Appendix

F QUESTIONNAIRES

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF RWANDA

ENGLISH LANGUAGE: 03 Feb 2023

MINISTRY OF FINANCE AND ECONOMIC PLANNING

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION

PROVINCE _____ DISTRICT _____ SECTOR _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER ..... | | | | |

STRUCTURE NUMBER ..... | | | | |

HOUSEHOLD NUMBER ..... | | | | |

HOUSEHOLD SELECTED FOR MEN'S SURVEY AND RDHS BIOMARKER ? (1=YES, 2=NO) ..... |

HOUSEHOLD SELECTED FOR WOMEN'S DV? (1=YES, 2=NO) ..... |

HOUSEHOLD SELECTED FOR MEN'S DV? (1=YES, 2=NO) ..... |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
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/ PARTIALLY ANSWERED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE 0 1 | LANGUAGE OF INTERVIEW | | NATIVE LANGUAGE OF RESPONDENT | | TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 KINYARWANDA

TEAM	INTERVIEWER	TEAM LEADER
NUMBER	NAME / NUMBER	NAME / NUMBER

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health and other topics organized by NISR in collaboration with Ministry of Heath all over Rwanda. 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. You don't have 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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END

100	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MORE PEOPLE	IF AGE 12 OR OLDER: MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	7-1	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, SEX, RESIDENCE, AND AGE FOR EACH PERSON, ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-20 FOR EACH PERSON.	What is the relationship of {FULL NAME} to the head of the household? SEE CODES BELOW.	Is {FULL NAME} male or female?	Does {FULL NAME} usually live here?	Did {FULL NAME} stay here last night?	How old was {FULL NAME} at his/her last birthday? IF 95 OR MORE, RECORD '95'	Are there any other persons living in this household?	What is {FIRST NAME}'s current marital status? 1 = MARRIED 2 = LIVING TOGETHER 3= DIVORCED 4=SEPARATED 5=WIDOWED 6 = NEVER MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	**IF HOUSE-HOLD SELEC-TED FOR MAN'S SURVEY** CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	IN YEARS	Y N				
01			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←		01	01	01
02			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←		02	02	02
03			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←		03	03	03
04			1 2	1 2	1 2		1 → GO TO NEXT LINE 2 GO TO 7A ←		04	04	04

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

7B) 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 ☐

7C) 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 ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HH
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
12 = BROTHER/SISTER -IN -LAW
13 = NEPHEW/NIECE
14 = WAGED DOMESTIC WORKER
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS		IF AGE 0-4 YEARS			IF AGE 7 YEARS AND ABOVE
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	HEALTH		SMOKE
	12	13	14	15	16	17A	17B	18	19	20	21	22	23
	Is {FIRST NAME}'s biological mother alive?	Does {FIRST NAME}'s biological 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 {FIRST NAME}'s biological father alive?	Does {FIRST NAME}'s biological father usually live in this household or was a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER IF NO: RECORD '00'	Has {FIRST NAME} ever attended school or any early childhood education program?	What is the highest level of education {FIRST NAME} has attended? SEE CODES BELOW.	What is the highest grade {FIRST NAME} completed at that level? SEE CODES BELOW.	Did {FIRST NAME} attend school or any early childhood education program at any time during the 2024-2025 or 2025-2026 school year?	During [this/that] school year, what level and grade [is/was] {FIRST NAME} attending? SEE CODES BELOW	Does {FIRST NAME} have a birth certificate? IF NO, PROBE: Has {FIRST NAME}'s birth ever been registered with the civil authority? 1 = HAS CERTIFICAT 2 = REGISTERE[3 = NEITHER 8 = DON'T KNOW	Is {FIRST NAME} covered by any medical health insurance?	What is the main type of medical health insurance does {FIRST NAME} use? SEE CODES BELOW.	Does {FIRST NAME} currently smoke?
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 GO TO 20	LEVEL	GRADE	Y N 1 2 GO TO 20	LEVEL GRADE		Y N DK 1 2 8 GO TO 23	MAIN TYPE	Y N DK 1 2 8
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20			1 2 8 GO TO 23		1 2 8
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20			1 2 8 GO TO 23		1 2 8
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 GO TO 20			1 2 GO TO 20			1 2 8 GO TO 23		1 2 8

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
1 = PRE-PRIMARY
2= PRIMARY
3= POST PRIMARY/VOCATION
4 = SECONDARY
5= HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETE
(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
98 = DON'T KNOW

CODE FOR 22
1.MUTUELLE/ COMMUNITY HEALTH INSURANCE
2.RSSB /RAMA
3.MMI
4.PRIVATATE INSURANCE COMPANY
5.EMPLOYER
8.DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	DOG AND/OR SNAKE BITE								NEGLECTED TROPICAL DISEASES	
	24	**24A**	**25**	**25A**	**25B**	**25C**	**25D**	**25E**	**25F**	**25G**
	Has {FIRST NAME} been bitten by a snake or a dog between 2020 and 2024?	Among the following,which bit {FIRST NAME} ?	When was {FIRST NAME} last bitten by dog?	In which month {FIRST NAME} was last bitten by dog?	When was {FIRST NAME} last bitten by snake?	In which month was {FIRST NAME} last bitten by snake?	Where was {FIRST NAME} treated for the last bite by dog or snake?	What long-term health consequences did {FIRST NAME} experience after the most recent bite?	In the last 12 months, did {FIRST NAME} suffer from any of the following skin diseases?	Where was {FIRST NAME} treated?
		SEE CODES BELOW.	RECORD YEARS SEPARATELY	SEE CODES BELOW.	RECORD YEARS SEPARATELY	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.	SEE CODES BELOW.
01	Y N DK 1 2 8 GO TO 25F	B: GO TO 25B	2020-23 2024 1 2 GO TO 25D	MONTH IN 2024	2020-23 2024 1 2 GO TO 25D	MONTH IN 2024			IF "Y" GO TO 26	
02	1 2 8 GO TO 25F	B: GO TO 25B	1 2 GO TO 25D		1 2 GO TO 25D				"Y" GO TO 26	
03	1 2 8 GO TO 25F	B: GO TO 25B	1 2 GO TO 25D		1 2 GO TO 25D				"Y" GO TO 26	
04	1 2 8 GO TO 25F	B: GO TO 25B	1 2 GO TO 25D		1 2 GO TO 25D				"Y" GO TO 26	

CODE FOR 24A
A.DOG ONLY
B. SNAKE ONLY
C.BOTH DOG AND SNAKE

CODE FOR 25A & 25C
A.January
B.February
C.March
D.April
E.May
F.June
G.July
H.August
I.September
J.October
K.November
L.December

CODE FOR 25D
A.Formal health facilitie
B.Traditional healers
Y. None
X.Others

CODE FOR 25E
A.Tissue damage or scarring
B.Recurrent swelling
C.Dizziness
D.Sleeping problems
E.Blurred vision
F.Breathing problems
G.Amputation or
H.Paralysis
I.Mental health issues
J.No consequence
X.Other,specify
Y.None

CODE FOR 25F
A.Scabies
B.Podoconiosis
C.Lymphatic filariasis
D.Leprosy
E.Onchocerciasis
F.Mycetoma
G.Yaws
X.Others
Y. None

CODE FOR 25G A.Formal health facilities X.Others
B.Traditional healers Y. None

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 5 OR OLDER DISABILITY				
	26	**27**	**28**	**29**	**30**
	4 = MALE Does {FIRST NAME} wear glasses or contact lenses to help him see?	4 = FEMALE Does {FIRST NAME} wear glasses or contact lenses to help her see?	I would like to know if {FIRST NAME} has difficulty seeing even when wearing glasses or contact lenses. Would you say that {FIRST NAME} has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	I would like to know if {FIRST NAME} has difficulty seeing. Would you say that {FIRST NAME} has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? 1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW	Does {FIRST NAME} wear a hearing aid?	I would like to know if {FIRST NAME} has difficulty hearing even when using a hearing aid. Would you say that {FIRST NAME} has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW
1	Y N 1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	Y N 1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)
2	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)
3	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)
4	1 2 ↓ GO TO 28	1 2 3 4 8 (GO TO 29)	1 2 3 4 8	1 2 ↓ GO TO 31	1 2 3 4 8 (GO TO 32)

