							
hsb8	HSB8. <span style="color:gray">If salt sample collected, label number applied to sample.</span>	User entered text																						
hsb9	HSB9. Do you use bouillon cubes in your household? Bouillon cubes are small blocks of dried flavoring added to food during cooking.	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																		
1	Yes																							
0	No																							
hsb10	HSB10. Which bouillon cube/ small block of dried flavoring brand do you usually purchase?	<table border="1"> <tr> <td>1</td> <td>Jumbo</td> </tr> <tr> <td>2</td> <td>Maggi/Tablette</td> </tr> <tr> <td>3</td> <td>Knorr</td> </tr> <tr> <td>4</td> <td>Star</td> </tr> <tr> <td>5</td> <td>Bou</td> </tr> <tr> <td>6</td> <td>Wylers</td> </tr> <tr> <td>7</td> <td>Renzo</td> </tr> <tr> <td>8</td> <td>Tamaam</td> </tr> <tr> <td>9</td> <td>Family</td> </tr> <tr> <td>88</td> <td>Other</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	1	Jumbo	2	Maggi/Tablette	3	Knorr	4	Star	5	Bou	6	Wylers	7	Renzo	8	Tamaam	9	Family	88	Other	99	Don't know
1	Jumbo																							
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4	Star																							
5	Bou																							
6	Wylers																							
7	Renzo																							
8	Tamaam																							
9	Family																							
88	Other																							
99	Don't know																							
hsb10_o	Specify other bouillon cube/ small block of dried flavoring you usually purchase	User entered text																						
hsb11	HSB11. How often are bouillon cubes purchased for consumption in this household on average?	<table border="1"> <tr> <td>1</td> <td>Weekly</td> </tr> <tr> <td>2</td> <td>Monthly</td> </tr> <tr> <td>3</td> <td>Yearly</td> </tr> <tr> <td>4</td> <td>Never, we don't use it</td> </tr> <tr> <td>9</td> <td>Don't know/ not sure</td> </tr> </table>	1	Weekly	2	Monthly	3	Yearly	4	Never, we don't use it	9	Don't know/ not sure												
1	Weekly																							
2	Monthly																							
3	Yearly																							
4	Never, we don't use it																							
9	Don't know/ not sure																							
hsb11_w	How many times do you purchase bouillon cube/ small block of	User entered integer																						



	dried flavoring in a week					
hsb11_m	How many times do you purchase bouillon cube/ small block of dried flavoring in a month	User entered integer				
hsb11_y	How many times do you purchase bouillon cube/ small block of dried flavoring in a year	User entered integer				
hsb12	HSB12. How many cubes do you usually obtain whenever bouillon cubes are bought?	User entered integer				
np	Hidden from user					
lg1	Hidden from user					
lnm1	Name :\${5}	User entered text				
ln1	Line number: \${14}	User entered text				
lcnm1	Cluster number: \${0}	User entered text				
lhn1	Household ID from cluster control form: \${2}	User entered text				
lhln1	Household label number: \${1}	User entered text				
aaa1	Have you filled in the biological form of \${5}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa1	Please fill in the biological form of \${5}	User entered text				
ind1	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind1	Please attach the individual label	User entered text				
lg2	Hidden from user					
lnm2	Name :\${6}	User entered text				
ln2	Line number: \${48}	User entered text				
lcnm2	Cluster number: \${0}	User entered text				
lhn2	Household ID from cluster control form: \${2}	User entered text				
lhln2	Household label number: \${1}	User entered text				
aaa2	Have you filled in the biological form of \${6}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa2	Please fill in the biological form of \${6}	User entered text				
ind2	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes		
1	Yes					

		0	No
lindl2	Please attach the individual label	User entered text	
lg3	Hidden from user		
lnm3	Name :\${25}	User entered text	
lin3	Line number: \${79}	User entered text	
lcnum3	Cluster number: \${0}	User entered text	
lhn3	Household ID from cluster control form: \${2}	User entered text	
lhnln3	Household label number: \${1}	User entered text	
aaa3	Have you filled in the biological form of \${25}	1	Yes
		0	No
laaa3	Please fill in the biological form of \${25}	User entered text	
indl3	Did you attach the individual label?	1	Yes
		0	No
lindl3	Please attach the individual label	User entered text	
lg4	Hidden from user		
lnm4	Name :\${34}	User entered text	
lin4	Line number: \${61}	User entered text	
lcnum4	Cluster number: \${0}	User entered text	
lhn4	Household ID from cluster control form: \${2}	User entered text	
lhnln4	Household label number: \${1}	User entered text	
aaa4	Have you filled in the biological form of \${34}	1	Yes
		0	No
laaa4	Please fill in the biological form of \${34}	User entered text	
indl4	Did you attach the individual label?	1	Yes
		0	No
lindl4	Please attach the individual label	User entered text	
lg5	Hidden from user		
lnm5	Name :\${24}	User entered text	

lln5	Line number: \${43}	User entered text				
lcn5	Cluster number: \${0}	User entered text				
lhn5	Household ID from cluster control form: \${2}	User entered text				
lhl5	Household label number: \${1}	User entered text				
aaa5	Have you filled in the biological form of \${24}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa5	Please fill in the biological form of \${24}	User entered text				
ind5	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind5	Please attach the individual label	User entered text				
lg6	Hidden from user					
lnm6	Name :\${33}	User entered text				
lln6	Line number: \${39}	User entered text				
lcn6	Cluster number: \${0}	User entered text				
lhn6	Household ID from cluster control form: \${2}	User entered text				
lhl6	Household label number: \${1}	User entered text				
aaa6	Have you filled in the biological form of \${33}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa6	Please fill in the biological form of \${33}	User entered text				
ind6	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind6	Please attach the individual label	User entered text				
lg7	Hidden from user					
lnm7	Name :\${41}	User entered text				
lln7	Line number: \${50}	User entered text				
lcn7	Cluster number: \${0}	User entered text				
lhn7	Household ID from cluster control form: \${2}	User entered text				
lhl7	Household label number: \${1}	User entered text				
aaa7	Have you filled in the biological form of \${41}	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				

