

2010 DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE (ENGLISH)ZIMBABWE  
ZIMSTAT

IDENTIFICATION							
PLACE NAME _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER .....							
HOUSEHOLD NUMBER .....							

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1"><tr><td></td><td></td><td></td></tr></table>				NAME _____ <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

## GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



# **HOUSEHOLD SCHEDULE**

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10

## **CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER/STEPCHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED
05 = GRANDCHILD	98 = DON'T KNOW
06 = PARENT	
07 = PARENT-IN-LAW	

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the Births and Deaths Registry?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

LEVEL	GRADE
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.)
2 = SECONDARY	THIS CODE IS NOT ALLOWED FOR Q. 19)
3 = HIGHER	
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ ADD TO TABLE NO ☐

01 = HEAD  
 02 = WIFE OR HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
 05 = GRANDCHILD  
 06 = PARENT  
 07 = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = OTHER RELATIVE  
 10 = ADOPTED/FOSTER/STEPCHILD  
 11 = NOT RELATED  
 98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

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3 = HIGHER	
8 = DON'T KNOW	98 = DON'T KNOW

## SELECTION OF RESPONDENT FOR SECTION ON HOUSEHOLD RELATIONS

**21** ONLY ONE WOMAN PER HOUSEHOLD SHOULD BE SELECTED FOR HR MODULE.

USE THE TABLE BELOW TO SELECT THE WOMAN IN THIS HOUSEHOLD TO BE INTERVIEWED WITH HR MODULE.

HOUSEHOLD LINE NUMBER ..... 

--	--

NAME ..... 

--

GO TO COLUMN 9 IN THE HOUSEHOLD SCHEDULE AND WRITE 'HR' NEXT TO THE LINE NUMBER OF THE WOMAN

### HOW TO USE THE TABLE FOR SELECTION OF RESPONDENT FOR HR MODULE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE NUMBER ON THE COVER SHEET. THIS IS THE NUMBER OF THE ROW YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. GO TO COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND PUT A 'HR' NEXT TO THE LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN. RECORD HER NAME AND LINE NUMBER IN THE SPACE PROVIDED ABOVE.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS 3716, GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3, FIND THE BOX WHERE THE TWO LINES MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS THAT YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATION QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A 'HR' NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND THE WOMAN'S NAME IN THE SPACE PROVIDED AT THE TOP OF THIS PAGE.

**TABLE FOR SELECTION OF RESPONDENTS FOR HOUSEHOLD RELATIONS MODULE**

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE HOUSEHOLD (COLUMN)							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5



## HOUSEHOLD CHARACTERISTICS

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET ... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 110																														
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																														
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;"></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0																														
0																																	
110	Does your dwelling unit/household have:	<table border="0" style="width: 100%;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr><td>Electricity that is connected?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A battery or generator for power?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A solar panel for power?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A radio in working condition?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A television in working condition?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A mobile telephone in working condition?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A non-mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A refrigerator in working condition?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>A computer in working condition?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	Electricity that is connected?	1	2	A battery or generator for power?	1	2	A solar panel for power?	1	2	A radio in working condition?	1	2	A television in working condition?	1	2	A mobile telephone in working condition?	1	2	A non-mobile telephone?	1	2	A refrigerator in working condition?	1	2	A computer in working condition?	1	2	
	YES	NO																															
Electricity that is connected?	1	2																															
A battery or generator for power?	1	2																															
A solar panel for power?	1	2																															
A radio in working condition?	1	2																															
A television in working condition?	1	2																															
A mobile telephone in working condition?	1	2																															
A non-mobile telephone?	1	2																															
A refrigerator in working condition?	1	2																															
A computer in working condition?	1	2																															
111	What type of fuel/energy does your household mainly use for cooking?	ELECTRICITY ..... 01 LIQUID PROPANE GAS (LPG) ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 PARAFFIN/KEROSENE ..... 05 JELLY ..... 06 COAL, LIGNITE ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 MAIZE/AGRICULTURAL CROP WASTE ... 11 ANIMAL DUNG ..... 12  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 114																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING ..... 2 OUTDOORS ..... 3 OTHER ..... 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 OTHER ..... 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH ..... 12 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 23 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 ASBESTOS ..... 33 TILES ..... 34 CEMENT ..... 35 OTHER ..... 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS ..... 12 MUD ..... 13 RUDIMENTARY WALLS STONE WITH MUD ..... 22 PLYWOOD ..... 24 CARTON ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 36 OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																												
118	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor? A boat with a motor? A wheelbarrow?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH .....</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE .....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART .....</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK .....</td><td>1</td><td>2</td></tr> <tr> <td>TRACTOR .....</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR .....</td><td>1</td><td>2</td></tr> <tr> <td>WHEELBARROW .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	TRACTOR .....	1	2	BOAT WITH MOTOR .....	1	2	WHEELBARROW .....	1	2	
	YES	NO																												
WATCH .....	1	2																												
BICYCLE .....	1	2																												
MOTORCYCLE/SCOOTER ...	1	2																												
ANIMAL-DRAWN CART .....	1	2																												
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TRACTOR .....	1	2																												
BOAT WITH MOTOR .....	1	2																												
WHEELBARROW .....	1	2																												
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																											
120	How many acres of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	ACRES ..... <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES ..... 950 DON'T KNOW ..... 998																												
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																											
122	How many of the following animals does this household own?  IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.  Cattle?  Horses?  Donkeys or mules?  Goats?  Sheep?  Chickens or other poultry?  Rabbits?  Pigs?	<table border="0"> <tbody> <tr> <td>CATTLE .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS/POULTRY .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE .....	<input type="text"/>	<input type="text"/>	HORSES .....	<input type="text"/>	<input type="text"/>	DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS/POULTRY .....	<input type="text"/>	<input type="text"/>	RABBITS .....	<input type="text"/>	<input type="text"/>	PIGS .....	<input type="text"/>	<input type="text"/>				
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PIGS .....	<input type="text"/>	<input type="text"/>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
124	At any time in the past 12 months, has anyone come to your dwelling to spray the interior walls and outside eaves against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) ..... C  OTHER ..... X (SPECIFY) DON'T KNOW ..... Y	
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 137
127	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>
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		NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME_____ LINE NO. .... <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF NEXT PAGE FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.

		NET #4	NET #5	NET #6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8



		NET #4	NET #5	NET #6
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... Y		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2  NO SALT IN HOUSEHOLD ..... 3 SALT NOT TESTED ..... 6 (SPECIFY REASON) _____		

**BIOMARKER DATA COLLECTION FORM**  
WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER  
NUMBER

HOUSEHOLD  
NUMBER

NAME OF HH HEAD: \_\_\_\_\_

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....	DAY ..... MONTH ..... YEAR .....
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....	LINE NUMBER ..... NAME .....
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 (SIGN) ..... REFUSED ..... 2	CONSENT FORM SIGNED 1 (SIGN) ..... REFUSED ..... 2	CONSENT FORM SIGNED 1 (SIGN) ..... REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996	G/DL .... NOT PRESENT .... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

BIOMARKER DATA COLLECTION FORM

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 ..... (SIGN) ..... REFUSED ..... 2	CONSENT FORM SIGNED 1 ..... (SIGN) ..... REFUSED ..... 2	CONSENT FORM SIGNED 1 ..... (SIGN) ..... REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