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 5 OR OLDER DISABILITY				
	31	**32**	**33**	**34**	**35**
	I would like to know if {FIRST NAME} has difficulty hearing. Would you say that {FIRST NAME} has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? 1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW	I would like to know if {FIRST NAME} has difficulty communicating when using his/her usual language. Would you say that {FIRST NAME} has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all? 1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW	I would like to know if {FIRST NAME} has difficulty remembering or concentrating. Would you say that {FIRST NAME} has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all? 1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DON'T KNOW	I would like to know if {FIRST NAME} has difficulty walking or climbing steps. Would you say that {FIRST NAME} has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all? 1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW	I would like to know if {FIRST NAME} has difficulty washing all over or dressing. Would you say that {FIRST NAME} has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all? 1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 PIPED TO NEIGHBOR . . . . . 13 PUBLIC TAP/STANDPIPE . . . . . 14 TUBE WELL OR BOREHOLE . . . . . 21 **DUG WELL** PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 **WATER FROM SPRING** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
104A	What is the distance from your home to that water source?	LESS THAN 200 M . . . . . 1 200 M - 500 M . . . . . 2 MORE THAN 500 M . . . . . 3 DON'T KNOW 8	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'.	NAME _____ LINE NUMBER . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108A	Do you have a specific container used to keep the drinking water?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
108B	ASK TO SEE THE CONTAINER(S) IN WHICH WATER IS STORED	JERRYCAN/COVERED BUCKE . . . . . 1 POT . . . . . 2 BOTTLE/WATER DISPENSER . . . . . 3 COOKING POT . . . . . 4 OTHER _____ 6 (SPECIFY) NOT AVAILABLE TO BE OBSERVED 8	
108C	How many times per week does your household wash these containers? IF 7 OF MORE TIMES, RECORD '7'	NUMBER OF TIMES PER WEEK . . . . . [ ] DON'T KNOW 8	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	**FLUSH OR POUR FLUSH TOILET** FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 **PIT LATRINE** VENTILATED IMPROVED PIT LATRINE . . . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23 COMPOSTING TOILET . . . . . 31 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ 96 (SPECIFY)	→ 117
110	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	No. OF HOUSEHOLDS IF LESS THAN 10 [0][ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	
112A	CLEANLINESS OF THE TOILET FACILITY, RECORD OBSERVATION	TOILET'S PLATE FORM IS DRY AND CLEAN . . . . . A WITH URINE OR EXCRETA . . . . . B WITH FLIES C	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 109: CODES 12, 13, 21, 22, 23, OR 31 CIRCLED ☐ OTHER ☐		→ 117
114	CHECK 109: CODE 12 ☐ / CODE 13, 21, 22, OR 23 ☐ / CODE 31 ☐ a) Has your septic tank ever been emptied? b) Has your pit latrine ever been emptied? c) Has your composting toilet ever been emptied?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE 12 ☐ / CODE 13, 21, 22, OR 23 ☐ / CODE 31 ☐ a) The last time the septic tank was emptied, was it emptied by a service provider? b) The last time the pit latrine was emptied, was it emptied by a service provider? c) The last time the composting toilet was emptied, was it emptied by a service provider?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
116	Where were the contents emptied to?	A TREATMENT PLANT . . . . . 1 BURIED IN A COVERED PIT . . . . . 2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 BIOGAS STOVE . . . . . 05 LIQUID FUEL STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE . . . . . 07 TRADITIONAL SOLID FUEL STOVE . . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . . 09 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 126 → 120
118	Does the stove have a chimney?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	What type of fuel or energy source is used in this cookstove?	GASOLINE/DIESEL . . . . . 02 KEROSENE/PARAFFIN . . . . . 03 COAL/LIGNITE . . . . . 04 CHARCOAL . . . . . 05 WOOD . . . . . 06 STRAW/SHRUBS/GRASS . . . . . 07 AGRICULTURAL CROP . . . . . 08 ANIMAL DUNG/WASTE . . . . . 09 PROCESSED BIOMASS (PELLETS) OR WOODCHI 10 GARBAGE/PLASTIC . . . . . 11 SAWDUST . . . . . 12 OTHER _____ 96 (SPECIFY)	
121	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)	→ 126
122	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
126	At night, what does your household mainly use to light the home?	ELECTRICITY . . . . . 01 SOLAR LANTERN . . . . . 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTI 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN . . . . . 04 BIOGAS LAMP . . . . . 05 KEROSENE OR PARAFFIN LAMP . . . . . 07 CHARCOAL . . . . . 08 WOOD . . . . . 09 STRAW/SHRUBS/GRASS . . . . . 10 AGRICULTURAL CROP . . . . . 11 ANIMAL DUNG/WASTE . . . . . 12 OIL LAMP . . . . . 13 CANDLE . . . . . 14 NO LIGHTING IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS . . . . . [ ][ ]	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 130
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'.		
	a) Traditional Milk cows ?	a)TRADITIONAL MILK COW . . . . . [ ][ ]	
	b) Modern Milk cows ?	b)MODERN MILK COW . . . . . [ ][ ]	
	c) Bulls?	c) BULLS . . . . . [ ][ ]	
	d) Horses, donkeys, or mules?	d) HORSES/DONKEYS/MULES . . . . . [ ][ ]	
	e) Goats?	e) GOATS . . . . . [ ][ ]	
	f) Sheep?	f) SHEEP . . . . . [ ][ ]	
	g) Chickens or other poultry?	g) CHICKENS/POULTRY . . . . . [ ][ ]	
	h) Pigs	h) PIGS . . . . . [ ][ ]	
	i) Rabbits	i) RABBITS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
130	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 132
131	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	HECTARES . . . . . ☐☐.☐ 95 OR MORE HECTARES . . . . . 950 DON'T KNOW 998	
132	Does your household have:	YES NO	
	a) Electricity?	a) ELECTRICITY 1 2	
	b) A radio?	b) RADIO 1 2	
	c) A television?	c) TELEVISION 1 2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE 1 2	
	e) A refrigerator	e) REFRIGERATOR 1 2	
	f) A Mattress?	f) A MATTRESS? 1 2	
	g) A bench or at least 3 Chairs?	g) A BENCH OR AT LEAST 3 CHAIRS 1 2	
	h) A bed	h) A BED 1 2	
	i) A Chair	i) A CHAIR 1 2	
	j) A Table	j) A TABLE 1 2	
	k) A sofa	k) A SOFA 1 2	
	l) A traditional improved stove	l) A TRADITIONAL IMPROVED STOV 1 2	
	m) A Cooker Stove	m) A COOKER STOVE 1 2	
	n) A Cupboard	n) A CUPBOARD 1 2	
	o) A dinning table	o) A DINNING TABLE 1 2	
	p) An Iron Machine	p) AN IRON MACHINE 1 2	
	q) A Laundry machine	q) A LAUNDRY MACHINE 1 2	
	r) A satelite dish	r) A SATELITE DISH 1 2	
	s) A Dish washing machine	s) A DISH WASHING MACHINE 1 2	
	t) A Security Camera	t) A SECURITY CAMERA 1 2	
133	Does any member of this household own:	YES NO	
	a) A watch?	a) WATCH 1 2	
	b) An ordinary mobile phone?	b) AN ORDINARY MOBILE PHONE 1 2	
	c) A smart phone	c) SMARTPHONE 1 2	
	d) A bicycle?	d) A BICYCLE 1 2	
	e) A motorcycle or motor scooter?	e) A MOTORCYCLE OR MOTOR SCC 1 2	
	f) An animal-drawn cart?	f) AN ANIMAL-DRAWN CART 1 2	
	g) A car or truck?	g) A CAR OR TRUCK 1 2	
	h) A boat with a motor?	h) A BOAT WITH A MOTOR 1 2	
	i) A boat without a motor?	i) A BOAT WITHOUT A MOTOR 1 2	
	j) A Photo camera	j) A PHOTO CAMERA 1 2	
	k) A Computer	k) A COMPUTER 1 2	
134	Does any member of this household have an account in a bank or other financial institution?	YES . . . . . 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
136	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS OFTEN THAN ONCE A MONTH . . . . . 4 NEVER 5	
137	Did any member of this household benefit from the following in-kind food assistance in the last 12 months?	FOOD FOR SCHOOL CHILDREN (EATEN AT SCHOOL OR TAKE HOME . . . . . A OTHER FOOD FOR PREGNANT WOMEN AND CHILDREN . . . . . B FOOD FOR WORK . . . . . C FOOD FOR TRAINING . . . . . D ONE CUP OF MILK PER CHILD . . . . . E FREE FOOD DISTRIBUTION . . . . . F SHISHA KIBONDO FOR MOTHER, PREGNANT AND BREAFEEDING WOMEN . . . . . G SHISHA KIBONDO FOR YOUNG CHILDREN . . . . . H NONE OF ABOVE . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
138	Did any member of this household benefit from the following financial assistance package from the government assistance in the last 12 months?	VUP NUTRITION-SENSITIVE DIRECT SUPPORT A VUP EXPANDED PUBLIC WOR . . . . . B VUP DIRECT SUPPORT . . . . . C VUP PUBLIC WORKS (CLASSIC) . . . . . D VUP ACCESS TO FINANCIAL SERVICES . . . . . E PAYMENT RELIEF FOR PUBLIC SERVICES (E.G. ELECTRICITY, WATER, INTERNET PUBLIC TRANSPORT) . . . . . F NONE OF ABOVE . . . . . Y DON'T KNOW . . . . . Z	→ 149
139	In what month and year did your household first started receiving the VUP Nutrition Sensitive Direct Support Payment?	MONTH ☐☐ YEAR ☐☐☐☐	
140	Have you received any payment from the VUP Nutrition Sensitive Direct Support in the last three months?	YES . . . . . 1 NO, BUT STILL ELIGIBLE . . . . . 2 NO, NOT LONGER ELIGIBLE . . . . . 3 DON'T KNOW 8	→ 149
141	How long ago (days) did you receive the most recent VUP Nutrition Sensitive Direct Support in the last three months?	DAYS . . . . . ☐☐	
142	Was the payment late?	YES . . . . . 1 NO 2	→ 149
143	How late was the payment?	MONTHS . . . . . ☐☐	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
149	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE . . . . . 1 OBSERVED, MOBILE . . . . . 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE . . . 4 NOT OBSERVED, OTHER REASON 5	→ 152
150	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2	
151	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE OF HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . A ASH, MUD, SAND . . . . . B NONE . . . . . Y	
152	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND . . . . . 11 DUNG . . . . . 12 **RUDIMENTARY FLOOR** WOOD PLANKS . . . . . 21 PALM/BAMBOO/TRADITIONAL MAT . . . . . 22 BRICKS WITHOUT CEMENT . . . . . 23 STONES WITHOUT CEMENT . . . . . 24 **FINISHED FLOOR** PARQUET OR POLISHED WOOD . . . . . 31 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	
153	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	**NATURAL ROOFING** NO ROOF . . . . . 11 THATCH/PALM LEAF . . . . . 12 **RUDIMENTARY ROOFING** RUSTIC MAT/SHEETINGS . . . . . 21 **FINISHED ROOFING** METAL/IRON SHEET . . . . . 31 CALAMINE/CEMENT FIBER . . . . . 33 CERAMIC TILES . . . . . 34 CEMENT/CONCRETE . . . . . 35 INDUSTRIAL TILES . . . . . 37 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
154	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	**NATURAL WALLS** CANE/PALM/TRUNKS . . . . . 12 **RUDIMENTARY WALLS** BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 REUSED WOOD . . . . . 26 PLASTIC SHEETING . . . . . 27 **FINISHED WALLS** CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 BAMBOO WITH MUD AND CEMENT . . . . . 36 OTHER _____ 96 (SPECIFY)	
156	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025
WOMAN'S QUESTIONNAIRE

MINISTRY OF FINANCE AND ECONOMIC PLANNING — MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION

PROVINCE _____ DISTRICT _____ SECTOR _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER | | | | |

STRUCTURE NUMBER | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

NAME AND LINE NUMBER OF WOMAN _____ | |

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR WOMAN DV MODULE? (1=YES, 2=NO) |

CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 0 1 — LANGUAGE OF INTERVIEW** | | — NATIVE LANGUAGE OF RESPONDENT** | | — TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH; 03 ENGLISHR; 05 LANGUAGE 5
Language Number Qu; 04 LANGUAGE 4; 06 LANGUAGE 6

TEAM	ENUMERATOR	TEAM SUPERVISOR
NUMBER	NAME _____ NUMBER	NAME _____ NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health and other topics organized by NISR in collaboration with Ministry of Health all over RWANDA. 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. You don't have 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 ENUMERATOR _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	What district were you born in? SELECT THE DISTRICT NAME	☐☐ DISTRICT NAME . . . . . 01 OUTSIDE OF RWANDA 96	→ 104
103	What country were you born in? SELECT THE COUNTRY NAME	COUNTRY _____ ☐☐	
104	How long have you been living continuously in this district? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐		→ 107
106	In what month and year did you move here?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which district did you live in?	DISTRICT NAME . . . . . ☐☐ OUTSIDE OF RWANDA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a capital city, big city, other city or in a rural area?	CAPITAL CITY . . . . . 1 BIG CITY . . . . . 2 OTHER CITY . . . . . 3 RURAL AREA 4	
109	Why did you move to this place?	EMPLOYMENT . . . . . 01 EDUCATION/TRAINING . . . . . 02 MARRIAGE FORMATION . . . . . 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON . . . . . 04 NON VOLUNTARY DISPLACEMENT . . . . 05 NATURAL DISASTER . . . . . 06 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	H
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
113	Have you ever attended school?	YES . . . . . 1 NO . . . . . 2 → 117	
114	What is the highest level of school you attended: pre-primary,primary, post primary ,secondary, or higher?	PRE-PRIMARY . . . . . 1 PRIMARY . . . . . 2 POST PRIMARY/VOCATIONAL . . . . . 3 SECONDARY/TVET . . . . . 4 HIGHER 5	
115	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . . [ ][ ]	
116	CHECK 114: PRE-PRIMARY OR PRIMARY ☐ ☐ POST PRIMARY/VOCATIONAL SECONDARY, HIGHER → 119		
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PART OF THE SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . . . . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 120		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES . . . . . 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES . . . . . 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES . . . . . 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEI . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT . . . . . 02 ADVENTIST . . . . . 03 MUSLIM . . . . . 04 TRADITIONAL . . . . . 05 JEHOVAH . . . . . 06 OTHER _____ 96 (SPECIFY) NO RELIGION 99	
130A	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . [ ][ ] NONE 00	→ 201
130B	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