		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa7	Please fill in the biological form of \${41}	User entered text				
indl7	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl7	Please attach the individual label	User entered text				
lg8	Hidden from user					
lnm8	Name :\${38}	User entered text				
lln8	Line number: \${81}	User entered text				
lcnm8	Cluster number: \${0}	User entered text				
lhn8	Household ID from cluster control form: \${2}	User entered text				
lhhln8	Household label number: \${1}	User entered text				
aaa8	Have you filled in the biological form of \${38}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa8	Please fill in the biological form of \${38}	User entered text				
indl8	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl8	Please attach the individual label	User entered text				
lg9	Hidden from user					
lnm9	Name :\${52}	User entered text				
lln9	Line number: \${49}	User entered text				
lcnm9	Cluster number: \${0}	User entered text				
lhn9	Household ID from cluster control form: \${2}	User entered text				
lhhln9	Household label number: \${1}	User entered text				
aaa9	Have you filled in the biological form of \${52}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa9	Please fill in the biological form of \${52}	User entered text				
indl9	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		0	No
lindl9	Please attach the individual label	User entered text	
lg10	Hidden from user		
Inm10	Name :\${20}	User entered text	
lIn10	Line number: \${84}	User entered text	
lcnm10	Cluster number: \${0}	User entered text	
lhhn10	Household ID from cluster control form: \${2}	User entered text	
lhhIn10	Household label number: \${1}	User entered text	
aaa10	Have you filled in the biological form of \${20}	1	Yes
		0	No
laaa10	Please fill in the biological form of \${20}	User entered text	
indl10	Did you attach the individual label?	1	Yes
		0	No
lindl10	Please attach the individual label	User entered text	
lg11	Hidden from user		
Inm11	Name :\${21}	User entered text	
lIn11	Line number: \${78}	User entered text	
lcnm11	Cluster number: \${0}	User entered text	
lhhn11	Household ID from cluster control form: \${2}	User entered text	
lhhIn11	Household label number: \${1}	User entered text	
aaa11	Have you filled in the biological form of \${21}	1	Yes
		0	No
laaa11	Please fill in the biological form of \${21}	User entered text	
indl11	Did you attach the individual label?	1	Yes
		0	No
lindl11	Please attach the individual label	User entered text	
lg12	Hidden from user		
Inm12	Name :\${29}	User entered text	

lln12	Line number: \${91}	User entered text				
lcn12	Cluster number: \${0}	User entered text				
lhn12	Household ID from cluster control form: \${2}	User entered text				
lhl12	Household label number: \${1}	User entered text				
aaa12	Have you filled in the biological form of \${29}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa12	Please fill in the biological form of \${29}	User entered text				
ind12	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind12	Please attach the individual label	User entered text				
lg13	Hidden from user					
lnm13	Name :\${4}	User entered text				
lln13	Line number: \${58}	User entered text				
lcn13	Cluster number: \${0}	User entered text				
lhn13	Household ID from cluster control form: \${2}	User entered text				
lhl13	Household label number: \${1}	User entered text				
aaa13	Have you filled in the biological form of \${4}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa13	Please fill in the biological form of \${4}	User entered text				
ind13	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind13	Please attach the individual label	User entered text				
lg14	Hidden from user					
lnm14	Name :\${9}	User entered text				
lln14	Line number: \${80}	User entered text				
lcn14	Cluster number: \${0}	User entered text				
lhn14	Household ID from cluster control form: \${2}	User entered text				
lhl14	Household label number: \${1}	User entered text				

aaa14	Have you filled in the biological form of \${9}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa14	Please fill in the biological form of \${9}	User entered text				
indl14	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl14	Please attach the individual label	User entered text				
lg15	Hidden from user					
lnm15	Name :\${12}	User entered text				
lln15	Line number: \${17}	User entered text				
lcnm15	Cluster number: \${0}	User entered text				
lhhn15	Household ID from cluster control form: \${2}	User entered text				
lhhln15	Household label number: \${1}	User entered text				
aaa15	Have you filled in the biological form of \${12}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa15	Please fill in the biological form of \${12}	User entered text				
indl15	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl15	Please attach the individual label	User entered text				
lg16	Hidden from user					
lnm16	Name :\${37}	User entered text				
lln16	Line number: \${36}	User entered text				
lcnm16	Cluster number: \${0}	User entered text				
lhhn16	Household ID from cluster control form: \${2}	User entered text				
lhhln16	Household label number: \${1}	User entered text				
aaa16	Have you filled in the biological form of \${37}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa16	Please fill in the biological form of \${37}	User entered text				
indl16	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl16	Please attach the individual label	User entered text				
lg17	Hidden from user					
Inm17	Name :\${16}	User entered text				
lIn17	Line number: \${109}	User entered text				
lcnm17	Cluster number: \${0}	User entered text				
lhhn17	Household ID from cluster control form: \${2}	User entered text				
lhhIn17	Household label number: \${1}	User entered text				
aaa17	Have you filled in the biological form of \${16}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa17	Please fill in the biological form of \${16}	User entered text				
indl17	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl17	Please attach the individual label	User entered text				
lg18	Hidden from user					
Inm18	Name :\${23}	User entered text				
lIn18	Line number: \${88}	User entered text				
lcnm18	Cluster number: \${0}	User entered text				
lhhn18	Household ID from cluster control form: \${2}	User entered text				
lhhIn18	Household label number: \${1}	User entered text				
aaa18	Have you filled in the biological form of \${23}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa18	Please fill in the biological form of \${23}	User entered text				
indl18	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl18	Please attach the individual label	User entered text				
lg19	Hidden from user					
Inm19	Name :\${51}	User entered text				



lln19	Line number: \${19}	User entered text				
lcnm19	Cluster number: \${0}	User entered text				
lhnm19	Household ID from cluster control form: \${2}	User entered text				
lhhm19	Household label number: \${1}	User entered text				
aaa19	Have you filled in the biological form of \${51}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa19	Please fill in the biological form of \${51}	User entered text				
indl19	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl19	Please attach the individual label	User entered text				
lg20	Hidden from user					
lnm20	Name :\${45}	User entered text				
lln20	Line number: \${97}	User entered text				
lcnm20	Cluster number: \${0}	User entered text				
lhnm20	Household ID from cluster control form: \${2}	User entered text				
lhhm20	Household label number: \${1}	User entered text				
aaa20	Have you filled in the biological form of \${45}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa20	Please fill in the biological form of \${45}	User entered text				
indl20	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl20	Please attach the individual label	User entered text				
lg21	Hidden from user					
lnm21	Name :\${18}	User entered text				
lln21	Line number: \${15}	User entered text				
lcnm21	Cluster number: \${0}	User entered text				
lhnm21	Household ID from cluster control form: \${2}	User entered text				
lhhm21	Household label number: \${1}	User entered text				