**BIOMARKER DATA COLLECTION FORM**  
WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

CLUSTER  
NUMBER

HOUSEHOLD  
NUMBER

NAME OF HH HEAD: \_\_\_\_\_

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
221	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>		
<div> <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>		<div> <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>	<div> <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>	
223	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>		
<div> <b>DID ADOLESCENT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            ADOLESCENT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>		<div> <b>DID ADOLESCENT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            ADOLESCENT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>	<div> <b>DID ADOLESCENT GRANT CONSENT?</b>            CONSENT FORM SIGNED ..... 1            ADOLESCENT REFUSED ..... 2            _____            (SIGN)            (IF REFUSED, GO TO 225.)         </div>	

HH-20

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
224	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
<b>DBS COLLECTION FOR HIV TESTING</b>				
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 235.)
<b>DBS COLLECTION FOR HIV TESTING</b>				
226	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 235.)
<b>ADDITIONAL TESTING</b>				
227	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
<b>ADDITIONAL TESTING</b>				
228	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
229	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
230	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 232.)		
231	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
232	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DBS COLLECTION FOR HIV TESTING</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)		
233	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)		
234	ADDITIONAL TESTS	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
236	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
237	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 10px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
238	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54

CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
245	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
246	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
247	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/>
250	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.		
		<b>ANEMIA TEST</b>		
251	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)
		<b>ANEMIA TEST</b>		
252	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)	<b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)
254	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DBS COLLECTION FOR HIV TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)
255	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>ADDITIONAL TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>ADDITIONAL TESTING</b>  <b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
256	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>ADDITIONAL TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>ADDITIONAL TESTING</b>  <b>DID ADOLESCENT GRANT CONSENT?</b>  CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
257	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		



		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
258	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DBS COLLECTION FOR HIV TESTING</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)		
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b> <b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)		
261	ADDITIONAL TESTS	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
262	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
263	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
264	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
265	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			



Cluster Number: — — —  
Household Number — — —  
Line Number — — —

Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, M.D.  
Phone number: 0912 711 060

ADULT CONSENT FORM					
ANAEMIA TESTING		HIV TESTING		ADDITIONAL TESTING	
<p><b>PURPOSE</b> As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. You are one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to have an anaemia test, you will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you to the nearest health facility.</p> <p><b>CONFIDENTIALITY</b> If you indicate your willingness to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes to the test or you can say no. If you decide not to be tested, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>		<p><b>PURPOSE</b> As part of this survey, we are asking people all over the country to provide a blood sample for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. You are one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to provide a blood sample for HIV testing, you will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your blood will be labeled using a code and not your name, no one will be able to know your HIV test results. We will not be able to tell you the results of the test.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.</p> <p><b>CONFIDENTIALITY</b> If you are willing to provide a blood sample for HIV testing, the results will not be linked to you and will be strictly confidential. You are assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your blood collected and tested for HIV. If you decide not to give a sample for HIV testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>		<p><b>PURPOSE</b> As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected for HIV testing for additional testing or research. We are not certain about what additional tests might be done.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify you. The results of the additional tests will not be returned to you.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing.</p> <p><b>CONFIDENTIALITY</b> If you are willing for your blood sample to be stored and used for additional testing, the results of any tests will not be linked to you and will remain strictly confidential. You are ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your blood stored for additional testing. If you decide not to allow your blood sample to be stored for additional testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to allow your blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>	
Name of respondent (please print) _____ Date/Time _____		Name of respondent (please print) _____ Date/Time _____		Name of respondent (please print) _____ Date/Time _____	
Signature of respondent or legally authorized representative _____		Signature of respondent or legally authorized representative _____		Signature of respondent or legally authorized representative _____	
<p>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).</p>					

Cluster Number:     — — —  
 Household Number     — — —  
 Child's Line Number     — —

Zimbabwe Demographic and Health Survey  
 Principal Investigator: Portia Manangazira, M.D.  
 Phone number: 0912 711 060

PARENTAL CONSENT AND ADOLESCENT ASSENT FORM		
ANAEMIA TESTING	HIV TESTING (CHILDREN AGE 15-17 ONLY)	ADDITIONAL TESTING (CHILDREN AGE 15-17 ONLY)
<p><b>PURPOSE</b>            As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p><b>PROCEDURES AND DURATION</b>            If you decide to allow your child to have an anaemia test, your child will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p><b>RISKS AND DISCOMFORTS</b>            The risks associated with procedure are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b>            We cannot offer you or your child any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you and your child to the nearest health facility.</p> <p><b>CONFIDENTIALITY</b>            If you indicate your willingness for your child to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p><b>VOLUNTARY PARTICIPATION</b>            You can say yes to the test or you can say no. If you decide not to allow your child to be tested, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b>            Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b>            You are making a decision whether or not to allow your child to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>	<p><b>PURPOSE</b>            As part of this survey, we are asking people all over the country to provide a blood sample that will be used for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. Your child is one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.</p> <p><b>PROCEDURES AND DURATION</b>            If you decide to allow your child to provide a blood sample for HIV testing, your child will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your child's blood will be labeled using a code and not your child's name, no one will be able to know your child's HIV test results. We will not be able to tell you the results of your child's test.</p> <p><b>RISKS AND DISCOMFORTS</b>            The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b>            We cannot offer you or your child any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.</p> <p><b>CONFIDENTIALITY</b>            If you are willing for your child to provide a blood sample for HIV testing, the results will not be linked to your child and will be strictly confidential. Your child is assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b>            You can say yes or no to having your child's blood collected and tested for HIV. If you decide not to allow your child to give a sample for HIV testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b>            Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b>            You are making a decision whether or not to allow your child to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>	<p><b>PURPOSE</b>            As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done.</p> <p><b>PROCEDURES AND DURATION</b>            If you decide to allow your child to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify your child. The results of the additional tests will not be returned to you or your child.</p> <p><b>BENEFITS</b>            We cannot offer your child any direct benefits from the testing.</p> <p><b>CONFIDENTIALITY</b>            If you are willing for your child's blood sample to be stored and used for additional testing, the results of any tests will not be linked to your child and will remain strictly confidential. Your child is ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b>            You can say yes or no to having your child's blood stored for additional testing. If you decide not to allow your child's blood sample to be stored for additional testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b>            Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b>            You are making a decision whether or not to allow your child's blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
Name of child (please print) _____ Date/Time _____	Name of child (please print) _____ Date/Time _____	Name of child (please print) _____ Date/Time _____
Name of parent (please print) _____	Name of parent (please print) _____	Name of parent (please print) _____
Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____
Relationship to child _____	Relationship to child _____	Relationship to child _____
<p><b>For children 15-17 years old:</b>            My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>	<p><b>For children 15-17 years old:</b>            My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>	<p><b>For children 15-17 years old:</b>            My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>
Signature of child _____	Signature of child _____	Signature of child _____
<p><b>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.</b> If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).</p>		



2010 DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE (ENGLISH)

12 September 2010

ZIMBABWE  
ZIMSTAT

IDENTIFICATION													
PLACE NAME _____													
NAME OF HOUSEHOLD HEAD _____													
CLUSTER NUMBER .....				<table border="1" style="width: 40px; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
HOUSEHOLD NUMBER .....													
NAME AND LINE NUMBER OF WOMAN _____													
CHECK QUESTION 21 IN HOUSEHOLD QUESTIONNAIRE: IS THIS WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? (YES = 1; NO = 2) ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>													
INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE				DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> MONTH <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> INT. NUMBER <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table> RESULT <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>									
INTERVIEWER'S NAME													
RESULT*													
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>									
TIME													
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)													
LANGUAGE OF QUESTIONNAIRE:    1 SHONA    2 NDEBELE    3 ENGLISH LANGUAGE USED FOR INTERVIEW:    A SHONA    B NDEBELE    C ENGLISH    X OTHER LANGUAGE OF RESPONDENT:        A SHONA    B NDEBELE    C ENGLISH    X OTHER TRANSLATOR USED?      1 YES      2 NO													
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR									
NAME _____ <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>		NAME _____ <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>		<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>									
				<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"></table>									