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 now living with you?	YES . . . . . 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . ☐☐ b) DAUGHTERS AT HOME . . . . ☐☐	
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	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . ☐☐ b) DAUGHTERS ELSEWHERE . . . . ☐☐	
205C	Where do your sons or daughters who do not live with you live?	BOARDING SCHOOL . . . . . A RELATIVES . . . . . B IN STREET . . . . . C WORK . . . . . D MARRIED . . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . . 1 NO 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . ☐☐ b) GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . . . . ☐☐	
209	Just to make sure that I have this right: you have had in total {NUMBER OF BIRTHS} births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . . 1 NO . . . . . 2 → 212	
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES . . . . . ☐☐	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES . . ☐☐	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES ☐ ↓ NO PAST PREGNANCIES ☐ → 232		

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
	IF ROW=01: Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets? IF ROW>01: Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?	IF 215=SING: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215>1: FIRST OF MULT Was the first baby in this pregnancy born alive or born dead? NEXT MULT. Was the next baby in this pregnancy born alive or born dead?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is {NAME IN 218} a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME = IF BORN On what day, month, and year was {NAME IN 218} born? IF BORN DEAD, MISCARRIAGE On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	IF ROW=01: Were there any other pregnancies before this pregnancy? IF ROW>01: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215>1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.
01	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DON'T KNOW 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGI 3 (SKIP TO 220) ABORTION ... 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
02	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DON'T KNOW 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGI 3 (SKIP TO 220) ABORTION ... 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
03	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN ..... 5 DON'T KNOW 8	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGI 3 (SKIP TO 220) ABORTION ... 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)

222A	Have you had any pregnancies that ended since the last pregnancy	YES ..... 1→ADD TO TABLE NO 2
222B	READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.	

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Is {NAME IN 218} still alive?	IF 219=BOY How old was {NAME IN 218} at his last birthday? RECORD AGE IN COMPLET IF 219=GIRL How old was {NAME IN 218} at her last birthday? RECORD AGE IN COMPLETED YEARS.	Is {NAME IN 218} living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	IF 219=BOY: How old was {NAME IN 218} when he died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have his first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when he died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF 219=GIRL: How old was {NAME IN 218} when she died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have her first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	BORN ALIVE ..... 1 1 BORN DEAD ..... 2 MISCARRIAGE .. 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE .. 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE .. 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS ☐☐	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (SKIP TO 223 IN NEXT ROW)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ (SKIP TO 223 IN NEXT ROW)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ☐ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 ☐ (PROBE AND RECONCILE)		
231	**C** FOR EACH LIVE BIRTH IN 2020-2025, 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 LIVE BIRTH, 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.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2020-2025, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.	WEEKS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐	
234	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ / NONE ☐ a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER . . . . . 1 NO MORE/NONE 2	
236	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐ IN MENOPAUSE/HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY . . . . . 995 NEVER MENSTRUATED 996	→ 240 → 241

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR ☐ ↓ NO, ONE YEAR OR MORE ☐ → 240		
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS . . . . . A DISPOSABLE SANITARY PADS . . . . . B TAMPONS . . . . . C MENSTRUAL CUP . . . . . D CLOTH . . . . . E TOILET PAPER . . . . . F COTTON WOOL . . . . . G UNDERWEAR ONLY . . . . . H OTHER _____ X (SPECIFY) NOTHING . . . . . Y	
238A	During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to throughout your menstrual period? REGULAR (NON-ABSORBENT) UNDERWEARS ARE NOT CONSIDERED MENTRUAL MATERIALS. IF THE WOMEN DID NOT USE ANY MENTRUAL MATERIALS, PROBE TO HEAR IF WANTED TO USE THEM. IF SHE DID NOT WANT TO USE ANY, RECORD “YES, ENOUGH”.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES . . . . . 1 NO . . . . . 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3	
239A	During your last menstrual period, did you worry that someone would see you while you were changing menstrual materials at home?	YES,WORRIED . . . . . 1 NO,DID NOT WORRY . . . . . 2 DID NOT CHANGE ANY MENSTRUAL MATERIAL AT HOME 3	
239B	During your last menstrual period, did you have trouble participating in the following activities due to your period. Ba) Work? Bb) Education and training? Bc) Social activities outside school or work?	YES NO NO SUCH ACTIVITY DK/NOT SURE WORK . . . . . 1 2 7 8 EDUC AND TRAINING 1 2 7 8 SOC. ACT OUSIDE SCHOOL /WORK 1 2 7 8	
239C	During your last menstrual period, were you able to reduce your menstruation-related pain when you needed to?	YES . . . . . 1 NO . . . . . 2 DIDN’T NEED TO 3	
239D	If you were to have a concern about your menstrual period, would you feel comfortable seeking help from a health care provider such as a school nurse, community health worker, or doctor?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
240	How old were you when you had your first menstrual period?	AGE . . . . . ☐☐ DON'T KNOW 98	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
240A	Before you had your first menstrual period, did you know about menstruation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 243
242	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 _____ (SPECIFY) 6 DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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.	
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES . . . . . 1 NO 2
04	Have you heard of Injectables? 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	Have you heard of Implants? 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	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . . 1 NO 2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . . 1 NO 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES . . . . . 1 NO 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD A _____ (SPECIFY) YES, TRADITIONAL METHOD B _____ (SPECIFY) NO . . . . . Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ → 317		
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES . . . . . 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY . . . . 1 YES, PARTNER STERILIZED ONLY . . . . . 2 YES, BOTH STERILIZED . . . . . 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY ☐ ↓ — PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PARTNER STERILIZED ONLY ☐ ↓ — PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. BOTH STERILIZED ☐ ↓ — PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES . . . . . 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS . . . . . 1 NEEDLE AND SYRINGE . . . . . 2 DON'T KNOW 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION . . . . . 1 INJECTION GIVEN BY HEALTH CARE PROVIDE 2 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON . . . . . 01 MICROLYTE . . . . . 02 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	PRUDENCE . . . . . 01 PLAISIR . . . . . 02 LOVE . . . . . 03 GENERIC CONDOM . . . . . 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR/PARASTATE** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . 21 PRIVATE CLINIC . . . . . 22 DISPENSARY . . . . . 23 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
313	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 315
314	Since what month and year have you been using {METHOD} without stopping? PROBE: For how long have you been using {METHOD} now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO ☐ ↓ YES ☐ → GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY		

SECTION 3. CONTRACEPTION (CAPI OPTION) **(8)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 313 AND 314: YEAR IS 2020-2025 ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓ YEAR IS 2019 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2020 . THEN → (SKIP TO 329)		
317	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. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2020. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **C**		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
317B	Between {EVENT ONE} in {MONTH/YEAR ONE} and {EVENT TWO} in {MONTH/YEAR TWO}, did you or your partner use any method of	YES . . . . . 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE . . . . . ☐	
317D	How many months after {EVENT ONE} in {MONTH/YEAR ONE} did you start to use the {METHOD}? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 MONTHS . . . . . ☐☐ DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
317F	For how many months did you use the {METHOD} continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	MONTHS . . . . . ☐☐ DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
317H	Why did you stop using {METHOD}?	REASON STOPPED . . . . . ☐	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES . . . . . 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐ →		321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTION . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	331 324 332 332 332
322	You first started using {METHOD} in {DATE FROM 314}. Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH WORKER . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . 21 PRIVATE CLINI . . . . . 22 PHARMACY . . . . . 23 DISPENSARY . . . . . 24 FAMILY PLANING CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP/BAR . . . . . 41 CHURCH . . . . . 42 FRIEND/RELATIVE . . . . . 43 YOUTH CENTER . . . . . 44 OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES . . . 1 NO . . . 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . 1 NO . . . 2	
325	Were you told what to do if you experienced side effects or problems?	YES . . . 1 NO . . . 2	
326	At that time, were you told about other methods of family planning that you could use?	YES . . . 1 NO . . . 2	
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . 01 MALE STERILIZATION . . . 02 IUD . . . 03 INJECTABLES . . . 04 IMPLANTS . . . 05 PILL . . . 06 CONDOM . . . 07 FEMALE CONDOM . . . 08 EMERGENCY CONTRACEPTION . . . 09 STANDARD DAYS METHOD . . . 10 LACTATIONAL AMENORRHEA METHOD . . 11 RHYTHM METHOD . . . 12 WITHDRAWAL . . . 13 OTHER MODERN METHOD . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES . . . 1 NO . . . 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . 01 MALE STERILIZATION . . . 02 IUD . . . 03 INJECTABLES . . . 04 IMPLANTS . . . 05 PILL . . . 06 CONDOM . . . 07 FEMALE CONDOM . . . 08 EMERGENCY CONTRACEPTION . . . 09 STANDARD DAYS METHOD . . . 10 LACTATIONAL AMENORRHEA METH . . . 11 RHYTHM METHOD . . . 12 WITHDRAWAL . . . 13 OTHER MODERN METHOD . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain {METHOD} the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH WORKER . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 DISPENSARY . . . . . 24 FAMILY PLANING CLINIC . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP/BAR . . . . . 41 CHURCH . . . . . 42 FRIEND/RELATIVE . . . . . 43 YOUTH CENTER . . . . . 44 OTHER _____ 96 (SPECIFY)	→ 332
331	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	
332	In the last 12 months, were you visited by a Community health worker?	YES . . . . . 1 NO 2	→ 334
333	Did the Community health worker talk to you about family planning?	YES . . . . . 1 NO 2	
334	CHECK 202: CHILDREN LIVING WITH YES ☐ → a) In the last 12 months, have you visited a health facility for care for yourself or your children? NO ☐ → b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . . 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ ↓ NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ → 601		601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. **PREGNANCY OUTCOME TYPE** MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5 PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . . . ☐		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. We will talk about each separately, starting with the last one you had.		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER . . . . ☐☐	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH . . . . 1 PRIOR LIVE BIRTH . . . . 2 MOST RECENT STILLBIRTH . . . . 3 PRIOR STILLBIRTH . . . . 4 MISCARRIAGE/ABORTION 5	1, 2 → 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	→ 408
407	RECORD NAME FROM 218. NAME ______________________		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 ☐ ↓ | PREGNANCY TYPE 3, 4, OR 5 ☐ ↓ a) When you got pregnant with {NAME IN 407}, did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in {DATE FROM 406}, did you want to get pregnant at that time?	YES . . . . 1 NO 2	1 → 411
409	Did you want to have a baby later on, or not at all?	LATER . . . . 1 NOT AT ALL 2	2 → 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	How much longer did you want to wait?	MONTHS . . . . . 1 YEARS . . . . . 2 DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH . . . . . 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH (SKIP TO 420) MOST RECENT STILLBIRTH		→ 426
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . D COMMUNITY HEALTH WORKE . . . . . E COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . F OTHER _____ X (SPECIFY)	
415	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**HOME** HER HOME . . . . . A OTHER HOME . . . . . B **PUBLIC SECTOR** REF. HOSPITAL . . . . . C PROV/DIST. HOSPITAL . . . . . D HEALTH CENTER . . . . . E HEALTH POST . . . . . F OUTREACH . . . . . G OTHER PUBLIC SECTOR . . . . . H _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** DISPENSARY . . . . . K POLYCLINIC . . . . . I PRIVATE CLINIC . . . . . J OTHER PRIVATE MEDICAL SECTOR L _____ (SPECIFY) OTHER _____ X (SPECIFY)	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS . . . . . 1 MONTHS . . . . . 2 DON'T KNOW 998	
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . . DON'T KNOW 98	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Measured your mid upper arm circumference?	YES NO DK a) BP . . . . . 1 2 8 b) URINE . . . . . 1 2 8 c) BLOOD . . . . . 1 2 8 d) HEARTBEAT . . . . . 1 2 8 e) FOODS . . . . . 1 2 8 f) BREASTFEED . . . . . 1 2 8 g) BLEEDING . . . . . 1 2 8 h) CIRCUMFERENCE 1 2 8	
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓ ☐ MOST RECENT STILLBIRTH ☐ →		426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐☐ DON'T KNOW 8	
422	CHECK 421: ONE TIME OR DK ↓ ☐ TWO OR MORE TIMES ☐ →		426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW 8	
425	CHECK 424: ONLY ONE ↓ ☐ a) How many years ago did you receive that tetanus injection? MORE THAN ONE ↓ ☐ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO . . . . . ☐☐	
426	During this pregnancy, were you given or did you buy any iron tablets , iron syrup or Multiple Micronutrient supplement? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 429

