INTERVIEWER COPY ID, NAME AND DATE OF BIRTH FROM THE CONTROL FORM FOR ALL ADULTS AGED 15 AND OVER

| 11/11    | RVIEWER COPY ID, NAME AND DATE OF B | TKIII               | FICOL | 1 11111 | COI | INOL | r Oldi | FOR | АПП | ADULID AGED IS AN | DOVER                 |
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|          | FULL NAME OF HOUSEHOLD MEMBER       | ENTER DATE OF BIRTH |       |         |     |      |        |     |     | ENTER AGE. ONLY   | IF ORIGINAL SAMPLE    |
| D        |                                     |                     |       |         |     |      |        |     |     |                   | MEMBER [CODE 1 OR 2   |
| 1 -      |                                     |                     |       |         |     |      |        |     |     | AGED 15+ (BY DEC. |                       |
| l 24     |                                     |                     |       |         |     |      |        |     |     | 10m 2002) GHOTTE  | CONTROL FORM] CODE 1. |
| N        |                                     |                     |       |         |     |      |        |     |     |                   | IF NEW SAMPLE MEMBER  |
| υ        |                                     |                     |       |         |     |      |        |     |     | BE TRANSFERRED    | (NSM) [CODE 1 IN      |
| М        |                                     |                     |       |         |     |      |        |     |     |                   |                       |
| В        |                                     |                     |       |         |     |      |        |     |     |                   | COLUMN 3] CODE 2      |
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|          |                                     |                     |       |         |     |      |        |     |     |                   |                       |
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|          | FULL NAME                           | Dž                  | ΑY    | MONTH   |     |      | YEAR   |     |     | YEAR              | CODE                  |
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