aaa21	Have you filled in the biological form of \${18}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa21	Please fill in the biological form of \${18}	User entered text				
indl21	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl21	Please attach the individual label	User entered text				
lg22	Hidden from user					
lnm22	Name :\${8}	User entered text				
lln22	Line number: \${60}	User entered text				
lcnm22	Cluster number: \${0}	User entered text				
lhhn22	Household ID from cluster control form: \${2}	User entered text				
lhhln22	Household label number: \${1}	User entered text				
aaa22	Have you filled in the biological form of \${8}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa22	Please fill in the biological form of \${8}	User entered text				
indl22	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl22	Please attach the individual label	User entered text				
lg23	Hidden from user					
lnm23	Name :\${28}	User entered text				
lln23	Line number: \${65}	User entered text				
lcnm23	Cluster number: \${0}	User entered text				
lhhn23	Household ID from cluster control form: \${2}	User entered text				
lhhln23	Household label number: \${1}	User entered text				
aaa23	Have you filled in the biological form of \${28}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa23	Please fill in the biological form of \${28}	User entered text				
indl23	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl23	Please attach the individual label	User entered text				
lg24	Hidden from user					
Inm24	Name :\${27}	User entered text				
lIn24	Line number: \${26}	User entered text				
lcnm24	Cluster number: \${0}	User entered text				
lhhn24	Household ID from cluster control form: \${2}	User entered text				
lhhIn24	Household label number: \${1}	User entered text				
aaa24	Have you filled in the biological form of \${27}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa24	Please fill in the biological form of \${27}	User entered text				
indl24	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl24	Please attach the individual label	User entered text				
lg25	Hidden from user					
Inm25	Name :\${7}	User entered text				
lIn25	Line number: \${59}	User entered text				
lcnm25	Cluster number: \${0}	User entered text				
lhhn25	Household ID from cluster control form: \${2}	User entered text				
lhhIn25	Household label number: \${1}	User entered text				
aaa25	Have you filled in the biological form of \${7}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa25	Please fill in the biological form of \${7}	User entered text				
indl25	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl25	Please attach the individual label	User entered text				
lg26	Hidden from user					
Inm26	Name :\${31}	User entered text				

lln26	Line number: \${89}	User entered text				
lcn26	Cluster number: \${0}	User entered text				
lhn26	Household ID from cluster control form: \${2}	User entered text				
lhl26	Household label number: \${1}	User entered text				
aaa26	Have you filled in the biological form of \${31}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa26	Please fill in the biological form of \${31}	User entered text				
ind26	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind26	Please attach the individual label	User entered text				
lg27	Hidden from user					
lnm27	Name :\${53}	User entered text				
lln27	Line number: \${54}	User entered text				
lcn27	Cluster number: \${0}	User entered text				
lhn27	Household ID from cluster control form: \${2}	User entered text				
lhl27	Household label number: \${1}	User entered text				
aaa27	Have you filled in the biological form of \${53}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa27	Please fill in the biological form of \${53}	User entered text				
ind27	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind27	Please attach the individual label	User entered text				
lg28	Hidden from user					
lnm28	Name :\${10}	User entered text				
lln28	Line number: \${42}	User entered text				
lcn28	Cluster number: \${0}	User entered text				
lhn28	Household ID from cluster control form: \${2}	User entered text				
lhl28	Household label number: \${1}	User entered text				

aaa28	Have you filled in the biological form of \${10}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa28	Please fill in the biological form of \${10}	User entered text				
indl28	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl28	Please attach the individual label	User entered text				
lg29	Hidden from user					
lnm29	Name :\${44}	User entered text				
lln29	Line number: \${47}	User entered text				
lcnm29	Cluster number: \${0}	User entered text				
lhhn29	Household ID from cluster control form: \${2}	User entered text				
lhhln29	Household label number: \${1}	User entered text				
aaa29	Have you filled in the biological form of \${44}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa29	Please fill in the biological form of \${44}	User entered text				
indl29	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl29	Please attach the individual label	User entered text				
lg30	Hidden from user					
lnm30	Name :\${3}	User entered text				
lln30	Line number: \${74}	User entered text				
lcnm30	Cluster number: \${0}	User entered text				
lhhn30	Household ID from cluster control form: \${2}	User entered text				
lhhln30	Household label number: \${1}	User entered text				
aaa30	Have you filled in the biological form of \${3}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa30	Please fill in the biological form of \${3}	User entered text				
indl30	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		0	No
lindl30	Please attach the individual label	User entered text	
trial1	Hidden from user		
trial2	Hidden from user		
trial3	Hidden from user		
trial4	Hidden from user		
trial5	Hidden from user		
trial6	Hidden from user		
trial7	Hidden from user		
trial8	Hidden from user		
trial9	Hidden from user		
trial10	Hidden from user		
trial11	Hidden from user		
trial12	Hidden from user		
trial13	Hidden from user		
trial14	Hidden from user		
trial15	Hidden from user		
trial16	Hidden from user		
trial17	Hidden from user		
trial18	Hidden from user		
trial19	Hidden from user		
trial20	Hidden from user		
trial21	Hidden from user		
trial22	Hidden from user		
trial23	Hidden from user		
trial24	Hidden from user		
trial25	Hidden from user		
trial26	Hidden from user		
trial27	Hidden from user		
trial28	Hidden from user		
trial29	Hidden from user		
trial30	Hidden from user		

trial_total	Hidden from user					
trial_note	Total number of eligible non-pregnant women is \${93}	User entered text				
pw	Hidden from user					
lg1p	Hidden from user					
lnm1p	Name :\${5}	User entered text				
ln1p	Line number: \${14}	User entered text				
lcnm1p	Cluster number: \${0}	User entered text				
lhnm1p	Household ID from cluster control form: \${2}	User entered text				
lhln1p	Household label number: \${1}	User entered text				
aaa1p	Have you filled in the biological form of \${5}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa1p	Please fill in the biological form of \${5}	User entered text				
ind1p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind1p	Please attach the individual label	User entered text				
lg2p	Hidden from user					
lnm2p	Name :\${6}	User entered text				
ln2p	Line number: \${48}	User entered text				
lcnm2p	Cluster number: \${0}	User entered text				
lhnm2p	Household ID from cluster control form: \${2}	User entered text				
lhln2p	Household label number: \${1}	User entered text				
aaa2p	Have you filled in the biological form of \${6}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa2p	Please fill in the biological form of \${6}	User entered text				
ind2p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind2p	Please attach the individual label	User entered text				
lg3p	Hidden from user					
lnm3p	Name :\${25}	User entered text				

lln3p	Line number: \${79}	User entered text				
lcn3p	Cluster number: \${0}	User entered text				
lhn3p	Household ID from cluster control form: \${2}	User entered text				
lhl3p	Household label number: \${1}	User entered text				
aaa3p	Have you filled in the biological form of \${25}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa3p	Please fill in the biological form of \${25}	User entered text				
ind3p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind3p	Please attach the individual label	User entered text				
lg4p	Hidden from user					
lnm4p	Name :\${34}	User entered text				
lln4p	Line number: \${61}	User entered text				
lcn4p	Cluster number: \${0}	User entered text				
lhn4p	Household ID from cluster control form: \${2}	User entered text				
lhl4p	Household label number: \${1}	User entered text				
aaa4p	Have you filled in the biological form of \${34}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa4p	Please fill in the biological form of \${34}	User entered text				
ind4p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind4p	Please attach the individual label	User entered text				
lg5p	Hidden from user					
lnm5p	Name :\${24}	User entered text				
lln5p	Line number: \${43}	User entered text				
lcn5p	Cluster number: \${0}	User entered text				
lhn5p	Household ID from cluster control form: \${2}	User entered text				
lhl5p	Household label number: \${1}	User entered text				