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	Where did you get the iron tablets, syrup or Multiple Micronutrient Supplement? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . A PROVINCIAL/DISTRICT HOSPITAL . . . . . B HEALTH CENTER . . . . . C HEALTH POST . . . . . D OUTREACH . . . . . E COMMUNITY HEALTH WORKER . . . . . F OTHER PUBLIC SECTOR . . . . . G _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL H PRIVATE CLINIC . . . . . I DISPENSARY . . . . . J PHARMACY . . . . . M OTHER PRIVATE MEDICAL SECTOR N _____ (SPECIFY) **OTHER SOURCE** FRIEND/RELATIVE Q . . . . . . OTHER _____ X (SPECIFY)	
428	During the whole pregnancy, for how many days did you take the iron tablets,syrup or Multiple Micronitrient Supplement? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
430	During this pregnancy, did you receive food or cash assistance through the program reserved for pregnant women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	CHECK 405: PREGNANCY TYPE 1 OR 2 → a) Who assisted with the delivery of {NAME IN 407}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. PREGNANCY TYPE 3 OR 4 → b) Who assisted with the delivery of the stillbirth you had in {DATE FROM 406}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B AUXILIARY MIDWIFE . . . . . C **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . D COMMUNITY HEALTH WORKER . . . . . E COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . F RELATIVE/FRIEND . . . . . G OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y	
435	CHECK 405: PREGNANCY TYPE 1 OR 2 → a) Where did you give birth to {NAME IN 407}? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. PREGNANCY TYPE 3 OR 4 → b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** REF. HOSPITAL . . . . . 21 PROV/DIST. HOSPITAL . . . . . 22 HEALTH CENTER . . . . . 23 HEALTH POST 24 OUTREACH 25 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** DISPENSARY . . . . . 31 POLYCLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 436 → 437
435A	Why did you not deliver {NAME IN 407} at a health facility?	FACILITY COST TOO MUCH . . . . . 01 TOO FAR/ NO TRANSPORT . . . . . 02 DON'T TRUST FACILITY . . . . . 03 NO FEMALE PROVIDER . . . . . 04 HUSBAND FAMILY DON'T ALLOW . . . . . 05 NOT NECESSARY/EASY DELIVERY/ COMFORTABLE POSITION . . . . . 06 CUSTOMARY TO DELIVER AT HO . . . . . 07 OTHER _____ 96 SPECIFY	→ 437

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	CHECK 405: PREGNANCY TYPE 1 OR 2 ↓ / PREGNANCY TYPE 3 OR 4 ↓ a) Was {NAME IN 407} delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	→ 437
436A	When was the decision made to have caesarean section? Was it before or after your labor pains started?	BEFORE . . . . . 1 AFTER . . . . . 2 DON'T KNOW 8	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was {NAME IN 407} put on your chest?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
439	Was {NAME IN 407}'s bare skin touching your bare skin?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
440	How long after birth was {NAME IN 407} put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY . . . . . 00 HOURS . . . . . ☐☐	
441	When {NAME IN 407} was born, was {NAME IN 407} very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAG . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	
442	Was {NAME IN 407} weighed at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 444
443	How much did {NAME IN 407} weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓ / PRIOR LIVE BIRTH		→ 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED ↓ / CODE 11, 12, OR 96 CIRCLED		→ 464

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	CHECK 405: PREGNANCY TYPE 1 ☐ → a) How long after {NAME IN 407} was delivered did you stay in the {FACILITY IN 435}? PREGNANCY TYPE 3 ☐ → b) For the stillbirth you had in {DATE FROM 406}, how long after the baby was born did you stay in the {FACILITY IN 435}? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES . . . . . 1 NO 2	→ 451
449	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 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ → 452 MOST RECENT STILLBIRTH ☐ → 455		
452	Now I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. Before {NAME IN 407} left the facility, did anyone check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 455
453	How long after delivery was {NAME IN 407}'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
454	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . . 1 NO 2	→ 459
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKE . . . . . 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** REF. HOSPITAL . . . . . 21 PROV/DIST. HOSPITA . . . . . 22 HEALTH CENTER . . . . . 23 HEALTH POST . . . . . 24 OUTREACH . . . . . 25 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPIT . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ MOST RECENT STILLBIRTH ☐ → 474		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
460	After {NAME IN 407} left the {FACILITY IN 435} did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
461	How long after the birth of {NAME IN 407} did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 DAYS . . . . . 2 WEEKS . . . . . 3 DON'T KNOW 998	
462	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
463	Where did this check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** REF. HOSPITAL . . . . . 21 PROV/DIST. HOSPITAL . . . . . 22 HEALTH CENTER . . . . . 23 HEALTH POST . . . . . 24 OUTREACH . . . . . 25 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** DISPENSARY 31 POLYCLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473
464	CHECK 405: PREGNANCY TYPE 1 → a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to {NAME IN 407}? PREGNANCY TYPE 3 → b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in {DATE FROM 406}?	YES . . . . . 1 NO 2	→ 468

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	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 [ ][ ] DAYS . . . . . 2 [ ][ ] WEEKS . . . . . 3 [ ][ ] DON'T KNOW 998	
466	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER . . . . . 22 COMMUNITY HEALTH WORKER IN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
467	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** REF. HOSPITAL . . . . . 21 PROV/DIST. HOSPITAL . . . . . 22 HEALTH CENTER . . . . . 23 HEALTH POST . . . . . 24 OUTREACH . . . . . 25 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** DISPENSARY . . . . . 31 POLYCLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ MOST RECENT STILLBIRTH ☐ → 474		
469	I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. After {NAME IN 407} was born, did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
470	How long after the birth of {NAME IN 407} did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 [ ][ ] DAYS . . . . . 2 [ ][ ] WEEKS . . . . . 3 [ ][ ] DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
471	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE . . . . . 12 AUXILIARY MIDWIFE . . . . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/FIELD WO 22 COMMUNITY HEALTH WORKERIN CHARGE OF MOTHER AND CHILD . . . . . 23 OTHER _____ 96 (SPECIFY)	
472	Where did this first check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** REF. HOSPITAL . . . . . 21 PROV/DIST. HOSPITAL . . . . . . HEALTH CENTER . . . . . 23 HEALTH POST . . . . . 24 OUTREACH . . . . . 25 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** DISPENSARY . . . . . 31 POLYCLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	
473	During the first 2 days after {NAME IN 407}'s birth, did any health care provider do the following: a) Examine the cord? b) Measure {NAME IN 407}'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe {NAME IN 407} breastfeeding to see if you are doing it correctly?	YES NO DK a) CORD . . . . . 1 2 8 b) TEMPERATURE . . . . . 1 2 8 c) MEDICAL ATTENTION . . . . . 1 2 8 d) TALK ABOUT BREASTFEEDING 1 2 8 e) OBSERVE BREASTFEEDING . . 1 2 8	
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	YES NO DK a) BLOOD PRESSURE . . . . . 1 2 8 b) BLEEDING . . . . . 1 2 8 c) FAMILY PLANNING 1 2 8	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES ☐ NO ☐ → 479		
476	CHECK 405: PREGNANCY TYPE 1 ☐ a) Has your menstrual period returned since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5 ☐ b) Has your menstrual period returned since the pregnancy that ended in {DATE FROM 406}?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT ☐ ↓ PREGNANT OR UNSURE ☐ →		479
478	CHECK 405: PREGNANCY TYPE 1 ☐ ↓ a) Have you had sexual intercourse since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5 ☐ ↓ b) Have you had sexual intercourse since the pregnancy that ended in {DATE FROM 406}?	YES . . . . . 1 NO 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 MOST RECENT STILLBIRTH . . . . . 3 MISCARRIAGE/ABORTION 5	☐ → 487
480	Did you ever breastfeed {NAME IN 407}?	YES . . . . . 1 NO 2	→ 482
481	CHECK 224 FOR CHILD:	LIVING ☐ → 486 DEAD ☐ → 487	
482	How long after birth did you first put {NAME IN 407} 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 ☐☐ DAYS . . . . . 2 ☐☐	
483	In the first 2 days after delivery, was {NAME IN 407} given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [INSERT COMMON DRINKS AND FOODS THAT MAY BE GIVEN TO NEWBORN INFANTS]?	YES . . . . . 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING ☐ ↓ DEAD ☐ →		487
485	Are you still breastfeeding {NAME IN 407}?	YES . . . . . 1 NO 2	
486	Did {NAME IN 407} drink anything from a bottle with a nipple yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ →		501

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → 601		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ☐☐		
503A	Has {NAME IN 503}'s registered in the Digital Vaccination System?	YES, HAS REGISTERED . . . . . 1 NO, HAS NOT REGISTERED 2	→ 504
503B	May I see the Digital Vaccination code for {NAME IN 503}?	YES, CODE SEEN . . . . . 1 NO, CODE NOT SEEN 2	→ 504
503C	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH DOCUMENT WHERE THE CODES ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH THE CODES.	CODE PHOTOGRAPHED . . . . . 1 CODE NOT PHOTOGRAPH, PERMISSION NOT GRANTED . . . . . 2 CODE NOT PHOTOGRAPHED, OTHER REASON 6	
504	Do you have a card or other document where {NAME IN 503}'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY ANOTHER DOCUMENT . . . . 2 YES, HAS CARD AND OTHER DOCUMEN . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507 → 507
505	Did you ever have a vaccination card for {NAME IN 503}?	YES . . . . . 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐ → 513		
507	May I see the card or other document where {NAME IN 503}'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEE . . 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐ DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	