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOUR .....</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES .....</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div>	
102	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH .....</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH .....</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR .....</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR .....</div> <div>9998</div> </div>	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	<div style="display: flex; justify-content: space-between;"> <div>AGE IN COMPLETED YEARS</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div>	
104	Have you ever attended school?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div>	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	<div style="display: flex; justify-content: space-between;"> <div>PRIMARY .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECONDARY .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>HIGHER .....</div> <div>3</div> </div>	
106	What is the highest (grade/form/year) you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	<div style="display: flex; justify-content: space-between;"> <div>GRADE/FORM/YEAR .....</div> <div><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></div> </div>	
107	CHECK 105:  <div style="display: flex; align-items: center; justify-content: space-around;"> <div>PRIMARY <input style="width: 20px; height: 20px;" type="checkbox"/></div> <div>SECONDARY OR HIGHER <input style="width: 20px; height: 20px;" type="checkbox"/></div> </div>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL ..... 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE ..... 2</p> <p>ABLE TO READ WHOLE SENTENCE ..... 3</p> <p>NO CARD WITH REQUIRED LANGUAGE ..... 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED ..... 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED</p> <p>CODE '1' OR '5' <input type="checkbox"/> CIRCLED</p>	<p>→ 111</p>	
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK ..... 1</p> <p>LESS THAN ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK ..... 1</p> <p>LESS THAN ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>	
112	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK ..... 1</p> <p>LESS THAN ONCE A WEEK ..... 2</p> <p>NOT AT ALL ..... 3</p>	
113	What is your religion?	<p>TRADITIONAL ..... 1</p> <p>ROMAN CATHOLIC ..... 2</p> <p>PROTESTANT ..... 3</p> <p>PENTECOSTAL ..... 4</p> <p>APOSTOLIC SECT ..... 5</p> <p>OTHER CHRISTIAN ..... 6</p> <p>MUSLIM ..... 7</p> <p>NONE ..... 8</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
115	In the last 12 months, how many times have you been away from home for one or more nights?	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are currently living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										



211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ..... 1 NO ..... 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE ..... 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
225	<b>C</b> FOR EACH BIRTH SINCE JANUARY 2005, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)										
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 230								
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 230								
229	Did you want to have a baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2									
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 238								
231	When did the last such pregnancy end?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
232	CHECK 231:  LAST PREGNANCY ENDED IN JAN. 2005 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2005 <input type="checkbox"/>		→ 238								
232A	<b>C</b> 232B In what month and year did that pregnancy end?  MONTH                  YEAR	233 How many months pregnant were you when that pregnancy ended? MONTHS	234 Since January 2005, have you had any other pregnancies that did not result in a live birth?								
01		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			YES ..... 1 NO ..... 2						
02	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			YES ..... 1 NO ..... 2
03	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			YES ..... 1 NO ..... 2
04	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			YES ..... 1 NO ..... 2
IF THERE ARE MORE THAN FOUR PREGNANCIES SINCE JANUARY 2005 THAT DID NOT RESULT IN A LIVE BIRTH, GO TO 232A ROW 02 IN A NEW QUESTIONNAIRE.											
235	<b>C</b> FOR EACH PREGNANCY THAT DID NOT RESULT IN A LIVE BIRTH IN JANUARY 2005 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.										



SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD (Loop).</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables (Depo).</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Male Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	<b>Lactational Amenorrhea Method (LAM).</b>	YES ..... 1 NO ..... 2	
10	<b>Rhythm Method (Safe days).</b> PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get	YES ..... 1 NO ..... 2	
11	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
12	<b>Emergency Contraception (Morning-after pill).</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	
302	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 311



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
308	In what month and year was the sterilization performed?																		
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>																	
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>																	
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2005 OR LATER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2004 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005.</p> <p>THEN SKIP TO → 322</p>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><b>C</b> USE CALENDAR TO PROBE FOR EARLIER INTERVALS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p>				
311A	INTERVAL OF USE OR NON-USE	COLUMN 1	COLUMN 2	COLUMN 3	
311B	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
311C	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your (husband/partner) use any method of contraception?	YES, USED A METHOD ..... 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	YES, USED A METHOD ..... 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	YES, USED A METHOD ..... 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	
311D	Which method was that?  SEE CALENDAR FOR CODES.	METHOD <input type="text"/>	METHOD <input type="text"/>	METHOD <input type="text"/>	
311E	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD 95 IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	
311F	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
311G	For how many months did you use (METHOD)?  RECORD 95 IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE	MONTHS <input type="text"/> <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	MONTHS <input type="text"/> <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	MONTHS <input type="text"/> <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	
311H	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
311J	Why did you stop using (METHOD)?  SEE CALENDAR FOR CODES.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN OF NEW QUESTIONNAIRE.	
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH.  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>				→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2			→ 324







NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ..... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC CLINIC ..... 14</p> <p>MOH MOBILE CLINIC ..... 15</p> <p>ZNFPC CBD/DEPOT HOLDER ..... 16</p> <p>OTHER PUBLIC SECTOR ..... 17</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET ..... 42</p> <p>TUCK SHOP ..... 43</p> <p>SERVICE STATION ..... 44</p> <p>OTHER RETAIL ..... 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... 51</p> <p>FRIENDS/RELATIVES ..... 52</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 326</p> <p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC ..... A</p> <p>RURAL/MUNICIPAL CLINIC ..... B</p> <p>RURAL HEALTH CENTRE ..... C</p> <p>ZNFC CLINIC ..... D</p> <p>MOH MOBILE CLINIC ..... E</p> <p>ZNFC CBD/DEPOT HOLDER ..... F</p> <p>OTHER PUBLIC SECTOR ..... G</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>PHARMACY ..... J</p> <p>PRIVATE DOCTOR ..... K</p> <p>CBD ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... M</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... N</p> <p>SUPERMARKET ..... O</p> <p>TUCK SHOP ..... P</p> <p>SERVICE STATION ..... Q</p> <p>OTHER RETAIL ..... R</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... S</p> <p>FRIENDS/RELATIVES ..... T</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">             ONE OR MORE BIRTHS IN 2005 OR LATER             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">             NO BIRTHS IN 2005 OR LATER             <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 556</div>			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>
404	FROM 212 AND 216	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 (SKIP TO 408) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO 408) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 415) ←		
409	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE MIDWIFE B NURSE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER ... E  OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP ... C</p> <p>PROVINCIAL</p> <p>HOSPITAL ... D</p> <p>DISTRICT HSP ... E</p> <p>RURAL HSP ... F</p> <p>URBAN MUNCPL CLINIC ... G</p> <p>RURAL HEALTH CENTRE ... H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ I (SPECIFY)</p> <p>MISSION HSP/ CLINIC ... J</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ... K</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
412	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>YES NO</p> <p>Was your blood pressure measured? BP ..... 1 2</p> <p>Did you give a urine sample? URINE ..... 1 2</p> <p>Did you give a blood sample? BLOOD ... 1 2</p>			
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>			
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 418) ←</p> <p>DON'T KNOW ..... 8</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW .... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ..... 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 430) ← DON'T KNOW ..... 8		
425	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ... A CHLOROQUINE ... B COARTEMETHER ... C DELTAPRIM ..... D  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425:  SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A'      CODE CIRCLED      'A' NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
428	CHECK 409:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A',      OTHER 'B' OR 'C' CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE      6		
430	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
431	Was (NAME) weighed at birth?	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ← DON'T KNOW ..... 8
432	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW      99998



