

# Annotated Form

## Household Survey of the Stat Village

Interviewing the head of the household

hhid

HH-ID:

1.	Date of birth	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	v1								
2.	Gender	<input type="checkbox"/>	1. Male	<input type="checkbox"/>	2. Female	v2							
3.	Weight:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>	kg	v3a	Height:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/>	cm	v3b	
4.	Date of getting married	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	v4a	<input type="checkbox"/> Not yet married	v4b						
5.	Number of family member:	<input type="text"/> <input type="text"/>	persons	v5									
6.	Monthly income: .....	bahts	v6										
7.	Monthly debt to be paid: .....	bahts	v7										
8.	Overall health status last year	<input type="checkbox"/>	1. Good	<input type="checkbox"/>	2. Bad	v8							
9.	Health payment:	<input type="checkbox"/>	1. Universal coverage (โครงการสามสิบบาท)	<input type="checkbox"/>	2. CSMBS (สวัสดิการข้าราชการ)	v9	<input type="checkbox"/>	3. Other (please specify).....	v9x				
10.	Current illnesses:	<input type="checkbox"/>	0. None	v10n0	<input type="checkbox"/>	1. Diabetes	v10n1	<input type="checkbox"/>	2. Hypertension	v10n2	<input type="checkbox"/>	3. Other (please specify).....	v10n3x
11.	Duration of the illness	<input type="text"/> <input type="text"/>	years	v11	<input type="text"/> <input type="text"/>	admissions	v12						
12.	Total number of hospitalization since being diagnosed as having the illness:	<input type="text"/> <input type="text"/>	admissions	v12									
13.	Overall health status now	<input type="checkbox"/>	1. Good	<input type="checkbox"/>	2. Bad	v13							
cdate													
Date of data collection: <input type="text"/> <input type="text"/> /													