509 COPY VACCINATION DATES FROM THE CARD FOR (NAME).
RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.

	DAY	MONTH	YEAR
BCG			
HEPATITIS B AT BIRTH			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	1		
ORAL POLIO VACCINE (OPV) 1	21		
ORAL POLIO VACCINE (OPV) 2	19		
ORAL POLIO VACCINE (OPV) 3	16		
INACTIVATED POLIO VACCINE (IPV)	16		
DPT-HEP.B-HIB (PENTAVALENT) 1	21		
DPT-HEP.B-HIB (PENTAVALENT) 2	19		
DPT-HEP.B-HIB (PENTAVALENT) 3	16		
PNEUMOCOCCAL 1	21		
PNEUMOCOCCAL 2	19		
PNEUMOCOCCAL 3	16		
ROTAVIRUS 1	21		
ROTAVIRUS 2	19		
ROTAVIRUS 3	16		
[MEASLES CONTAINING VACCINE] 1	14		
[MEASLES CONTAINING VACCINE] 2	15		
VITAMIN A (MOST RECENT)			

510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEN . . . . . 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED . . . . . 2 PHOTOGRAPH NOT TAKEN, OTHER REASC . . 6 _____ (SPECIFY)	
511	CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO ☐ YES ☐ → 529		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	
512	In addition to what is recorded on (this document/these documents), did {NAME IN 503} receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO . . . . . 2 DON'T KNOW 8	
512W	MARK ALL VACCINES THE RESPONDENT DECLARED WERE GIVEN TO ~~Q503N~~ FROM THE		
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES ☐ → SKIP TO 529 NO ☐ → 530		
513	Did {NAME IN 503} ever receive any vaccinations to prevent {NAME IN 503} from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 530
514	Has {NAME IN 503} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
515	At or soon after birth, did {NAME IN 503} receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 517
516	Did {NAME IN 503} receive it within 24 hours of birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
517	Has {NAME IN 503} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 521
518	Did {NAME IN 503} receive the first oral polio vaccine in the first 2 weeks after birth or later?	FIRST TWO WEEKS . . . . . 1 LATER 2	
519	How many times did {NAME IN 503} receive the oral polio vaccine?	NUMBER OF TIMES . . . . . ☐☐	
520	The last time {NAME IN 503} received the polio drops, did {NAME IN 503} also get an IPV injection in the arm to protect against polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
521	Has {NAME IN 503} ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 523
522	How many times did {NAME IN 503} receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . ☐☐	
523	Has {NAME IN 503} ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 525
524	How many times did {NAME IN 503} receive the pneumococcal vaccine?	NUMBER OF TIMES . . . . . ☐☐	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
525	Has {NAME IN 503} ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 527
526	How many times did {NAME IN 503} receive the rotavirus vaccine?	NUMBER OF TIMES . . . . . ☐	
527	Has {NAME IN 503} ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 529
528	How many times did {NAME IN 503} receive the measles vaccine?	NUMBER OF TIMES . . . . . ☐	
529	Where did {NAME IN 503} receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 PRIVATE DOCTOR . . . . . 24 MOBILE CLINIC . . . . . 25 UMUJYANAMA W'UBUZIMA . . . . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **OTHER SOURCE** VACCINATION CAMPAIGN . . . . . 41 OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → (GO TO 503 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ →		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 643		
602	Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐		
604	In the last 12 months, was {NAME IN 603} given any of the following: a) Iron tablets or syrup? SHOW COMMON TYPES OF TABLETS/SYRUPS. b) Ongera powder? SHOW MULTIPLE MICRONUTRIENT POWDER.	YES NO DK a) TABLETS/SYRUP . . . . . 1 2 8 b) ONGERA POWDER 1 2 8	
605	In the last 6 months, was {NAME IN 603} 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	
606	In the last 6 months, was {NAME IN 603} given any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
607	In the last 3 months, has any healthcare provider or community health worker measured: a) {NAME IN 603}'s weight? b) {NAME IN 603}'s length or height? c) Around {NAME IN 603}'s upper arm? SHOW IMAGE OF MUAC TAPE.	YES NO DK a) WEIGHT . . . . . 1 2 8 b) LENGTH/HEIGHT . . . . . 1 2 8 c) UPPER ARM 1 2 8	
608	Has {NAME IN 603} had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618
608A	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	
609	CHECK 485: CURRENTLY BREASTFEEDING? YES ☐ → a) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea, including breast milk. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or somewhat less? NOT ASKED ☐ → b) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} 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	
610	When {NAME IN 603} had diarrhea, was {NAME IN 603} given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was {NAME IN 603} 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	
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO 2	→ 615
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . A PROVINCIAL/DISTRICT HOSPITAL . . . . . B HEALTH CENTER . . . . . C HEALTH POST . . . . . D OUTREACH . . . . . E COMMUNITY HEALTH WORKEI . . . . . F OTHER PUBLIC SECTOR _____ (SPECIFY) G **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . H PRIVATE CLINIC . . . . . I PHARMACY . . . . . J DISPENSARY . . . . . K FAMILY PLANNING CLIN . . . . . L OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) M **OTHER SOURCE** SHOP/KIOSK . . . . . Q CHURCH . . . . . R FRIEND /RELATIVE . . . . . S OTHER . . . . . T OTHER _____ (SPECIFY) X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
613	CHECK 612: TWO OR MORE CODES CIRCLED ☐↓ ONLY ONE CODE CIRCLED ☐ → 615		
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . . ☐	
615	Was {NAME IN 603} given any of the following at any time since {NAME IN 603} started having the a) A fluid made from a special packet? b) Pre-packaged ORS liquid? c) Zinc tablets or syrup? d) Homemade fluid?	YES NO DK a) FLUID FROM ORS PACKET . . 1 2 8 b) ORS LIQUID . . . . . 1 2 8 c) ZINC . . . . . 1 2 8 d) HOMEMADE FLUI[. 1 2 8	
616	CHECK 615: ANY 'YES' ☐↓ a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' ☐↓ b) Was anything given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618
617	CHECK 615: ANY 'YES' ☐↓ a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. ALL 'NO' OR 'DK' ☐↓ b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC (PILL OR SYRUP) . . . . . A ANTIMOTILITY (PILL OR SYRUI . . . . . B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY C UNKNOWN PILL OR SYRUP . . . . . D **INJECTION** ANTIBIOTIC . . . . . E NON-ANTIBIOTIC . . . . . F UNKNOWN INJECTION . . . . . G (IV) INTRAVENOU[. . . . . H HOME REMEDY/HERBAL MEDICIN . . . . . I OTHER _____ X (SPECIFY)	
618	Has {NAME IN 603} been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 621
619	At any time during the illness, did {NAME IN 603} have blood taken from {NAME IN 603}'s finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
620	Were you told by a healthcare provider that {NAME IN 603} had malaria?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
621	Has {NAME IN 603} had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622	Has {NAME IN 603} had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 624

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
623	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	→ 625
624	CHECK 618: HAD FEVER? YES ☐	NO OR DON'T KNOW ☐	→ 634
624A	Now I would like to know how much {NAME IN 603} was given to drink (including breastmilk) 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?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8	
624B	When {NAME IN 603} 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 DON'T KNOW 8	
625	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO 2	→ 630
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . A PROVINCIAL/DISTRICT HOSPITAL . . . . B HEALTH CENTER . . . . . C HEALTH POST . . . . . D OUTREACH . . . . . E COMMUNITY HEALTH WORKER . . . . . F OTHER PUBLIC SECTOR . . . . . G SECTOR _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPIT . . . . . H PRIVATE CLINIC . . . . . I DISPENSARY . . . . . J PHARMACY . . . . . K FAMILY PLANNING CLINIC . . . . . L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **OTHER SOURCE** SHOP/KIOSK . . . . . Q TRADITIONAL PRACTITIONER . . . . . R CHURCH . . . . . S FRIEND/RELATIVE . . . . . T OTHER _____ X (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED ☐	ONLY ONE CODE CIRCLED ☐	→ 629