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... A</p> <p>NURSE MIDWIFE B</p> <p>NURSE ..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... A</p> <p>NURSE MIDWIFE B</p> <p>NURSE ..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... A</p> <p>NURSE MIDWIFE B</p> <p>NURSE ..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP 21</p> <p>PROVINCIAL</p> <p>HOSPITAL ... 22</p> <p>DISTRICT HSP 23</p> <p>RURAL HSP ... 24</p> <p>URBAN MUNCPL</p> <p>CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC ..... 41</p> <p>OTHER PRIVATE MED. SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP 21</p> <p>PROVINCIAL</p> <p>HOSPITAL ... 22</p> <p>DISTRICT HSP 23</p> <p>RURAL HSP ... 24</p> <p>URBAN MUNCPL</p> <p>CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC ..... 41</p> <p>OTHER PRIVATE MED. SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP 21</p> <p>PROVINCIAL</p> <p>HOSPITAL ... 22</p> <p>DISTRICT HSP 23</p> <p>RURAL HSP ... 24</p> <p>URBAN MUNCPL</p> <p>CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC ..... 41</p> <p>OTHER PRIVATE MED. SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO 448) ←</p>
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>
436	<p>After you gave birth to (NAME), did anyone check on your health while you were still in the facility?</p>	<p>YES ..... 1</p> <p>(SKIP TO 439) ←</p> <p>NO ..... 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
437	Did anyone check on your health after you left the facility?	YES ..... 1 (SKIP TO 439) ← NO ..... 2 (SKIP TO 446) ←																				
438	After you gave birth to (NAME), did anyone check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 442) ←																				
439	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE MIDWIFE 12 NURSE ..... 13  OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER ... 22  OTHER ..... 96 (SPECIFY)																				
440	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				
441	CHECK 437:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↓																				
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 446) ← DON'T KNOW ..... 8																				
443	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE MIDWIFE 12 NURSE ..... 13  OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 VILLAGE HEALTH WORKER ... 22  OTHER _____ 96 (SPECIFY)		
445	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12  PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL ... 22 DISTRICT HSP... 23 RURAL HSP ... 24 URBAN MUNCPL CLINIC ..... 25 RURAL HEALTH CENTRE ..... 26 OTHER PUBLIC SECTOR _____ (SPECIFY) 27  MISSION HSP/CLIN 31  PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY)  OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?  SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1  NO ..... 2  DON'T KNOW ..... 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 449) ← NO ..... 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 452) ←	YES ..... 1 NO ..... 2 (SKIP TO 452) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> PREG- UNSURE NANT (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
453	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 455) ← NO ..... 2		
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ... E FRUIT JUICE ... F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE ..... I HONEY ..... J  OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	CHECK 404: IS CHILD LIVING?	<div> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div> <div> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) </div>	<div> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div> <div> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) </div>	<div> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div> <div> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) </div>
459	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

**SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION**

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																									
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH  BIRTH HISTORY NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>				NEXT-TO-LAST BIRTH  BIRTH HISTORY NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>				SECOND-FROM-LAST BIRTH  BIRTH HISTORY NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>																
503	FROM 212 AND 216	NAME _____  LIVING <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____  LIVING <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____  LIVING <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DEAD <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)																
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?		YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3				YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3															
505	Did you ever have a vaccination card for (NAME)?		YES ..... 1 (SKIP TO 509) ← NO ..... 2				YES ..... 1 (SKIP TO 509) ← NO ..... 2				YES ..... 1 (SKIP TO 509) ← NO ..... 2															
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.																									
													LAST BIRTH                      NEXT-TO-LAST BIRTH                      SECOND-FROM-LAST BIRTH													
													DAY   MONTH   YEAR                      DAY   MONTH   YEAR                      DAY   MONTH   YEAR													
													BCG                      BCG                      BCG													
													POLIO 1                      P1                      P1													
													POLIO 2                      P2                      P2													
													POLIO 3                      P3                      P3													
													POLIO (BOOSTER)                      P4                      P4													
													DPT-HEPB-HIB 1 (PENTAVALENT 1)                      PV1                      PV1													
													DPT-HEPB-HIB 2 (PENTAVALENT 2)                      PV2                      PV2													
													DPT-HEPB-HIB 3 (PENTAVALENT 3)                      PV3                      PV3													
													DPT 1                      D1                      D1													
													DPT 2                      D2                      D2													
													DPT 3                      D3                      D3													
													DPT (BOOSTER)                      D4                      D4													
													MEASLES                      MEA                      MEA													
													VITAMIN A (MOST RECENT DOSE)                      VIT A                      VIT A													
507	CHECK 506:		BCG TO MEASLES ALL RECORDED  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 511)				OTHER  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 508)				BCG TO MEASLES ALL RECORDED  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 511)				OTHER  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 508)				BCG TO MEASLES ALL RECORDED  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 511)				OTHER  <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> (GO TO 508)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?  RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ..... NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ..... NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR .....) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ..... NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) ..... DON'T KNOW ..... 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar and is given at birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
510B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 510E) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510E) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510E) ..... DON'T KNOW ..... 8
510D	How many times was the polio vaccine given?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
510E	A pentavalent or DPT vaccination - that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 510G) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510G) ..... DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510G) ..... DON'T KNOW ..... 8
510F	How many times was the pentavalent or DPT vaccination given?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?  SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513A	Has (NAME) ever had worms in his/her stool?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
515	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
516	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the diarrhea.  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP ..... A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE ..... E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ (SPECIFY) H MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ (SPECIFY) M OTHER SOURCE SHOP ..... N TRADITIONAL PRACTITIONER O MARKET ..... P OTHER ..... X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP ..... A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE ..... E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ (SPECIFY) H MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ (SPECIFY) M OTHER SOURCE SHOP ..... N TRADITIONAL PRACTITIONER O MARKET ..... P OTHER ..... X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP ..... A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE ..... E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ (SPECIFY) H MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC ..... J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ (SPECIFY) M OTHER SOURCE SHOP ..... N TRADITIONAL PRACTITIONER O MARKET ..... P OTHER ..... X (SPECIFY)
520	CHECK 519:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 522) ←
521	Where did you first seek advice or treatment?  USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called an ORS sachet?</p> <p>b) A homemade sugar-salt-water solution (SSS)?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>
523	Was anything (else) given to treat the diarrhea?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW ..... 8</p>
524	<p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ... B</p> <p>ZINC ..... C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC ..... F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW ..... 8</p>
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 531) ←
530	CHECK 525:  HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the illness with a (fever/cough).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
533	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP     A</p> <p>PROVINCIAL</p> <p>HOSPITAL     ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP     ... D</p> <p>RURAL HEALTH</p> <p>CENTRE     ... E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER     ... G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC   I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC     ... J</p> <p>PHARMACY     ... K</p> <p>PVT DOCTOR     ... L</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP     ... N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET     ... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP     A</p> <p>PROVINCIAL</p> <p>HOSPITAL     ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP     ... D</p> <p>RURAL HEALTH</p> <p>CENTRE     ... E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER     ... G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC   I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC     ... J</p> <p>PHARMACY     ... K</p> <p>PVT DOCTOR     ... L</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP     ... N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET     ... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP     A</p> <p>PROVINCIAL</p> <p>HOSPITAL     ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP     ... D</p> <p>RURAL HEALTH</p> <p>CENTRE     ... E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER     ... G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC   I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC     ... J</p> <p>PHARMACY     ... K</p> <p>PVT DOCTOR     ... L</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP     ... N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET     ... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR     ONLY</p> <p><input type="checkbox"/> MORE     ONE <input type="checkbox"/></p> <p>CODES     CODE</p> <p>CIRCLED     CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>	<p>TWO OR     ONLY</p> <p><input type="checkbox"/> MORE     ONE <input type="checkbox"/></p> <p>CODES     CODE</p> <p>CIRCLED     CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>	<p>TWO OR     ONLY</p> <p><input type="checkbox"/> MORE     ONE <input type="checkbox"/></p> <p>CODES     CODE</p> <p>CIRCLED     CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ..... C COARTEMETHER ... D OTHER ANTI-MALARIAL _____ E (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G  OTHER DRUGS ASPIRIN ..... H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ..... C COARTEMETHER ... D OTHER ANTI-MALARIAL _____ E (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G  OTHER DRUGS ASPIRIN ..... H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE ..... C COARTEMETHER ... D OTHER ANTI-MALARIAL _____ E (SPECIFY)  ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G  OTHER DRUGS ASPIRIN ..... H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
539	CHECK 538: ANY CODE A-E CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538:  CHLOROQUINE ('B') GIVEN	CODE 'B'      CODE 'B' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 546) ←	CODE 'B'      CODE 'B' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 546) ←	CODE 'B'      CODE 'B' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 546) ←
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
546	CHECK 538:  QUININE ('C') GIVEN	CODE 'C'      CODE 'C' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 548) ←	CODE 'C'      CODE 'C' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 548) ←	CODE 'C'      CODE 'C' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 548) ←
547	How long after the fever started did (NAME) first take quinine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
548	CHECK 538:  COARTEMETHER ('D') GIVEN	CODE 'D'      CODE 'D' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 550) ←	CODE 'D'      CODE 'D' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 550) ←	CODE 'D'      CODE 'D' CIRCLED      NOT <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 550) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
549	How long after the fever started did (NAME) first take coartemether?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
550	CHECK 538:  OTHER ANTIMALARIAL ('E') GIVEN	<div> <div>CODE 'E' CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div> <div> <div>CODE 'E' NOT CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div>	<div> <div>CODE 'E' CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div> <div> <div>CODE 'E' NOT CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div>	<div> <div>CODE 'F' CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div> <div> <div>CODE 'E' NOT CIRCLED</div> <div><input type="checkbox"/></div> <div>↓</div> <div>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</div> </div>
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>	<p>→ 556</p>	
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01</p> <p>PUT/RINSED</p> <p>INTO TOILET OR LATRINE ..... 02</p> <p>PUT/RINSED</p> <p>INTO DRAIN OR DITCH ..... 03</p> <p>THROWN INTO GARBAGE ..... 04</p> <p>BURIED ..... 05</p> <p>LEFT IN THE OPEN ..... 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>	<p>→ 557</p>	
556	<p>Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>	<p>→ 601</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <p>YES NO DK</p> <p>a) Plain water? <b>a)</b> 1 2 8</p> <p>b) Juice or juice drinks? <b>b)</b> 1 2 8</p> <p>c) Soup? <b>c)</b> 1 2 8</p> <p>d) Milk such as tinned, powdered, or fresh animal milk? <b>d)</b> 1 2 8</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK MILK <input type="text"/></p> <p>e) Infant formula? <b>e)</b> 1 2 8</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES DRANK FORMULA <input type="text"/></p> <p>f) Any other liquids, freezers, fizzy drinks or maheu? <b>f)</b> 1 2 8</p> <p>g) Yogurt or lacto/sourmilk? <b>g)</b> 1 2 8</p> <p>IF YES: How many times did (NAME) eat yogurt or lacto/sourmilk? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE YOGURT/LACTO/SOURMILK <input type="text"/></p> <p>h) Any Cerelec, Proneutro or other commercially fortified baby food? <b>h)</b> 1 2 8</p> <p>i) Sadza, maize or mealie-meal porridge or gruel, bread, rice, noodles or other foods made from grains? <b>i)</b> 1 2 8</p> <p>j) Pumpkin, carrots, squash, sweet potatoes, butternuts, or yams that are yellow or orange inside? <b>j)</b> 1 2 8</p> <p>k) White potatoes, white yams, cassava, or any other foods made from roots? <b>k)</b> 1 2 8</p> <p>l) Any dark green, leafy vegetables such as spinach, pumpkin, covo, nyevhe, or okra leaves? <b>l)</b> 1 2 8</p> <p>m) Ripe mangoes, paw paw, mazhanje, matunduru, or masawu? <b>m)</b> 1 2 8</p> <p>n) Any other fruits or vegetables? <b>n)</b> 1 2 8</p> <p>o) Liver, kidney, heart or other organ meats? <b>o)</b> 1 2 8</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, duck, or game? <b>p)</b> 1 2 8</p> <p>q) Eggs? <b>q)</b> 1 2 8</p> <p>r) Fresh, dried, canned fish or matemba? <b>r)</b> 1 2 8</p> <p>s) Any foods made from sugar beans, cowpeas, other peas, lentils, or nuts including bambara nuts? <b>s)</b> 1 2 8</p> <p>t) Cheese or other food made from milk? <b>t)</b> 1 2 8</p> <p>u) Any insects, such as locust, mopane worms, ishwa harurwa, crickets, or mandere? <b>u)</b> 1 2 8</p> <p>v) Any other solid, semi-solid, or soft food? <b>v)</b> 1 2 8</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "v"):  <div style="display: flex; justify-content: space-around; align-items: center;"> <div> NOT A SINGLE "YES" <input type="checkbox"/> </div> <div> AT LEAST ONE "YES" <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 561</div>		
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?  IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ←  NO ..... 2 → 601	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="text"/>  DON'T KNOW ..... 8	

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME ..... LINE NO. .... <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives, does he live with other women as if married, or does he maintain a small house?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
608	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
610	CHECK 609:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your (husband/partner)? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about your first (husband/partner). In what month and year did you start living with him? </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	<input type="checkbox"/> → 612
611	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	<input type="checkbox"/> → 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p>	<div> <div></div> <div></div> <div></div> <div></div> </div> <p>→ 627</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
619	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	
626	In total, with how many people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN &lt;10 .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE ADULTS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE ADULTS .....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
MALE ADULTS .....	1	2													
FEMALE ADULTS .....	1	2													
629	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC ..... A</p> <p>RURAL/MUNICIPAL CLINIC ..... B</p> <p>RURAL HEALTH CENTRE ..... C</p> <p>ZNFPC CLINIC ..... D</p> <p>MOH MOBILE CLINIC ..... E</p> <p>ZNFPC CBD/DEPOT HOLDER ..... F</p> <p>VILLAGE/FARM HEALTH WORKER ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>CBD ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... O</p> <p>SUPERMARKET ..... P</p> <p>TUCK SHOP ..... Q</p> <p>SERVICE STATION ..... R</p> <p>OTHER RETAIL ..... S</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... T</p> <p>BAR ..... U</p> <p>FRIENDS/RELATIVES ..... V</p> <p>PUBLIC TOILET ..... W</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC ..... A</p> <p>RURAL/MUNICIPAL CLINIC ..... B</p> <p>RURAL HEALTH CENTRE ..... C</p> <p>ZNFPC CLINIC ..... D</p> <p>MOH MOBILE CLINIC ..... E</p> <p>ZNFPC CBD/DEPOT HOLDER ..... F</p> <p>VILLAGE/FARM HEALTH WORKER ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>CBD ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... O</p> <p>SUPERMARKET ..... P</p> <p>TUCK SHOP ..... Q</p> <p>SERVICE STATION ..... R</p> <p>OTHER RETAIL ..... S</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... T</p> <p>FRIENDS/RELATIVES ..... U</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	

## SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226:  PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW ..... 8	→ 707 → 712 → 710
705	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?      After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995  OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 710 → 712 → 710
706	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD?  NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED .... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS ..... O</p> <p>LACK OF ACCESS/TOO FAR ..... P</p> <p>COSTS TOO MUCH ..... Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE ..... R</p> <p>NO METHOD AVAILABLE ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... U</p> <p>OTHER ..... X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
712	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
713	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1"> <thead> <tr> <th></th><th>BOYS</th><th>GIRLS</th><th>EITHER</th></tr> </thead> <tbody> <tr> <td>NUMBER</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>								
	BOYS	GIRLS	EITHER															
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>															
714	In the last few months have you:  Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Received pamphlets or posters on family planning?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>RADIO .....</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION .....</td><td>1</td><td>2</td></tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td><td>1</td><td>2</td></tr> <tr> <td>PAMPHLETS OR POSTERS ...</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE ...	1	2	PAMPHLETS OR POSTERS ...	1	2	
	YES	NO																
RADIO .....	1	2																
TELEVISION .....	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
PAMPHLETS OR POSTERS ...	1	2																
715	How would you prefer to get information on family planning?  PROBE: Over the radio, on television, in print, or by speaking to someone?	RADIO ..... 1 TELEVISION ..... 2 PRINT ..... 3 SPEAKING WITH SOMEONE ..... 4 DON'T KNOW ..... 8																
716	CHECK 601:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801															
717	CHECK 303: USING A CONTRACEPTIVE METHOD?  CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720															
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER ..... 6 (SPECIFY)																
719	CHECK 304:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801															
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8																

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span>→ 803</span> <span>→ 807</span> </div>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>  DON'T KNOW ..... 98	
806	CHECK 801:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p><input type="checkbox"/></p> </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> </div> <div style="width: 45%;"> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 35%;"> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 35%;"> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div> </div>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
815	CHECK 601:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER ..... 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 DON'T KNOW ..... 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ LISTEN.    PRES./ NOT LISTEN.    NOT PRES. </div> CHILDREN < 10 ..... 1    2    3 HUSBAND ..... 1    2    3 OTHER MALES ..... 1    2    3 OTHER FEMALES ... 1    2    3	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she commits infidelity?	<div> YES    NO    DK </div> GOES OUT ..... 1    2    8 NEGL. CHILDREN ... 1    2    8 ARGUES ..... 1    2    8 REFUSES SEX ..... 1    2    8 BURNS FOOD ..... 1    2    8 INFIDELITY ..... 1    2    8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 937																
902	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
903	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
905	Can people get HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
908	Can HIV be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
911	CHECK 208 AND 215:  LAST BIRTH SINCE JANUARY 2008 <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2008 <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about:  Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>HIV FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR AIDS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	
916	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 920
917	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 RURAL HOSPITAL ..... 14 RURAL HEALTH CEN/COUNCIL CLIN ..... 15 URBAN MUNICIPAL CLINIC ..... 16 FAMILY PLANNING CLINIC ..... 17 SCHOOL BASED CLINIC ..... 18 OTHER PUBLIC SECTOR ..... 19 (SPECIFY)  MISSION HOSPITAL/CLINIC ..... 21  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 31 NEW START CENTRE ..... 32 SCHOOL BASED CLINIC ..... 33 OTHER PRIVATE VCT CENTRE ..... 36 (SPECIFY)  OTHER SOURCE MOBILE VCT ..... 41 HOME ..... 42 CORRECTIONAL FACILITY ..... 43  OTHER ..... 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-46 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES ..... 1 NO ..... 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES ..... 1 NO ..... 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 927

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
928	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
929	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 RURAL HOSPITAL ..... 14 RURAL HEALTH CEN/COUNCIL CLIN ..... 15 URBAN MUNICIPAL CLINIC ..... 16 FAMILY PLANNING CLINIC ..... 17 SCHOOL BASED CLINIC ..... 18 OTHER PUBLIC SECTOR ..... 19 (SPECIFY) MISSION HOSPITAL/CLINIC ..... 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 31 NEW START CENTRE ..... 32 SCHOOL BASED CLINIC ..... 33 OTHER PRIVATE VCT CENTRE ..... 36 (SPECIFY) OTHER SOURCE MOBILE VCT ..... 41 HOME ..... 42 CORRECTIONAL FACILITY ..... 43 OTHER ..... 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO ..... 2	→ 932



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>RURAL HOSPITAL ..... D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN ..... E</p> <p>URBAN MUNICIPAL CLINIC ..... F</p> <p>FAMILY PLANNING CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... J</p> <p>NEW START CENTRE ..... K</p> <p>OTHER PRIVATE VCT CENTRE ..... L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... M</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
933	If a member of your family got infected with HIV, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
935	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
935A	In your opinion, if a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
938	<p>CHECK 613:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> </div>		→ 946
939	<p>CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 941
940	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
941	<p>Sometimes women experience a bad-smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
942	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
943	<p>CHECK 940, 941, AND 942:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div> </div>		→ 946
944	<p>The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>RURAL HOSPITAL ..... D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN E</p> <p>URBAN MUNICIPAL CLINIC ..... F</p> <p>FAMILY PLANNING CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... J</p> <p>PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... M</p> <p>SHOP ..... N</p> <p>TRADITIONAL HERBALIST ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
948	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/>   LIVING WITH A MAN</p> <p>NOT IN UNION <input type="checkbox"/> → 1001</p>		
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1004</p>																
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1004</p>																
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																
1004	Do you currently smoke cigarettes?	<p>YES ..... 1</p> <p>NO ..... 2 → 1006</p>																
1005	In the last 24 hours, how many cigarettes did you smoke?	<p>NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/></p>																
1006	Do you currently smoke or use any (other) type of tobacco?	<p>YES ..... 1</p> <p>NO ..... 2 → 1008</p>																
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE ..... A</p> <p>SNUFF ..... B</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY .....</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE .....</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY .....	1	2	DISTANCE .....	1	2	GO ALONE .....	1	2	
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PERMISSION TO GO ...	1	2																
GETTING MONEY .....	1	2																
DISTANCE .....	1	2																
GO ALONE .....	1	2																
1009	Are you covered by any medical aid?	<p>YES ..... 1</p> <p>NO ..... 2 → 1101</p>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	<p>What type of medical aid are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

SECTION 11. ADULT AND MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1102	CHECK 1101:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH <input type="checkbox"/> (RESPONDENT ONLY) → 1201							
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	Was (NAME)'s death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1114	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1201.								

1104	What was the name given to your next oldest brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	Was (NAME)'s death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1114	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1201.							