aaa5p	Have you filled in the biological form of \${24}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa5p	Please fill in the biological form of \${24}	User entered text				
indl5p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl5p	Please attach the individual label	User entered text				
lg6p	Hidden from user					
lnm6p	Name :\${33}	User entered text				
lnn6p	Line number: \${39}	User entered text				
lcnum6p	Cluster number: \${0}	User entered text				
lhn6p	Household ID from cluster control form: \${2}	User entered text				
lhnln6p	Household label number: \${1}	User entered text				
aaa6p	Have you filled in the biological form of \${33}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa6p	Please fill in the biological form of \${33}	User entered text				
indl6p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl6p	Please attach the individual label	User entered text				
lg7p	Hidden from user					
lnm7p	Name :\${41}	User entered text				
lnn7p	Line number: \${50}	User entered text				
lcnum7p	Cluster number: \${0}	User entered text				
lhn7p	Household ID from cluster control form: \${2}	User entered text				
lhnln7p	Household label number: \${1}	User entered text				
aaa7p	Have you filled in the biological form of \${41}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa7p	Please fill in the biological form of \${41}	User entered text				
indl7p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl7p	Please attach the individual label	User entered text				
lg8p	Hidden from user					
lnm8p	Name :\${38}	User entered text				
lln8p	Line number: \${81}	User entered text				
lcnm8p	Cluster number: \${0}	User entered text				
lhhn8p	Household ID from cluster control form: \${2}	User entered text				
lhhln8p	Household label number: \${1}	User entered text				
aaa8p	Have you filled in the biological form of \${38}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa8p	Please fill in the biological form of \${38}	User entered text				
indl8p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl8p	Please attach the individual label	User entered text				
lg9p	Hidden from user					
lnm9p	Name :\${52}	User entered text				
lln9p	Line number: \${49}	User entered text				
lcnm9p	Cluster number: \${0}	User entered text				
lhhn9p	Household ID from cluster control form: \${2}	User entered text				
lhhln9p	Household label number: \${1}	User entered text				
aaa9p	Have you filled in the biological form of \${52}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa9p	Please fill in the biological form of \${52}	User entered text				
indl9p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl9p	Please attach the individual label	User entered text				
lg10p	Hidden from user					
lnm10p	Name :\${20}	User entered text				

lln10p	Line number: \${84}	User entered text				
lcn10p	Cluster number: \${0}	User entered text				
lhn10p	Household ID from cluster control form: \${2}	User entered text				
lhl10p	Household label number: \${1}	User entered text				
aaa10p	Have you filled in the biological form of \${20}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa10p	Please fill in the biological form of \${20}	User entered text				
ind10p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind10p	Please attach the individual label	User entered text				
lg11p	Hidden from user					
lnm11p	Name :\${21}	User entered text				
lln11p	Line number: \${78}	User entered text				
lcn11p	Cluster number: \${0}	User entered text				
lhn11p	Household ID from cluster control form: \${2}	User entered text				
lhl11p	Household label number: \${1}	User entered text				
aaa11p	Have you filled in the biological form of \${21}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa11p	Please fill in the biological form of \${21}	User entered text				
ind11p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind11p	Please attach the individual label	User entered text				
lg12p	Hidden from user					
lnm12p	Name :\${29}	User entered text				
lln12p	Line number: \${91}	User entered text				
lcn12p	Cluster number: \${0}	User entered text				
lhn12p	Household ID from cluster control form: \${2}	User entered text				
lhl12p	Household label number: \${1}	User entered text				

aaa12p	Have you filled in the biological form of \${29}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa12p	Please fill in the biological form of \${29}	User entered text				
indl12p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl12p	Please attach the individual label	User entered text				
lg13p	Hidden from user					
lnm13p	Name :\${4}	User entered text				
lln13p	Line number: \${58}	User entered text				
lcnm13p	Cluster number: \${0}	User entered text				
lhhn13p	Household ID from cluster control form: \${2}	User entered text				
lhln13p	Household label number: \${1}	User entered text				
aaa13p	Have you filled in the biological form of \${4}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa13p	Please fill in the biological form of \${4}	User entered text				
indl13p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl13p	Please attach the individual label	User entered text				
lg14p	Hidden from user					
lnm14p	Name :\${9}	User entered text				
lln14p	Line number: \${80}	User entered text				
lcnm14p	Cluster number: \${0}	User entered text				
lhhn14p	Household ID from cluster control form: \${2}	User entered text				
lhln14p	Household label number: \${1}	User entered text				
aaa14p	Have you filled in the biological form of \${9}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa14p	Please fill in the biological form of \${9}	User entered text				
indl14p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl14p	Please attach the individual label	User entered text				
lg15p	Hidden from user					
lnm15p	Name :\${12}	User entered text				
lln15p	Line number: \${17}	User entered text				
lcnm15p	Cluster number: \${0}	User entered text				
lhhn15p	Household ID from cluster control form: \${2}	User entered text				
lhhln15p	Household label number: \${1}	User entered text				
aaa15p	Have you filled in the biological form of \${12}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa15p	Please fill in the biological form of \${12}	User entered text				
indl15p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl15p	Please attach the individual label	User entered text				
lg16p	Hidden from user					
lnm16p	Name :\${37}	User entered text				
lln16p	Line number: \${36}	User entered text				
lcnm16p	Cluster number: \${0}	User entered text				
lhhn16p	Household ID from cluster control form: \${2}	User entered text				
lhhln16p	Household label number: \${1}	User entered text				
aaa16p	Have you filled in the biological form of \${37}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa16p	Please fill in the biological form of \${37}	User entered text				
indl16p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl16p	Please attach the individual label	User entered text				
lg17p	Hidden from user					
lnm17p	Name :\${16}	User entered text				

lln17p	Line number: \${109}	User entered text				
lcn17p	Cluster number: \${0}	User entered text				
lhn17p	Household ID from cluster control form: \${2}	User entered text				
lhl17p	Household label number: \${1}	User entered text				
aaa17p	Have you filled in the biological form of \${16}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa17p	Please fill in the biological form of \${16}	User entered text				
ind17p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind17p	Please attach the individual label	User entered text				
lg18p	Hidden from user					
lnm18p	Name :\${23}	User entered text				
lln18p	Line number: \${88}	User entered text				
lcn18p	Cluster number: \${0}	User entered text				
lhn18p	Household ID from cluster control form: \${2}	User entered text				
lhl18p	Household label number: \${1}	User entered text				
aaa18p	Have you filled in the biological form of \${23}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa18p	Please fill in the biological form of \${23}	User entered text				
ind18p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind18p	Please attach the individual label	User entered text				
lg19p	Hidden from user					
lnm19p	Name :\${51}	User entered text				
lln19p	Line number: \${19}	User entered text				
lcn19p	Cluster number: \${0}	User entered text				
lhn19p	Household ID from cluster control form: \${2}	User entered text				
lhl19p	Household label number: \${1}	User entered text				