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE . . . . . ☐	
629	How many days after the illness began did you first seek advice or treatment for {NAME IN 603}? IF SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	
630	At any time during the illness, did {NAME IN 603} take any medicine for the illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → 634	
631	What medicine did {NAME IN 603} take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION	**ANTIMALARIAL MEDICINE** ARTEMISININ COMBINATION THERAPY (ACT) COARTEM . . . . . A ACT PRIMOQUINE . . . . . B QUININE . . . . . C ARTESUNATE . . . . . D OTHER ANTIMALARIAL I _____ (SPECIFY) **ANTIBIOTIC MEDICINE** AMOXICILLIN . . . . . J COTRIMOXAZOLE . . . . . K OTHER PILL/SYRUP . . . . . L OTHER INJECTION/IV . . . . . M **OTHER MEDICINE** ASPIRIN . . . . . N PARACETAMOL/PANADOL/ACETAMINOPHE O IBUPROFEN . . . . . P OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ → 634		
633	How long after the fever started did {NAME IN 603} first take an artemisinin combination therapy?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVE . . . . . 3 DON'T KNOW 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 603 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 635		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE ☐ →	643
636	Now I would like to ask you about liquids that {NAME IN 635} had yesterday during the day or at night. Please tell me about all drinks, whether {NAME IN 635} had them at home, or somewhere else. Yesterday during the day or at night, did {NAME IN 635} drink:	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Infant formula such as Kigozi, Nan, France, Lait?	b) 1 2 8	
	IF YES: b1) How many times did {NAME IN 635} drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK ☐	8
	c) Milk from animals, including fresh, packaged, or powdered milk ?	c) 1 2 8	
	IF YES: c1) How many times did {NAME IN 635} drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK ☐	8
	c2) Was the milk a sweet or flavored type of milk?	SWEET/ FLAVORED . . 1 2 8	
	e) Soy milk?	e) 1 2 8	
	IF YES: e1) Was it a sweet or flavored type of drink?	SWEET/ FLAVORED . . 1 2 8	
	f) Chocolate flavored drinks?	f) 1 2 8	
	g) Fruit juice or fruit-flavored drinks?	g) 1 2 8	
	h) Sodas, malt drinks, sports drinks, or energy	h) 1 2 8	
	i) Tea?	i) 1 2 8	
	IF YES: i1) Was the drink sweetened?	SWEETENED 1 2 8	
	j) Clear broth or clear soup?	j) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
			YES	NO	DK	
	k) Any other liquids? IF YES: k1) What was the drink? MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE DRINK.	k)	1	2	8	
		OTHER DRINK(S) _____ (SPECIFY)				
	k2) Was the drink sweetened?	SWEETENED	1	2	8	
637	Now I would like to ask you about foods that {NAME IN 635} had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did {NAME IN 635} consume/eat:		YES	NO	DK	
	a) Yogurt ?	a)	1	2	8	
	IF YES: a1) How many times did {NAME IN 635} have consume/eat yogurt ? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE [ ]			8	
	a2) Did {NAME IN 635} have any type of yogurt as a drink, such as Masaka or Inyange?	HAD YOGURT AS A DRINK . .	1	2	8	
	IF YES: a3) Was it a sweet or flavored type of drink?	SWEETENED	1	2	8	
	b) Porridge, bread, rice, noodles, pasta ?	b)	1	2	8	
	c) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	c)	1	2	8	
	d) Plantains, white potatoes, white yams, manioc, cassava, or or any other foods made from roots?	d)	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green, leafy vegetables, such as spinach, dodo,Imbwija, or other dark green, leafy vegetables?	e) 1	2	8	
	f) Any other vegetables?	f) 1	2	8	
	g) Ripe mangoes or ripe papayas, avocados, banana or other fruit with Vitamin A such as passion fruit, orange?	g) 1	2	8	
	h) Any other fruits, such as pineapple, watermelon, strawberry, tomato tree, jack fruit or other fruits?	h) 1	2	8	
	i) Fresh or dried fish or shellfish?	i) 1	2	8	
	j) Liver, kidney, heart, or other organ meat?	j) 1	2	8	
	k) Sausages, KFC, Jambo, hot dogs or other consumed processed meats?	k) 1	2	8	
	l) Any other meat, such as beef, pork, lamb, goat, chicken or duck?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Beans, peas, lentils, or soy beans, ground nuts, sunseeds ,nuts and any other food related ?	n) 1	2	8	
	o) Any foods made from beans, peas, lentils, or nuts?	o) 1	2	8	
	p) Cheese or other food made from milk?	p) 1	2	8	
	q) Any insects?	q) 1	2	8	
	r) Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?	r) 1	2	8	
	s) Any other commonly consumed 'sentinel' sweet foods?	s) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES NO DK	
	t) Chips, crisps, puffs, French fries, fried dough, instant noodles, or pringles?	t) 1 2 8	
	u) Red palm oil?	u) 1 2 8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF THE FOOD.	v) . . . . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' ☐ ↓ AT LEAST ONE 'YES' ☐ →		640
639	Did {NAME IN 635} 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 IN 635} eat?	YES . . . . . 1 ☐ (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	→ 641
640	How many times did {NAME IN 635} eat solid, semi-solid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed {NAME IN 635}?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
641A	In the last month, did you participate in the monthly growth monitoring and nutrition promotion sessions conducted by the community health workers?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 642
641B	What is the main reason you did not participate in this growth monitoring and nutrition promotion session last month?	NOT AWARE ABOUT THESE SESSIONS . . . . . 1 DO NOT HAVE TIME TO ATTEND . . . . . 2 DO NOT FIND IT RELEVANT TO ATTEND . . . . . 3 SITE IS TOO FAR FOR ME TO ATTEND . . . . . 4 NO MEANS TO CONTRIBUTE TO THE COOKING DEMONSTRATIOI . . . . . 5 MY CHILD WAS SICK . . . . . 6 FAMILY EMERGENCY . . . . . 7 OTHER _____ 8 SPECIFY	
642	The last time {NAME IN 635} passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITC . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:		YES	NO	DK	
	a) Porridge, bread, rice, noodles, pasta, or oats?	a)	1	2	8	
	b) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	b)	1	2	8	
	c) Plantains, white potatoes, white yams, manioc, cassava, or or or any other foods made from roots?	c)	1	2	8	
	d) Any dark green, leafy vegetables, such as spinach, dodo, Imbwija, or other dark green, leafy vegetables?	d)	1	2	8	
	e) Any other vegetables ?	e)	1	2	8	
	f) Ripe mangoes or ripe papayas, avocados, banana or other fruit with Vitamin A such as passion fruit, orange?	f)	1	2	8	
	g) Any other fruits, such as pineapple, watermelon, strawberry, tomato tree, jack fruit or other fruits?	g)	1	2	8	
	h) Fresh or dried fish or shellfish?	h)	1	2	8	
	i) Liver, kidney, heart, or other organ meat?	i)	1	2	8	
	j) Sausages, KFC, Jambo, hot dogs or other consumed processed meats?	j)	1	2	8	
	k) Any other meat, such as beef, pork, lamb, goat, chicken or duck?	k)	1	2	8	
	l) Eggs?	l)	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES NO DK	
	m) Beans, peas, lentils, or soy beans, ground nuts, sunseeds, nuts and any other related food?	m) 1 2 8	
	n) Nuts, seeds or any other related food?	n) 1 2 8	
	o) Cheese or other food made from milk?	o) 1 2 8	
	p) Any insects?	p) 1 2 8	
	q) Chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles?	q) 1 2 8	
	r) Any other commonly consumed 'sentinel' sweet foods?	r) 1 2 8	
	s) Chips, crisps, puffs, French fries, fried dough, instant noodles, or pringles?	s) 1 2 8	
	t) Fruit juice or fruit-flavored drinks?	t) 1 2 8	
	u) Sodas, malt drinks, sports drinks, or energy drinks?	u) 1 2 8	
	u1 Shisha kibondo for mothers?	u) 1 2 8	
	v) Sweetened tea, or sweetened herbal drinks?	v) 1 2 8	
	w) Red palm oil?	w) 1 2 8	
	x) Any other liquids? IF YES: x1) What was the drink? x2) Was the drink sweetened?	x) . . . . . 1 2 8 OTHER DRINK(S) _____ (SPECIFY) SWEETENE . . 1 2 8	
	y) Any other food? IF YES: y1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE FOOD.	y) . . . . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	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	→ 706A
702	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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION . . . . . A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY . . . . . B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION . . . . . C OTHER DOCUMENT FROM A CIVIL AUTHORITY . . . . . D OTHER _____ X (SPECIFY)	→ 709
707	Was this marriage ever registered with the civil authority?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
709	Is your {husband/partner} living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
710	Please tell me the name of your {husband/partner}. RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
711	Does your {husband/partner} have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
713	Are you the first, second, … wife?	RANK . . . . . DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	CHECK 714: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your {husband/partner}? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 717
716	How old were you when you first started living with him?	AGE . . . . . [ ][ ]	
717	CHECK 714: MARRIED/LIVED WITH A MAN MORE THAN ONCE MARRIED/LIVED WITH A MAN ONLY ONCE		→ 721
718	CHECK 701: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN NO, NOT IN A UNION		→ 721
719	Now I'd like to ask you about your current {husband/partner}. In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 721
720	How old were you when you first started living with your current {husband/partner}?	AGE . . . . . [ ][ ]	
721	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE**		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS . . . . . [ ][ ]	→ 738
723	I would like to ask you about your recent sexual activity. When was the last 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 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 737

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT OR UNSURE ↓ PREGNANT → 727		
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTIO . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE . . . . . 01 PLAISIR . . . . . 02 LOVE . . . . . 03 GENERIC CONDOM OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
729	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH WORKE . . . . . 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . 21 PRIVATE CLINIC . . . . . 22 DISPENSARY . . . . . 23 PHARMACY . . . . . 24 FAMILY PLANNING CLIN . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP/BAR . . . . . 41 CHURCH . . . . . 42 FRIEND/RELATIVE . . . . . 43 YOUTH CENTER . . . . . 44 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDE . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
731A	How old is this person?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	
732	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . . 1 NO 2	
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDE . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
733A	How old is this person?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
735	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDE . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
736A	How old is this person?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	
736B	In total, with how many different people have you had sexual intercourse in 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN 12 MONTHS [ ][ ] DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
736C	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES . . . . . 1 NO 2	
736D	If you wanted to, could you get a male condom by yourself ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW MALE CONDOM . . . . . 3 DON'T KNOW/UNSURE 8	
737	In total, with how many different 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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ☐☐ DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED ☐ NEITHER ARE STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 813
802	CHECK 232: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		→ 804
803	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	→ 805 → 812
804	CHECK 208: HAS HAD A CHILD ☐ HAS NOT HAD A CHILD ☐ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 208 AND 232: NOT PREG. OR UNSURE AND HAS HAD A CHILD ☐ NOT PREG. OR UNSURE AND HAS NOT HAD A CHILD ☐ PREGNANT ☐ a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child? c) After the birth of the child you are expecting now, how long would you like to wait before the birth of another	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT . . . . . 994 AFTER MARRIAGE . . . . . 995 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ CURRENTLY USING ☐		→ 813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ NOT ASKED ☐ '00-23' MONTHS OR '00-01' YEAR ☐		→ 812
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO ☐ YEARS AGO ☐ NOT ASKED ☐		→ 811 → 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 208 AND 804: HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS HAD A CHILD AND WANTS NO MORE b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS NO CHILDREN d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . . . . . D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . . . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N **METHOD-RELATED REASONS** INCONVENIENT TO USE . . . . . O CHANGES IN MENSTRUAL BLEEDING . . . . P METHODS COULD CAUSE INFERTILITY . . Q INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . R OTHER SIDE EFFECTS . . . . . S **COST/ACCESS/AVAILABILITY** LACK OF ACCESS/TOO FAR . . . . . T COSTS TOO MUCH . . . . . U PREFERRED METHOD NOT AVAILABLE . . V NO METHOD AVAILABLE . . . . . W OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
811	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED YES, CURRENTLY USING → 813		
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
813	CHECK 224: HAS LIVING CHILDREN a) 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? PROBE FOR A NUMERIC NO LIVING CHILDREN b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 815 NUMBER . . . . . ☐☐ OTHER _____ 96 → 815 (SPECIFY)	
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZIN 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONI 1 2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/INSTAGRAM 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOAR 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVEN 1 2	
	i) Heard anything about family planning at Health facility ?	i) HEALTH FACILITY 1 2	
	j) Heard anything about family planning Through Community Health Worker ?	j) COMMUNITY HEALTH WORKER . . 1 2	
	k) Heard anything about family planning at School?	k) SCHOOL 1 2	
	l) Heard anything about family planning at Churches/Mosque?	l) CHURCHES AND MOSQUES 1 2	
	m) Heard anything about family planning at workplace/Relative/Friend?	m) WORK/RELATIVE/FRIEND 1 2	
817	CHECK 701: YES, CURRENTLY MARRIED ☐ ↓ / YES, LIVING WITH A MAN ☐ ↓ / NO, NOT IN A UNION ☐ →		901
818	Who usually makes the decision on whether or not you should use contraception, you, your {husband/partner}, you and your {husband/partner} jointly, or someone else?	RESPONDENT . . . . . 1 → 820 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOIN 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 → 820 (SPECIFY)	
819	When making this decision with your {husband/partner}, would you say that your opinion is more important, equally important, or less important than your (husband/partner)'s opinion?	MORE IMPORTANT . . . . . 1 EQUALLY IMPORTANT . . . . . 2 LESS IMPORTANT 3	
820	Has your {husband/partner} or any other family member ever tried to force or pressure you to become pregnant when you did not want to become	YES . . . . . 1 NO 2	
821	CHECK 307: NOT ASKED ☐ ↓ / NEITHER ARE STERILIZED ☐ ↓ / HE OR SHE ARE STERILIZED ☐ →		901
822	Does your {husband/partner} want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBEF . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐	NOT IN UNION ☐ → 909	
902	How old was your {husband/partner} on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
903	Did your {husband/partner} ever attend school?	YES . . . . . 1 NO . . . . . 2 → 917	
904	What was the highest level of education he attended: primary, secondary, or higher?	PRE-PRIMARY . . . . . 1 PRIMARY . . . . . 2 POST PRIMARY/VOCATIONA . . . . . 3 SECONDARY/TVET . . . . . 4 HIGHER . . . . . 5 → 917 DON'T KNOW 8	
905	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR . . . . . ☐☐ DON'T KNOW 98	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN ☐	NOT IN UNION ☐ → 925	
918	CHECK 916: CODE '1' OR '2' CIRCLED ☐	OTHER ☐ → 921	
919	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 JOIN 3 NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
920	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 → 922 DON'T KNOW 8	
921	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 JOIN 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
922	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 JOIN 3 SOMEONE ELSE . . . . . 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOIN 3 SOMEONE ELSE . . . . . 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOIN' 3 SOMEONE ELSE . . . . . 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH HUSBAND/PARTNER ONL . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH HUSBAND/PARTNER ONL . . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other government recognized document for any land you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . . 1 NO 2	→ 930C
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES . . . . . 1 NO 2	
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she has sex with someone else? g) If she looks in his telephone?	YES / NO / DK a) GOES OUT . . . . . 1 2 8 b) NEGLECTS CHILDREI . . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . . . 1 2 8 e) BURNS FOOD . . . . . 1 2 8 e) HAS SEX WITH SOMEON 1 2 8 e) LOOKS IN HIS TELEPHOI 1 2 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	→ 1040
1002	CHECK 111: AGE	15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐ →	→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1005	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	
1006	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1007A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES . . . . . 1 NO 2	
1007B	Can HIV be transmitted from a mother to her baby: b1 During pregnancy? b2 During delivery? b3 By breastfeeding?	YES NO DK b1 DURING PREGNANCY 1 2 8 b2 DURING DELIVERY . . 1 2 8 b3 BREASTFEEDING 1 2 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . . . . 1 NO 2	
1009	Are there any special medicines 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	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . . . . 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223:	NO LIVE BIRTHS ☐ → 1024 LAST LIVE BIRTH 0-23 MONTHS BEFORE THE ☐ ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY ☐ → 1024	
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'):	HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐ → 1018	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with {CHILD NAME}?	YES . . . . . 1 NO 2	→ 1018
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH/CHW . . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 DISPENSARY . . . . . 24 FAMILY PLANING CLINIC . . . . . 25 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 YOUTH CENTE . . . . . 44 OTHER 96 _____ (SPECIFY)	
1017	Did you get the results of the test?	YES . . . . . 1 NO 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE '21-46' CIRCLED ☐ ↓ OTHER ☐		→ 1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES . . . . . 1 NO 2	→ 1021
1020	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 1022
1021	CHECK 1015: YES ☐ ↓ NO OR NOT ASKED ☐		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 1028