SECTION 12. HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201	CHECK COVER PAGE OF THE QUESTIONNAIRE:  <div style="display: flex; justify-content: space-around;"> <div>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></div> <div>WOMAN NOT SELECTED <input type="checkbox"/></div> </div>		1236																												
1202	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  <div style="display: flex; justify-content: space-around;"> <div>PRIVACY OBTAINED ..... 1 ↓</div> <div>PRIVACY NOT POSSIBLE ..... 2</div> </div>		1235																												
	READ TO THE RESPONDENT  Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																														
1203	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></div> <div>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/></div> <div>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></div> </div>		1215																												
1204	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	MONEY .....	1	2	8	
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WHERE YOU ARE .....	1	2	8																												
MONEY .....	1	2	8																												
1205	Now if you will permit me, I need to ask some more questions about your relationship with your (last) (husband/partner). If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.  A (Does/did) your (last) (husband/partner) ever:  <div style="display: flex; justify-content: space-between;"> <div> a) Say or do something to humiliate you in front of others?   b) Threaten to hurt or harm you or someone close to you?   c) Insult you or make you feel bad about yourself? </div> <div> <table> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table> </div> </div>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				B How often did this happen during the last 12 months: often, only sometimes, or not at all?	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
1206	<p>A (Does/did) your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) Push you, shake you, or throw something at you?</p> <p>b) Slap you?</p> <p>c) Twist your arm or pull your hair?</p> <p>d) Punch you with his fist or with something that could hurt you?</p> <p>e) Kick you, drag you or beat you up?</p> <p>f) Try to choke you or burn you on purpose?</p> <p>g) Threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) Force you to perform any sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1207	<p>CHECK 1206A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1210																																																													
1208	<p>How long after you first (got married to/started living with) your (last) (husband/partner) did (this thing/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER..... 95</p>																																																													
1209	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>																																																													
1210	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1213																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1212	In the last 12 months, how often have you done this to your (husband/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1213	(Does/Did) your (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1215
1214	How often (does/did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1215	CHECK 601 AND 602:  <div style="display: flex; justify-content: space-around;"> <div>           EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/>            ↓            From the time you were 15 years old has anyone other than your (current/last) (husband/partner) hit, slapped, kicked, or done anything else to hurt you physically?         </div> <div>           NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>            ↓            From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?         </div> </div>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/NO ANSWER ..... 3	→ 1218
1216	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/LIVE-IN PARTNER ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
1217	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by (this person/these persons): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1218	CHECK 201, 226, AND 230:  <div style="display: flex; justify-content: space-around;"> <div>           EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/>            ↓         </div> <div>           NEVER BEEN PREGNANT <input type="checkbox"/> </div> </div>		→ 1221
1219	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ 1221

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1220	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/</p> <p>LIVE-IN PARTNER ..... A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/</p> <p>LIVE-IN PARTNER ..... G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK ..... N</p> <p>POLICE/SOLDIER ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
1221	<p>CHECK 613: EVER HAD SEX?</p> <p>HAS EVER <input type="checkbox"/> HAD SEX</p> <p>NEVER <input type="checkbox"/> HAD SEX</p>		1226
1222	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>	<p>WANTED TO ..... 1</p> <p>FORCED TO ..... 2</p> <p>REFUSED TO ANSWER/ NO RESPONSE ..... 3</p>	
1223	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN      NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>In the last 12 months, has anyone other than your (current/last) (husband/partner) forced you to have sexual intercourse against your will?      In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	
1224	<p>CHECK 1222 AND 1223:</p> <p>1222 = '1' OR '3' <input type="checkbox"/> AND 1223 = '2' OR '3' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1227
1225	<p>CHECK 1206A(h) and 1206A(i):</p> <p>1206A(h) IS NOT '1' <input type="checkbox"/> AND 1206A(i) IS NOT '1' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1229
1226	<p>At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	1229
1227	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1228	Who was the person who was forcing you at that time?	CURRENT HUSBAND/ LIVE-IN PARTNER ..... 01 FORMER HUSBAND/ LIVE-IN PARTNER ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER ..... 04 STEP-FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER ..... 96 (SPECIFY)	
1229	CHECK 1206A (a-i), 1215, 1219, 1222, 1223 AND 1226:  AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> OR 1222=2                      AND 1222 IS ↓                                      NOT EQUAL TO 2		→ 1233
1230	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES ..... 1 NO ..... 2	→ 1232
1231	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND/LIVE-IN PARTNER'S FAMILY ..... B CURRENT/LAST/LATE HUSBAND/LIVE-IN PARTNER ..... C CURRENT/FORMER BOYFRIEND ..... D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION ..... K  OTHER ..... X (SPECIFY)	→ 1233
1232	Have you ever told any one else about this?	YES ..... 1 NO ..... 2	
1233	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
1234	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT .....	1	2	3	FEMALE ADULT .....	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT .....	1	2	3																
FEMALE ADULT .....	1	2	3																
1235	INTERVIEWER'S COMMENTS ON THE DOMESTIC VIOLENCE MODULE ONLY.  _____  _____  _____																		
1236	RECORD THE TIME.	<table> <tbody> <tr> <td>HOURS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	HOURS .....	<input type="text"/>	<input type="text"/>	MINUTES .....	<input type="text"/>	<input type="text"/>											
HOURS .....	<input type="text"/>	<input type="text"/>																	
MINUTES .....	<input type="text"/>	<input type="text"/>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/LOOP
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER \_\_\_\_\_ (SPECIFY)
- Z DON'T KNOW

			1	2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
1	05	MAY	08		1
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
0	05	MAY	20		0
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
9	05	MAY	32		9
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
8	05	MAY	44		8
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
	09	SEP	52		
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
7	05	MAY	56		7
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
	09	SEP	64		
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
6	05	MAY	68		6
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		
	12	DEC	73		
	11	NOV	74		
	10	OCT	75		
	09	SEP	76		
2	08	AUG	77		2
0	07	JUL	78		0
0	06	JUN	79		0
5	05	MAY	80		5
	04	APR	81		
	03	MAR	82		
	02	FEB	83		
	01	JAN	84		





2010 DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE (ENGLISH)

12 September 2010

ZIMBABWE  
ZIMSTAT

IDENTIFICATION													
PLACE NAME _____													
NAME OF HOUSEHOLD HEAD _____													
CLUSTER NUMBER .....				<table border="1" style="width: 60px; height: 60px; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
HOUSEHOLD NUMBER .....													
NAME AND LINE NUMBER OF MAN _____													

  

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> MONTH <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> YEAR <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> INT. NUMBER <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table> RESULT <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>
TIME				
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)				

  

LANGUAGE OF QUESTIONNAIRE:	1 SHONA	2 NDEBELE	3 ENGLISH	
LANGUAGE USED FOR INTERVIEW:	A SHONA	B NDEBELE	C ENGLISH	X OTHER
LANGUAGE OF RESPONDENT:	A SHONA	B NDEBELE	C ENGLISH	X OTHER
TRANSLATOR USED?	1 YES	2 NO		

  

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>	NAME _____ <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>

## SECTION 1. RESPONDENT'S BACKGROUND

### INTRODUCTION AND CONSENT

#### INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	In what month and year were you born?	MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH ..... 98 YEAR ..... <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
106	What is the highest (grade/form/year) you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.  Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → 212 HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 301 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 301										
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> → 301 NO LIVING CHILDREN <input type="checkbox"/>										
214	How old is your (youngest) child?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	
220	When a child has diarrhea, how much fluid should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	<b>IUD (Loop).</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	<b>Injectables (Depo).</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	<b>Implants (Norplant).</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	<b>Male Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	<b>Lactational Amenorrhea Method (LAM).</b>	YES ..... 1 NO ..... 2	
10	<b>Rhythm Method (Safe days).</b> PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2	
11	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
12	<b>Emergency Contraception (Morning-after pill).</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Received pamphlets or posters on family planning?	<div style="text-align: right;">YES NO</div> RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE 1 2 PAMPHLETS OR POSTERS ... 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.  a) Contraception is a woman's business and a man should not have to worry about it.  b) Women who use contraception may become promiscuous.	<div style="text-align: right;">DIS- AGREE AGREE DK</div> CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/></span> </div>		→ 311
308	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC ..... A</p> <p>RURAL/MUNICIPAL CLINIC ..... B</p> <p>RURAL HEALTH CENTRE ..... C</p> <p>ZNFPC CLINIC ..... D</p> <p>MOH MOBILE CLINIC ..... E</p> <p>ZNFPC CBD/DEPOT HOLDER ..... F</p> <p>VILLAGE/FARM HEALTH WORKER ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>PRIVATE DOCTOR ..... L</p> <p>CBD ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... O</p> <p>SUPERMARKET ..... P</p> <p>TUCK SHOP ..... Q</p> <p>SERVICE STATION ..... R</p> <p>OTHER RETAIL ..... S</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... T</p> <p>BAR ..... U</p> <p>FRIENDS/RELATIVES ..... V</p> <p>PUBLIC TOILET ..... W</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a male condom?	YES ..... 1 NO ..... 2	
311	CHECK 301 (08): KNOWS FEMALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
312	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 401
313	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC ..... A RURAL/MUNICIPAL CLINIC ..... B RURAL HEALTH CENTRE ..... C ZNFPC CLINIC ..... D MOH MOBILE CLINIC ..... E ZNFPC CBD/DEPOT HOLDER ..... F VILLAGE/FARM HEALTH WORKER ..... G OTHER PUBLIC SECTOR ..... H (SPECIFY) MISSION HOSPITAL/CLINIC ..... I  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M OTHER PRIVATE MEDICAL SECTOR ..... N (SPECIFY) RETAIL OUTLET GENERAL DEALER ..... O SUPERMARKET ..... P TUCK SHOP ..... Q SERVICE STATION ..... R  OTHER RETAIL ..... S (SPECIFY)  OTHER PRIVATE SOURCE CHURCH ..... T FRIENDS/RELATIVES ..... U  OTHER ..... X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2	