aaa19p	Have you filled in the biological form of \${51}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa19p	Please fill in the biological form of \${51}	User entered text				
indl19p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl19p	Please attach the individual label	User entered text				
lg20p	Hidden from user					
lnm20p	Name :\${45}	User entered text				
lln20p	Line number: \${97}	User entered text				
lcnm20p	Cluster number: \${0}	User entered text				
lhhn20p	Household ID from cluster control form: \${2}	User entered text				
lhhln20p	Household label number: \${1}	User entered text				
aaa20p	Have you filled in the biological form of \${45}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa20p	Please fill in the biological form of \${45}	User entered text				
indl20p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl20p	Please attach the individual label	User entered text				
lg21p	Hidden from user					
lnm21p	Name :\${18}	User entered text				
lln21p	Line number: \${15}	User entered text				
lcnm21p	Cluster number: \${0}	User entered text				
lhhn21p	Household ID from cluster control form: \${2}	User entered text				
lhhln21p	Household label number: \${1}	User entered text				
aaa21p	Have you filled in the biological form of \${18}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa21p	Please fill in the biological form of \${18}	User entered text				
indl21p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl21p	Please attach the individual label	User entered text				
lg22p	Hidden from user					
lnm22p	Name :\${8}	User entered text				
lln22p	Line number: \${60}	User entered text				
lcnm22p	Cluster number: \${0}	User entered text				
lhhn22p	Household ID from cluster control form: \${2}	User entered text				
lhhln22p	Household label number: \${1}	User entered text				
aaa22p	Have you filled in the biological form of \${8}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa22p	Please fill in the biological form of \${8}	User entered text				
indl22p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl22p	Please attach the individual label	User entered text				
lg23p	Hidden from user					
lnm23p	Name :\${28}	User entered text				
lln23p	Line number: \${65}	User entered text				
lcnm23p	Cluster number: \${0}	User entered text				
lhhn23p	Household ID from cluster control form: \${2}	User entered text				
lhhln23p	Household label number: \${1}	User entered text				
aaa23p	Have you filled in the biological form of \${28}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa23p	Please fill in the biological form of \${28}	User entered text				
indl23p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl23p	Please attach the individual label	User entered text				
lg24p	Hidden from user					
lnm24p	Name :\${27}	User entered text				



lln24p	Line number: \${26}	User entered text				
lcn24p	Cluster number: \${0}	User entered text				
lhn24p	Household ID from cluster control form: \${2}	User entered text				
lhl24p	Household label number: \${1}	User entered text				
aaa24p	Have you filled in the biological form of \${27}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa24p	Please fill in the biological form of \${27}	User entered text				
ind24p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind24p	Please attach the individual label	User entered text				
lg25p	Hidden from user					
lnm25p	Name :\${7}	User entered text				
lln25p	Line number: \${59}	User entered text				
lcn25p	Cluster number: \${0}	User entered text				
lhn25p	Household ID from cluster control form: \${2}	User entered text				
lhl25p	Household label number: \${1}	User entered text				
aaa25p	Have you filled in the biological form of \${7}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laa25p	Please fill in the biological form of \${7}	User entered text				
ind25p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lind25p	Please attach the individual label	User entered text				
lg26p	Hidden from user					
lnm26p	Name :\${31}	User entered text				
lln26p	Line number: \${89}	User entered text				
lcn26p	Cluster number: \${0}	User entered text				
lhn26p	Household ID from cluster control form: \${2}	User entered text				
lhl26p	Household label number: \${1}	User entered text				

aaa26p	Have you filled in the biological form of \${31}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa26p	Please fill in the biological form of \${31}	User entered text				
indl26p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl26p	Please attach the individual label	User entered text				
lg27p	Hidden from user					
lnm27p	Name :\${53}	User entered text				
lln27p	Line number: \${54}	User entered text				
lcnm27p	Cluster number: \${0}	User entered text				
lhhn27p	Household ID from cluster control form: \${2}	User entered text				
lhhln27p	Household label number: \${1}	User entered text				
aaa27p	Have you filled in the biological form of \${53}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa27p	Please fill in the biological form of \${53}	User entered text				
indl27p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl27p	Please attach the individual label	User entered text				
lg28p	Hidden from user					
lnm28p	Name :\${10}	User entered text				
lln28p	Line number: \${42}	User entered text				
lcnm28p	Cluster number: \${0}	User entered text				
lhhn28p	Household ID from cluster control form: \${2}	User entered text				
lhhln28p	Household label number: \${1}	User entered text				
aaa28p	Have you filled in the biological form of \${10}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa28p	Please fill in the biological form of \${10}	User entered text				
indl28p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes					

		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No		
0	No					
lindl28p	Please attach the individual label	User entered text				
lg29p	Hidden from user					
lnm29p	Name :\${44}	User entered text				
lln29p	Line number: \${47}	User entered text				
lcnm29p	Cluster number: \${0}	User entered text				
lhhn29p	Household ID from cluster control form: \${2}	User entered text				
lhhln29p	Household label number: \${1}	User entered text				
aaa29p	Have you filled in the biological form of \${44}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa29p	Please fill in the biological form of \${44}	User entered text				
indl29p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl29p	Please attach the individual label	User entered text				
lg30p	Hidden from user					
lnm30p	Name :\${3}	User entered text				
lln30p	Line number: \${74}	User entered text				
lcnm30p	Cluster number: \${0}	User entered text				
lhhn30p	Household ID from cluster control form: \${2}	User entered text				
lhhln30p	Household label number: \${1}	User entered text				
aaa30p	Have you filled in the biological form of \${3}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaa30p	Please fill in the biological form of \${3}	User entered text				
indl30p	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lindl30p	Please attach the individual label	User entered text				
trials_note	Total number of eligible pregnant women is \${110}	User entered text				
ch	Hidden from user					

chg1	Hidden from user					
cnm1	Name: \${5}	User entered text				
cln1	Line number: \${14}	User entered text				
cam1	Age in months is: \${11}	User entered text				
ccg1	Line number of the primary caretaker of \${5} is \${62}	User entered text				
ccnum1	Cluster number: \${0}	User entered text				
chhn1	Household ID from cluster control form: \${2}	User entered text				
chhln1	Household label number: \${1}	User entered text				
aaac1	Have you filled in the biological form of \${5}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac1	Please fill in the biological form of \${5}	User entered text				
cindl1	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl1	Please attach the individual label	User entered text				
chg2	Hidden from user					
cnm2	Name: \${6}	User entered text				
cln2	Line number: \${48}	User entered text				
cam2	Age in months is: \${120}	User entered text				
ccg2	Line number of the primary caretaker of \${6} is \${70}	User entered text				
ccnum2	Cluster number: \${0}	User entered text				
chhn2	Household ID from cluster control form: \${2}	User entered text				
chhln2	Household label number: \${1}	User entered text				
aaac2	Have you filled in the biological form of \${6}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac2	Please fill in the biological form of \${6}	User entered text				
cindl2	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl2	Please attach the individual label	User entered text				