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	Have you ever been tested for HIV?	YES . . . . . 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . 12 HEALTH POST . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 DISPENSARY . . . . . 24 FAMILY PLANING CLINIC . . . . . 25 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 YOUTH CENTER . . . . . 44 OTHER 96 _____ (SPECIFY)	
1027	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 1031
1028	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INDETERMINATE . . . . . 3 DECLINED TO ANSWER . . . . . 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR . . . . . 9998 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS . . . . . ☐☐	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES . . . . . 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES . . . . . 1 NO 2	
1034	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/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	CHECK 1028: CODE '1' CIRCLED ☐ ↓ OTHER ☐ →		1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . . . . 1 NO 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV	AGREE . . . . . 1 DISAGREE 2	
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY . . . . . 1 2 b) DISCLOSED STATUS . . . . . 1 2 c) VERBALLY INSULTED . . . . . 1 2 d) HEALTHCARE WORKERS TALKED BADLY . . . . . 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	
1040	CHECK 1001: HEARD ABOUT HIV OR AIDS ☐ ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS ☐ ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE ☐ ↓ NEVER HAD SEXUAL INTERCOURSE ☐ →		1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ ↓ NO ☐ →		1044

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1043	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	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1046	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	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1048	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ → 1101		
1049	Can you say no to your {husband/partner} if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
1050	Could you ask your {husband/partner} to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health center, a health post, or a dispensary?	MINUTES . . . . . [ ][ ][ ]	
1101A	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 . . . . . [ ][ ] NONE 00	→ 1102
1101B	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 . . . . . [ ][ ] NONE 00	→ 1102
1101C	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	
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . . . . 01 PUBLIC BUS . . . . . 02 MOTORCYCLE/SCOOTER . . . . . 03 BOAT WITH MOTOR . . . . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . . . . 05 BICYCLE . . . . . 06 BOAT WITHOUT MOTOR . . . . . 07 WALKING . . . . . 08 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1103A	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 1106
1103B	How does tuberculosis spread from one person to another? Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN SOMEONE WITH TB COUGHING ,SNEEZING OR SPEAKING . . A BY SHARING UTENSILS . . . . . B BY TOUCHING A PERSON WITH TB . . . . . C THROUGH SHARING FOOD AND DRINK . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1103B1	What are the main ways to avoid TB bacilli spread? RECORD ALL MENTIONED.	SEEK FOR CARE WHEN HAVING SYMPTOMS SUGGESTIVE OF TB . . . . . A COVER THE MOUTH WHEN SNEEZING . . B OPEN WINDOWS . . . . . C FACE MASK . . . . . D ISOLATION . . . . . E AVOID SHARING COOKING USTENSII . . . . . F OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
1103B2	Who is most at risk of getting Tuberculosis disease ? RECORD ALL MENTIONED.	EVERY BODY . . . . . 1 POOREST PEOPLE . . . . . 2 HEAVY MANUAL LABOR . . . . . 3 CHILDREN . . . . . 4 PEOPLE LIVING WITH HIV . . . . . 5 HEAVY SMOKERS . . . . . 6 ELDERLY PEOPLE . . . . . 7 PEOPLE LIVING WITH A TB CASE . . . . . 8 OTHER (SPECIFY) _____ 9 SPECIFY DON'T KNOW 96	
1103B3	What are the main symptoms of Tuberculosis diseases ? RECORD ALL MENTIONED.	COUGH OF MORE THAN 2 WEEKS . . . . . A FEVER . . . . . B DRENCHING NIGHT SWEATS . . . . . C UNEXPECTED LOSS OF WEIGHT . . . . . D GENERAL FATIGUE/MALAISE . . . . . E CHEST PAIN . . . . . F DON'T KNOW X	
1103B4	Do you currently have the following symptoms? a) Cough b) Fever c) Drenching night sweats d) Unexpected weight lost e) General fatigue or malaise f) Chest pain	YES 2+ WEEKS / YES < 2 WEEKS / NO COUGH . . . . . 1 2 3 FEVER . . . . . 1 2 3 SWEAT . . . . . 1 2 3 WEIGHT LOST 1 2 3 FATIGUE . . . . . 1 2 3 CHEST PAIN . . 1 2 3	
1103B5	CHECK 1103F: IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED IF "NO" TO ALL SYMPTOMS		→ 1103C
1103B6	Have you ever sought care or help?	YES . . . . . 1 NO 2	→ 1103C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1103B7	Where did you seek care or help?	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH WORKER . . . . . 16 OTHER PUBLIC SECTOR . . . . . 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . 21 PRIVATE CLINIC . . . . . 22 DISPENSARY . . . . . 23 PHARMACY . . . . . 24 FAMILY PLANNING CLINIC . . . . . 25 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) **OTHER SOURCE** SHOP/BAR/ KIOSK CONDOM . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 YOUTH CENTER . . . . . 34 OTHER _____ 96 (SPECIFY)	
1103C	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1103E
1103D	What is the duration of treatment of TB now a days? IF MORE THAN 7 MONTHS, RECORD 7.	MONTHS . . . . . ☐ DON'T KNOW 8	
1103E	Have you ever been told by a doctor or nurse or LHV that you have/had tuberculosis?	YES . . . . . 1 NO 2	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . . ☐☐	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 1110
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS . . . . . A PIPES FULL OF TOBACCO . . . . . B CIGARS, CHEROOTS, OR CIGARILLOS . . . . . C WATER PIPE/SHISHA . . . . . D SNUFF BY MOUTH . . . . . E SNUFF BY NOSE . . . . . F CHEWING TOBACCO . . . . . G BETEL QUID WITH TOBACCO . . . . . H OTHER _____ X (SPECIFY)	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as Sorghum beer, Banana beer,wine, Industrial beer,sprirts?	YES . . . . . 1 NO 2	→ 1113
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL . . . . . 00 NUMBER OF DAYS . . . . . [ ][ ] EVERY DAY/ALMOST EVERY DAY 95	→ 1113
1111A	During these days, what main type of alchool drink did you take? IF HE/SHE TOOK DIFFERENT TYPE ,RECORD WHAT HE/SHE TOOK OFTEN	TRADITIONAL BEER . . . . . 1 INDUSTRIAL BEER . . . . . 2 WINE/LIQUOR . . . . . 3 SPIRIT 4	
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of Sorghum beer. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK . . . . . 00 NUMBER OF DRINKS . . . . . [ ][ ]	
1113	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 a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG PROBLEM / NOT A BIG PROBLEM a) PERMISSION TO GO . . . . . 1 2 b) GETTING MONEY . . . . . 1 2 c) DISTANCE . . . . . 1 2 d) GO ALONE 1 2	
1114	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ NEXT
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUELLE/COMMUNITY HEALTH INSURANCE A RSSB/RAMA . . . . . B MMI . . . . . C PRIVATE INSURANCE COMPANY . . . . . D EMPLOYER . . . . . E OTHER _____ X (SPECIFY)	

CERVICAL CANCER SCREENING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD24	Have you heard of cervical cancer?	YES . . . . . 1 NO 2	→ CD26
CD25	Have you heard of any test for cervical cancer?	YES . . . . . 1 NO 2	
CD26	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
CD27	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NEXT SECT.
CD28	When was your last test for cervical cancer? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS . . . . . ☐☐ DON'T KNOW 98	
CD29	What was the result of your last test for cervical cancer?	NORMAL/NEGATIVE . . . . . 1 ABNORMAL/POSITIVE . . . . . 2 SUSPECT CANCER . . . . . 3 UNCLEAR/INCONCLUSIVE . . . . . 4 DID NOT RECEIVE RESULTS . . . . . 5 DON'T KNOW 8	→ NEXT SECT. → CD33 NEXT SECT.
CD30	Did you receive any treatment to your cervix?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ CD33
CD31	Did you receive treatment on the same day you received your test results, or on a different day?	SAME DAY . . . . . 1 DIFFERENT DAY . . . . . 2 DON'T KNOW 8	
CD32	Did you have any follow up visits after your treatment?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NEXT SECT.
CD33	Did have any follow up visits because of your test results?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECDA	CHECK 220, 224, 225, AND 226 IN THE PREGNANCY HISTORY: CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? ONE OR MORE ☐ NONE ☐ → NEXT SEC.		
ECDB	I would like to ask you some questions about your children age 2-4 years who live with you. These questions are about certain things that they are currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
ECDC	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐	CHILD'S SEX . . . . . M 1 F 2	
ECD01	Can {ECD CHILD NAME} walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD02	Can {ECD CHILD NAME} jump up with both feet leaving the ground?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD03	CHECK ECDC: MALE ☐ → a) Can {ECD CHILD NAME} dress him, that is, put on pants and a shirt, without help? FEMALE ☐ → b) Can {ECD CHILD NAME} dress herself, that is, put on pants and a shirt, without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD04	Can {ECD CHILD NAME} fasten and unfasten buttons without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD05	Can {ECD CHILD NAME} say 10 or more words, like 'mama' or 'ball'?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD06	Can {ECD CHILD NAME} speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	☐ → ECD08
ECD07	Can {ECD CHILD NAME} speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD08	Can {ECD CHILD NAME} correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD09	CHECK ECDC: MALE ☐ → a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it? By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct. FEMALE ☐ → b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it? By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully correct.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD10	Can {ECD CHILD NAME} recognize at least 5 letters of the alphabet?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD11	CHECK ECDC: MALE ☐ → a) Can {ECD CHILD NAME} write his name? FEMALE ☐ → b) Can {ECD CHILD NAME} write her name?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD12	Can {ECD CHILD NAME} recognize all numbers from 1 to 5?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD13	CHECK ECDC: MALE ☐ → a) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does he give you the correct amount? FEMALE ☐ → b) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does she give you the correct amount?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD14	Can {ECD CHILD NAME} count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD15	Can {ECD CHILD NAME} do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD16	Does {ECD CHILD NAME} ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD17	Does {ECD CHILD NAME} offer to help someone who seems to need help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD18	Does {ECD CHILD NAME} get along well with other children?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD19	How often does {ECD CHILD NAME} seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 A FEW TIMES A YEAR . . . . . 4 NEVER . . . . . 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does {ECD CHILD NAME} kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL . . . . . 1 THE SAME OR LESS . . . . . 2 MORE . . . . . 3 A LOT MORE . . . . . 4 DON'T KNOW 8	
ECD20A	Does {ECD CHILD NAME} participate in any center-based or home-based ECD program	YES CENTER-BASED ECD . . . . . 1 YES HOME-BASED ECD . . . . . 2 NO . . . . . 4 DON'T KNOW 8	
ECD21	CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? MORE CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ☐ → (GO TO ECDC FOR THE NEXT CHILD) NO MORE ☐ → NEXT SEC.		