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	<input type="checkbox"/> → 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) ..... 1 NO (ONLY ONE) ..... 2	<input type="checkbox"/> → 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>	
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 10%;"> <p>LINE NUMBER</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> <div style="width: 45%;"> <p>AGE</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> </div> </div>	<p>408 How old was (NAME) on her last birthday?</p>
408	ASK 408 FOR EACH PERSON.		
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="width: 45%;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>_____</p> </div> </div>		<input type="checkbox"/> → 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	<input type="checkbox"/> → 411A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/> <input type="text"/>	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 413
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→ 501
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
420	What was your relationship to this person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married?  IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER ..... 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="text"/> ↓ BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> ↓ BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="text"/> ↓ BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) OTHER <input type="text"/>
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	YES ..... 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	
427	In total, with how many people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/>  DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS):  AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	<input type="checkbox"/> → 430	
429	CHECK 420 AND 418 (ALL COLUMNS):  CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>  OTHER <input type="checkbox"/>	<input type="checkbox"/> → 433  → 434	
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
434	In total, with how many people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN):  NOT ASKED <input type="checkbox"/>  CONDOM USED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	<input type="checkbox"/> → 438  → 438	
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?  IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	MALE CONDOMS CHOICE ASSORTED ..... 01 DUREX ..... 02 ECSTASY ..... 03 PROTECTOR PLUS ..... 04 PUBLIC SECTOR DIST. (PANTHER OR KAREX) ..... 05 ROUGH RIDER ..... 06 OTHER ..... 07 (SPECIFY) MALE CONDOM, DON'T KNOW ... 08  FEMALE CONDOMS CARE ..... 11 FEMIDOM ..... 12 OTHER ..... 13 (SPECIFY) FEMALE CONDOM, DON'T KNOW 18	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ..... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC CLINIC ..... 14</p> <p>MOH MOBILE CLINIC ..... 15</p> <p>ZNFPC CBD/DEPOT HOLDER ..... 16</p> <p>VILLAGE/FARM HEALTH WORKER ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET ..... 42</p> <p>TUCK SHOP ..... 43</p> <p>SERVICE STATION ..... 44</p> <p>OTHER RETAIL ..... 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH ..... 51</p> <p>BAR ..... 52</p> <p>FRIENDS/RELATIVES ..... 53</p> <p>PUBLIC TOILET ..... 61</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>FEMALE CONDOM ..... G</p> <p>DIAPHRAGM ..... H</p> <p>FOAM/JELLY ..... I</p> <p>LAM ..... J</p> <p>RHYTHM METHOD ..... K</p> <p>WITHDRAWAL ..... L</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 COUPLE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER ..... 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3 OTHER ..... 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 SPECIFY	
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																													
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																													
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she commits infidelity?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>INFIDELITY .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	GOES OUT .....	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES .....	1	2	8	REFUSES SEX .....	1	2	8	BURNS FOOD .....	1	2	8	INFIDELITY .....	1	2	8	
	YES	NO	DK																												
GOES OUT .....	1	2	8																												
NEGL. CHILDREN ...	1	2	8																												
ARGUES .....	1	2	8																												
REFUSES SEX .....	1	2	8																												
BURNS FOOD .....	1	2	8																												
INFIDELITY .....	1	2	8																												

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 723																
702	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
703	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
705	Can people get HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
706	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
708	Can HIV be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG. ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/>  TWO OR MORE YEARS ..... 95																	
714	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>RURAL HOSPITAL ..... 14</p> <p>RURAL HEALTH CEN/COUNCIL CLIN 15</p> <p>URBAN MUNICIPAL CLINIC ..... 16</p> <p>FAMILY PLANNING CLINIC ..... 17</p> <p>SCHOOL BASED CLINIC ..... 18</p> <p>OTHER PUBLIC SECTOR ..... 19</p> <p>_____ (SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... 31</p> <p>NEW START CENTRE ..... 32</p> <p>SCHOOL BASED CLINIC ..... 33</p> <p>OTHER PRIVATE VCT CENTRE</p> <p>_____ 36</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... 41</p> <p>HOME ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	<p>→ 718</p>
716	<p>Do you know of a place where people can go to get tested for HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 718</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>RURAL HOSPITAL ..... D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN E</p> <p>URBAN MUNICIPAL CLINIC ..... F</p> <p>FAMILY PLANNING CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>_____ (SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC ..... I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR ..... J</p> <p>NEW START CENTRE ..... K</p> <p>OTHER PRIVATE VCT CENTRE</p> <p>_____ L</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... M</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
719	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
721	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
721A	In your opinion, if a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
723	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="text-align: center;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES ..... 1 NO ..... 2</p>	
724	<p>CHECK 414:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 732</p> </div> </div>		
725	<p>CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>→ 727</p> </div> </div>		
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
727	<p>Sometimes men experience an abnormal discharge from their penis.</p> <p>During the last 12 months, have you had an abnormal discharge from your penis?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION <input type="checkbox"/> (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 732
731	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT HOSPITAL ..... C RURAL HOSPITAL ..... D RURAL HEALTH CEN/COUNCIL CLIN E URBAN MUNICIPAL CLINIC ..... F FAMILY PLANNING CLINIC ..... G OTHER PUBLIC SECTOR ..... H (SPECIFY)  MISSION HOSPITAL/CLINIC ..... I  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... J PHARMACY ..... K OTHER PRIVATE MEDICAL SECTOR ..... L (SPECIFY)  OTHER SOURCE MOBILE VCT ..... M SHOP ..... N TRADITIONAL HERBALIST ..... O OTHER ..... X (SPECIFY)	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 802 → 805
801A	If circumcision were available for free and was safe, would you want to be circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DURING CHILDHOOD (<5 YEARS) 96 DON'T KNOW ..... 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY MEMBER/FRIEND ..... 1 HEALTH WORKER/PROFESSIONAL 2 OTHER ..... 3 DON'T KNOW ..... 8	
804	Where was it done?	HEALTH FACILITY ..... 1 HOME OF A HEALTH WORKER/ PROFESSIONAL ..... 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE ..... 4 OTHER HOME/PLACE ..... 5 DON'T KNOW ..... 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO ..... 2	→ 812
811	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A SNUFF ..... B  OTHER _____ X (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
812	Are you covered by any medical aid?	YES ..... 1 NO ..... 2	→ 814								
813	What type of medical aid are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER ..... X (SPECIFY)									
814	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_