chg3	Hidden from user					
cnm3	Name: \${25}	User entered text				
cln3	Line number: \${79}	User entered text				
cam3	Age in months is: \${68}	User entered text				
ccg3	Line number of the primary caretaker of \${25} is \${92}	User entered text				
ccnum3	Cluster number: \${0}	User entered text				
chhn3	Household ID from cluster control form: \${2}	User entered text				
chhln3	Household label number: \${1}	User entered text				
aaac3	Have you filled in the biological form of \${25}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac3	Please fill in the biological form of \${25}	User entered text				
cindl3	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl3	Please attach the individual label	User entered text				
chg4	Hidden from user					
cnm4	Name: \${34}	User entered text				
cln4	Line number: \${61}	User entered text				
cam4	Age in months is: \${90}	User entered text				
ccg4	Line number of the primary caretaker of \${34} is \${106}	User entered text				
ccnum4	Cluster number: \${0}	User entered text				
chhn4	Household ID from cluster control form: \${2}	User entered text				
chhln4	Household label number: \${1}	User entered text				
aaac4	Have you filled in the biological form of \${34}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac4	Please fill in the biological form of \${34}	User entered text				
cindl4	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl4	Please attach the individual label	User entered text				
chg5	Hidden from user					

cnm5	Name: \${24}	User entered text				
cln5	Line number: \${43}	User entered text				
cam5	Age in months is: \${99}	User entered text				
ccg5	Line number of the primary caretaker of \${24} is \${116}	User entered text				
ccnum5	Cluster number: \${0}	User entered text				
chhn5	Household ID from cluster control form: \${2}	User entered text				
chhln5	Household label number: \${1}	User entered text				
aaac5	Have you filled in the biological form of \${24}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac5	Please fill in the biological form of \${24}	User entered text				
cindl5	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl5	Please attach the individual label	User entered text				
chg6	Hidden from user					
cnm6	Name: \${33}	User entered text				
cln6	Line number: \${39}	User entered text				
cam6	Age in months is: \${113}	User entered text				
ccg6	Line number of the primary caretaker of \${33} is \${83}	User entered text				
ccnum6	Cluster number: \${0}	User entered text				
chhn6	Household ID from cluster control form: \${2}	User entered text				
chhln6	Household label number: \${1}	User entered text				
aaac6	Have you filled in the biological form of \${33}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac6	Please fill in the biological form of \${33}	User entered text				
cindl6	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl6	Please attach the individual label	User entered text				
chg7	Hidden from user					

cnm7	Name: \${41}	User entered text				
cln7	Line number: \${50}	User entered text				
cam7	Age in months is: \${57}	User entered text				
ccg7	Line number of the primary caretaker of \${41} is \${123}	User entered text				
ccnum7	Cluster number: \${0}	User entered text				
chhn7	Household ID from cluster control form: \${2}	User entered text				
chhln7	Household label number: \${1}	User entered text				
aaac7	Have you filled in the biological form of \${41}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac7	Please fill in the biological form of \${41}	User entered text				
cindl7	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl7	Please attach the individual label	User entered text				
chg8	Hidden from user					
cnm8	Name: \${38}	User entered text				
cln8	Line number: \${81}	User entered text				
cam8	Age in months is: \${46}	User entered text				
ccg8	Line number of the primary caretaker of \${38} is \${114}	User entered text				
ccnum8	Cluster number: \${0}	User entered text				
chhn8	Household ID from cluster control form: \${2}	User entered text				
chhln8	Household label number: \${1}	User entered text				
aaac8	Have you filled in the biological form of \${38}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac8	Please fill in the biological form of \${38}	User entered text				
cindl8	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl8	Please attach the individual label	User entered text				
chg9	Hidden from user					
cnm9	Name: \${52}	User entered text				

cln9	Line number: \${49}	User entered text				
cam9	Age in months is: \${102}	User entered text				
ccg9	Line number of the primary caretaker of \${52} is \${121}	User entered text				
ccnum9	Cluster number: \${0}	User entered text				
chhn9	Household ID from cluster control form: \${2}	User entered text				
chhln9	Household label number: \${1}	User entered text				
aaac9	Have you filled in the biological form of \${52}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac9	Please fill in the biological form of \${52}	User entered text				
cindl9	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl9	Please attach the individual label	User entered text				
chg10	Hidden from user					
cnm10	Name: \${20}	User entered text				
cln10	Line number: \${84}	User entered text				
cam10	Age in months is: \${87}	User entered text				
ccg10	Line number of the primary caretaker of \${20} is \${95}	User entered text				
ccnum10	Cluster number: \${0}	User entered text				
chhn10	Household ID from cluster control form: \${2}	User entered text				
chhln10	Household label number: \${1}	User entered text				
aaac10	Have you filled in the biological form of \${20}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac10	Please fill in the biological form of \${20}	User entered text				
cindl10	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl10	Please attach the individual label	User entered text				
chg11	Hidden from user					
cnm11	Name: \${21}	User entered text				



cln11	Line number: \${78}	User entered text				
cam11	Age in months is: \${124}	User entered text				
ccg11	Line number of the primary caretaker of \${21} is \${22}	User entered text				
ccnum11	Cluster number: \${0}	User entered text				
chhn11	Household ID from cluster control form: \${2}	User entered text				
chhln11	Household label number: \${1}	User entered text				
aaac11	Have you filled in the biological form of \${21}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac11	Please fill in the biological form of \${21}	User entered text				
cindl11	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl11	Please attach the individual label	User entered text				
chg12	Hidden from user					
cnm12	Name: \${29}	User entered text				
cln12	Line number: \${91}	User entered text				
cam12	Age in months is: \${55}	User entered text				
ccg12	Line number of the primary caretaker of \${29} is \${30}	User entered text				
ccnum12	Cluster number: \${0}	User entered text				
chhn12	Household ID from cluster control form: \${2}	User entered text				
chhln12	Household label number: \${1}	User entered text				
aaac12	Have you filled in the biological form of \${29}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac12	Please fill in the biological form of \${29}	User entered text				
cindl12	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl12	Please attach the individual label	User entered text				
chg13	Hidden from user					
cnm13	Name: \${4}	User entered text				
cln13	Line number: \${58}	User entered text				

cam13	Age in months is: \${82}	User entered text				
ccg13	Line number of the primary caretaker of \${4} is \${56}	User entered text				
ccnum13	Cluster number: \${0}	User entered text				
chhn13	Household ID from cluster control form: \${2}	User entered text				
chhln13	Household label number: \${1}	User entered text				
aaac13	Have you filled in the biological form of \${4}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac13	Please fill in the biological form of \${4}	User entered text				
cindl13	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl13	Please attach the individual label	User entered text				
chg14	Hidden from user					
cnm14	Name: \${9}	User entered text				
cln14	Line number: \${80}	User entered text				
cam14	Age in months is: \${85}	User entered text				
ccg14	Line number of the primary caretaker of \${9} is \${75}	User entered text				
ccnum14	Cluster number: \${0}	User entered text				
chhn14	Household ID from cluster control form: \${2}	User entered text				
chhln14	Household label number: \${1}	User entered text				
aaac14	Have you filled in the biological form of \${9}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac14	Please fill in the biological form of \${9}	User entered text				
cindl14	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl14	Please attach the individual label	User entered text				
chg15	Hidden from user					
cnm15	Name: \${12}	User entered text				
cln15	Line number: \${17}	User entered text				

cam15	Age in months is: \${67}	User entered text				
ccg15	Line number of the primary caretaker of \${12} is \${13}	User entered text				
ccnum15	Cluster number: \${0}	User entered text				
chhn15	Household ID from cluster control form: \${2}	User entered text				
chhln15	Household label number: \${1}	User entered text				
aaac15	Have you filled in the biological form of \${12}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac15	Please fill in the biological form of \${12}	User entered text				
cindl15	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl15	Please attach the individual label	User entered text				
chg16	Hidden from user					
cnm16	Name: \${37}	User entered text				
cln16	Line number: \${36}	User entered text				
cam16	Age in months is: \${94}	User entered text				
ccg16	Line number of the primary caretaker of \${37} is \${40}	User entered text				
ccnum16	Cluster number: \${0}	User entered text				
chhn16	Household ID from cluster control form: \${2}	User entered text				
chhln16	Household label number: \${1}	User entered text				
aaac16	Have you filled in the biological form of \${37}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac16	Please fill in the biological form of \${37}	User entered text				
cindl16	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl16	Please attach the individual label	User entered text				
chg17	Hidden from user					
cnm17	Name: \${16}	User entered text				
cln17	Line number: \${109}	User entered text				
cam17	Age in months is: \${32}	User entered text				

ccg17	Line number of the primary caretaker of \${16} is \${71}	User entered text				
ccnum17	Cluster number: \${0}	User entered text				
chhn17	Household ID from cluster control form: \${2}	User entered text				
chhln17	Household label number: \${1}	User entered text				
aaac17	Have you filled in the biological form of \${16}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac17	Please fill in the biological form of \${16}	User entered text				
cindl17	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl17	Please attach the individual label	User entered text				
chg18	Hidden from user					
cnm18	Name: \${23}	User entered text				
cln18	Line number: \${88}	User entered text				
cam18	Age in months is: \${69}	User entered text				
ccg18	Line number of the primary caretaker of \${23} is \${103}	User entered text				
ccnum18	Cluster number: \${0}	User entered text				
chhn18	Household ID from cluster control form: \${2}	User entered text				
chhln18	Household label number: \${1}	User entered text				
aaac18	Have you filled in the biological form of \${23}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac18	Please fill in the biological form of \${23}	User entered text				
cindl18	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clindl18	Please attach the individual label	User entered text				
chg19	Hidden from user					
cnm19	Name: \${51}	User entered text				
cln19	Line number: \${19}	User entered text				
cam19	Age in months is: \${100}	User entered text				

ccg19	Line number of the primary caretaker of \${51} is \${63}	User entered text				
ccnum19	Cluster number: \${0}	User entered text				
chhn19	Household ID from cluster control form: \${2}	User entered text				
chhln19	Household label number: \${1}	User entered text				
aaac19	Have you filled in the biological form of \${51}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac19	Please fill in the biological form of \${51}	User entered text				
cindl19	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl19	Please attach the individual label	User entered text				
chg20	Hidden from user					
cnm20	Name: \${45}	User entered text				
cln20	Line number: \${97}	User entered text				
cam20	Age in months is: \${125}	User entered text				
ccg20	Line number of the primary caretaker of \${45} is \${105}	User entered text				
ccnum20	Cluster number: \${0}	User entered text				
chhn20	Household ID from cluster control form: \${2}	User entered text				
chhln20	Household label number: \${1}	User entered text				
aaac20	Have you filled in the biological form of \${45}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac20	Please fill in the biological form of \${45}	User entered text				
cindl20	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl20	Please attach the individual label	User entered text				
chg21	Hidden from user					
cnm21	Name: \${18}	User entered text				
cln21	Line number: \${15}	User entered text				
cam21	Age in months is: \${111}	User entered text				
ccg21	Line number of the primary caretaker of \${18} is \${64}	User entered text				

ccnum21	Cluster number: \${0}	User entered text				
chhn21	Household ID from cluster control form: \${2}	User entered text				
chhln21	Household label number: \${1}	User entered text				
aaac21	Have you filled in the biological form of \${18}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac21	Please fill in the biological form of \${18}	User entered text				
cindl21	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl21	Please attach the individual label	User entered text				
chg22	Hidden from user					
cnm22	Name: \${8}	User entered text				
cln22	Line number: \${60}	User entered text				
cam22	Age in months is: \${72}	User entered text				
ccg22	Line number of the primary caretaker of \${8} is \${107}	User entered text				
ccnum22	Cluster number: \${0}	User entered text				
chhn22	Household ID from cluster control form: \${2}	User entered text				
chhln22	Household label number: \${1}	User entered text				
aaac22	Have you filled in the biological form of \${8}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac22	Please fill in the biological form of \${8}	User entered text				
cindl22	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl22	Please attach the individual label	User entered text				
chg23	Hidden from user					
cnm23	Name: \${28}	User entered text				
cln23	Line number: \${65}	User entered text				
cam23	Age in months is: \${76}	User entered text				
ccg23	Line number of the primary caretaker of \${28} is \${104}	User entered text				

ccnum23	Cluster number: \${0}	User entered text				
chhn23	Household ID from cluster control form: \${2}	User entered text				
chhln23	Household label number: \${1}	User entered text				
aaac23	Have you filled in the biological form of \${28}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac23	Please fill in the biological form of \${28}	User entered text				
cindl23	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl23	Please attach the individual label	User entered text				
chg24	Hidden from user					
cnm24	Name: \${27}	User entered text				
cln24	Line number: \${26}	User entered text				
cam24	Age in months is: \${77}	User entered text				
ccg24	Line number of the primary caretaker of \${27} is \${96}	User entered text				
ccnum24	Cluster number: \${0}	User entered text				
chhn24	Household ID from cluster control form: \${2}	User entered text				
chhln24	Household label number: \${1}	User entered text				
aaac24	Have you filled in the biological form of \${27}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac24	Please fill in the biological form of \${27}	User entered text				
cindl24	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl24	Please attach the individual label	User entered text				
chg25	Hidden from user					
cnm25	Name: \${7}	User entered text				
cln25	Line number: \${59}	User entered text				
cam25	Age in months is: \${98}	User entered text				
ccg25	Line number of the primary caretaker of \${7} is \${86}	User entered text				
ccnum25	Cluster number: \${0}	User entered text				

chhn25	Household ID from cluster control form: \${2}	User entered text				
chhln25	Household label number: \${1}	User entered text				
aaac25	Have you filled in the biological form of \${7}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac25	Please fill in the biological form of \${7}	User entered text				
cindl25	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl25	Please attach the individual label	User entered text				
chg26	Hidden from user					
cnm26	Name: \${31}	User entered text				
cln26	Line number: \${89}	User entered text				
cam26	Age in months is: \${122}	User entered text				
ccg26	Line number of the primary caretaker of \${31} is \${117}	User entered text				
ccnum26	Cluster number: \${0}	User entered text				
chhn26	Household ID from cluster control form: \${2}	User entered text				
chhln26	Household label number: \${1}	User entered text				
aaac26	Have you filled in the biological form of \${31}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac26	Please fill in the biological form of \${31}	User entered text				
cindl26	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl26	Please attach the individual label	User entered text				
chg27	Hidden from user					
cnm27	Name: \${53}	User entered text				
cln27	Line number: \${54}	User entered text				
cam27	Age in months is: \${35}	User entered text				
ccg27	Line number of the primary caretaker of \${53} is \${73}	User entered text				
ccnum27	Cluster number: \${0}	User entered text				



chhn27	Household ID from cluster control form: \${2}	User entered text				
chhln27	Household label number: \${1}	User entered text				
aaac27	Have you filled in the biological form of \${53}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac27	Please fill in the biological form of \${53}	User entered text				
cindl27	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl27	Please attach the individual label	User entered text				
chg28	Hidden from user					
cnm28	Name: \${10}	User entered text				
cln28	Line number: \${42}	User entered text				
cam28	Age in months is: \${66}	User entered text				
ccg28	Line number of the primary caretaker of \${10} is \${108}	User entered text				
ccnum28	Cluster number: \${0}	User entered text				
chhn28	Household ID from cluster control form: \${2}	User entered text				
chhln28	Household label number: \${1}	User entered text				
aaac28	Have you filled in the biological form of \${10}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac28	Please fill in the biological form of \${10}	User entered text				
cindl28	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl28	Please attach the individual label	User entered text				
chg29	Hidden from user					
cnm29	Name: \${44}	User entered text				
cln29	Line number: \${47}	User entered text				
cam29	Age in months is: \${119}	User entered text				
ccg29	Line number of the primary caretaker of \${44} is \${101}	User entered text				
ccnum29	Cluster number: \${0}	User entered text				
chhn29	Household ID from cluster control form: \${2}	User entered text				

chhl29	Household label number: \${1}	User entered text				
aaac29	Have you filled in the biological form of \${44}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac29	Please fill in the biological form of \${44}	User entered text				
cindl29	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl29	Please attach the individual label	User entered text				
chg30	Hidden from user					
cnm30	Name: \${3}	User entered text				
cln30	Line number: \${74}	User entered text				
cam30	Age in months is: \${115}	User entered text				
ccg30	Line number of the primary caretaker of \${3} is \${118}	User entered text				
ccnum30	Cluster number: \${0}	User entered text				
chhn30	Household ID from cluster control form: \${2}	User entered text				
chhl30	Household label number: \${1}	User entered text				
aaac30	Have you filled in the biological form of \${3}	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
laaac30	Please fill in the biological form of \${3}	User entered text				
cindl30	Did you attach the individual label?	<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes					
0	No					
clndl30	Please attach the individual label	User entered text				
traly1	Hidden from user					
traly2	Hidden from user					
traly3	Hidden from user					
traly4	Hidden from user					
traly5	Hidden from user					
traly6	Hidden from user					
traly7	Hidden from user					

trialy8	Hidden from user					
trialy9	Hidden from user					
trialy10	Hidden from user					
trialy11	Hidden from user					
trialy12	Hidden from user					
trialy13	Hidden from user					
trialy14	Hidden from user					
trialy15	Hidden from user					
trialy16	Hidden from user					
trialy17	Hidden from user					
trialy18	Hidden from user					
trialy19	Hidden from user					
trialy20	Hidden from user					
trialy21	Hidden from user					
trialy22	Hidden from user					
trialy23	Hidden from user					
trialy24	Hidden from user					
trialy25	Hidden from user					
trialy26	Hidden from user					
trialy27	Hidden from user					
trialy28	Hidden from user					
trialy29	Hidden from user					
trialy30	Hidden from user					
trialy_total	Hidden from user					
trialy_note	Total number of eligible children is \${112}	User entered text				
x1	X1. Have you filled in top part of biological forms of all eligible household members?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes					
0	No					
lx1	Please fill in biological forms now!	User entered text				
x2	X2. What is the HH sticker number you applied to children and/or women's biologic forms?	User entered text				
frs	Final results	<table border="1"> <tr><td>1</td><td>Completed interview and accepted participation in blood collection</td></tr> </table>	1	Completed interview and accepted participation in blood collection		
1	Completed interview and accepted participation in blood collection					

		<table border="1"> <tr> <td>2</td> <td>Completed interview and refused participation in blood collection</td> </tr> <tr> <td>3</td> <td>No household member or no competent respondent at home at time of visit</td> </tr> <tr> <td>4</td> <td>Entire household absent for long period or moved away</td> </tr> <tr> <td>5</td> <td>Refused</td> </tr> <tr> <td>6</td> <td>Dwelling vacant / Address not a dwelling</td> </tr> <tr> <td>7</td> <td>Dwelling destroyed</td> </tr> <tr> <td>8</td> <td>Dwelling not found</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> </table>	2	Completed interview and refused participation in blood collection	3	No household member or no competent respondent at home at time of visit	4	Entire household absent for long period or moved away	5	Refused	6	Dwelling vacant / Address not a dwelling	7	Dwelling destroyed	8	Dwelling not found	9	Other
2	Completed interview and refused participation in blood collection																	
3	No household member or no competent respondent at home at time of visit																	
4	Entire household absent for long period or moved away																	
5	Refused																	
6	Dwelling vacant / Address not a dwelling																	
7	Dwelling destroyed																	
8	Dwelling not found																	
9	Other																	
frs_o	Specify other	User entered text																
com	Interviewer's Observations	User entered text																
meta	Hidden from user																	
instanceID	Hidden from user																	
instanceName	Hidden from user																	