HPV VACCINATION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV01	CHECK 111: 15-17 YEARS OLD ☐ ↓ 18-49 YEARS OLD ☐ →		NEXT SECT.
HPV02	Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the left upper arm to girls between the ages of 9-14 years, as a protection against cervical cancer. In Rwanda, the HPV vaccine is also commonly referred to as Cervarix or Gardasil and is commonly given at school or at a medical facility.		
HPV03	Have you ever received a vaccination against HPV, that is, an injection in the left upper arm to protect against cervical cancer? IF NO OR DON"T KNOW: In Rwanda, the HPV vaccine is also referred to as Cervarix orGardasil and is commonly given at school or at a medical facility to girls between the ages of 9-14.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ NEXT SECT.
HPV04	Did you ever receive an HPV vaccination card?	YES . . . . . 1 NO 2	
HPV05	Did you receive one or two doses of the HPV vaccine?	ONE DOSE . . . . . 1 TWO DOSES . . . . . 2 DON'T KNOW 8	
HPV06	Where did you receive your most recent HPV vaccination? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HEALTH FACILITY** PUBLIC HEALTH FACILITY . . . . . 11 PRIVATE HEALTH FACILITY . . . . . 12 SCHOOL . . . . . 21 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM01	Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother. DO NOT FILL IN THE ORDER NUMBER YET.		
MM02	CHECK MM01: ONE OR MORE BROTHERS OR SISTERS LISTED ☐ / NO BROTHERS OR SISTERS LISTED ☐ →		MM04
MM03	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned?	NO ☐ / YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.	
MM04	Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?	NO ☐ / YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.	
MM05	Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?	NO ☐ / YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.	
MM06	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?	NO ☐ / YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.	
MM07	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.	TOTAL BROTHERS AND SISTERS . . ☐☐	

NAME	ORDER NUMBER	NAME	ORDER NUMBER
a	☐☐	k	☐☐
b	☐☐	l	☐☐
c	☐☐	m	☐☐
d	☐☐	n	☐☐
e	☐☐	o	☐☐
f	☐☐	p	☐☐
g	☐☐	q	☐☐
h	☐☐	r	☐☐
i	☐☐	s	☐☐
j	☐☐	t	☐☐

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	CHECK MM07: Just to make sure that I have this right: Your mother had in total {NUMBER OF BIRTHS TO MOTHER} births, excluding you, during her lifetime. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT MM01 AND/OR MM07.		
MM09	CHECK MM07: ONE OR MORE BROTHERS/SISTERS ☐ NO BROTHER OR SISTER ☐ →		NEXT SECT.
MM10	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.		
MM11	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . ☐☐	

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	Sibling name	(01) _____	(02) _____	(03) _____
MM14	Is {NAME IN MM13} male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
MM15	Is {NAME IN MM13} still alive?	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (02)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (03)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (04)
MM16	How old is {NAME IN MM13}?	AGE . . . . [ ][ ] GO TO (02)	AGE . . . . [ ][ ] GO TO (03)	AGE . . . . [ ][ ] GO TO (04)
MM17	How many years ago did {NAME IN MM13} die?	YEARS AGO . . [ ][ ]	YEARS AGO . . [ ][ ]	YEARS AGO . . [ ][ ]
MM18	IF MALE → a) How old was {NAME IN MM13} when he died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE. IF FEMALE → b) How old was {NAME IN MM13} when she died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	AGE . . . . [ ][ ] IF MALE, OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23	AGE . . . . [ ][ ] IF MALE ,OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23	AGE . . . . [ ][ ] IF MALE, OR WOMAN DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was {NAME IN MM13} pregnant when she died?	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2
MM20	Did {NAME IN MM13} die during childbirth?	YES . . . . . 1 → GO TO (02) NO 2	YES . . . . . 1 → GO TO (03) NO 2	YES . . . . . 1 → GO TO (04) NO 2
MM21	Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO . . . . . 2 → GO TO MM22A	YES . . . . . 1 NO . . . . . 2 → GO TO MM22A	YES . . . . . 1 NO . . . . . 2 → GO TO MM22A
MM22	How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die?	DAYS . . [ ][ ]	DAYS . . [ ][ ]	DAYS . . [ ][ ]
MM22A	How many live born children did (NAME) give birth to during her	[ ][ ]	[ ][ ]	[ ][ ]
MM23	Was {NAME IN MM13}'s death due to an act of violence?	YES . . . . . 1 → GO TO (02) NO 2	YES . . . . . 1 → GO TO (03) NO 2	YES . . . . . 1 → GO TO (04) NO 2
MM24	Was {NAME IN MM13}'s death due to an accident?	YES . . . . . 1 NO . . . . . 2 GO TO (02)	YES . . . . . 1 NO . . . . . 2 GO TO (03)	YES . . . . . 1 NO . . . . . 2 GO TO (04)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.				

DOMESTIC VIOLENCE MODULE

DV00 CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?

WOMAN SELECTED FOR THIS SECTION ☐ ↓

WOMAN NOT SELECTED ☐ → NEXT SECT.

DV01 CHECK FOR PRESENCE OF OTHERS:
DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.

PRIVACY OBTAINED . . . . . 1 ↓

PRIVACY NOT POSSIBLE . . . . . 2 → DV37

DV02 Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.

DV03 CHECK 701 AND 702:

NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ ↓

CURRENTLY MARRIED/ LIVING WITH A MAN ☐ → DV06

FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') ☐ → DV06

DV04 You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?

YES 1
NO . . . . . 2 → DV06

DV05 Have you ever been in an intimate relationship with a man even though you did not ever live with him?

YES 1
NO . . . . . 2 → DV19

DV06 Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).

	A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).	EVER	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?		
			OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 → NO 2 ↓	1	2	3
b)	He wrongly (accuses/accused) you of being unfaithful?	YES 1 → NO 2 ↓	1	2	3
c)	He (does/did) not permit you to meet your female friends?	YES 1 → NO 2 ↓	1	2	3
d)	He (tries/tried) to limit your contact with your family?	YES 1 → NO 2 ↓	1	2	3
e)	He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 → NO 2 ↓	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV07	Now I need to ask some more questions about your relationship with your (last) (husband/male partner). A. Did your (last) (husband/male partner) ever:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES NO	1 2	1	2	3
b) threaten to hurt or harm you or someone you care about?	YES NO	1 2	1	2	3
c) insult you or make you feel bad about yourself?	YES NO	1 2	1	2	3

DV08	A. Did your (last) (husband/male partner) ever do any of the following things to you:		B. How often did this happen during the last 12 months: often, only sometimes, or not at all?		

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) push you, shake you, or throw something at you?	YES NO	1 2	1	2	3
b) slap you?	YES NO	1 2	1	2	3
c) twist your arm or pull your hair?	YES NO	1 2	1	2	3
d) punch you with his fist or with something that could hurt you?	YES NO	1 2	1	2	3
e) kick you, drag you, or beat you up?	YES NO	1 2	1	2	3
f) try to choke you or burn you on purpose?	YES NO	1 2	1	2	3
g) attack you with a knife, gun, or other weapon?	YES NO	1 2	1	2	3
h) physically force you to have sexual intercourse with him when you did not want to?	YES NO	1 2	1	2	3
i) physically force you to perform any other sexual acts you did not want to?	YES NO	1 2	1	2	3
j) force you with threats or in any other way to perform sexual acts you did not want to?	YES NO	1 2	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV09	CHECK DV08A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		DV11
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:		
	a) You had cuts, bruises, or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	DV13
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
DV13	Did your (last) (husband/male partner) drink alcohol?	YES . . . . . 1 NO 2	DV15
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
DV15	Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?	

	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	SKIP
	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6					DV17
a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?	YES	1 →	1	2	3	
	NO	2 ↓				
b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?	YES	1 →	1	2	3	
	NO	2 ↓				
c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES	1 →	1	2	3	
	NO	2 ↓				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE YES ☐ → DV19		
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	
DV19	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ☐ ↓ NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 ☐ → DV22		
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO . . . . . 2 → DV22	
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/PARTNER . . . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M SCHOOLMATE/CLASSMATE . . . . . N EMPLOYER/SOMEONE AT WORK . . O POLICE/SOLDIER . . . . . P OTHER _____ X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER ☐ ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner. b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3 → DV25	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	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 CURRENT BOYFRIEND . . . . . F FORMER BOYFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K SCHOOLMATE/CLASSMATE . . . . . L EMPLOYER/SOMEONE AT WORK . . M POLICE/SOLDIER . . . . . N OTHER _____ X (SPECIFY)	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ → DV27		
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES . . . . . 1 → DV28 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3 → DV31	
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3 → DV31	
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER ☐ ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER . . . . . A BROTHER/STEP-BROTHER . . . . . B OTHER RELATIVE . . . . . C CURRENT BOYFRIEND . . . . . D FORMER BOYFRIEND . . . . . E IN-LAW . . . . . F OWN FRIEND/ACQUAINTANCE . . . . G FAMILY FRIEND . . . . . H TEACHER . . . . . I SCHOOLMATE/CLASSMATE . . . . . J EMPLOYER/SOMEONE AT WORK . . K POLICE/SOLDIER . . . . . L RELIGIOUS LEADER . . . . . M STRANGER . . . . . N OTHER _____ X (SPECIFY)	
DV30	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER ☐ ↓ a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to? b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?	YES . . . . . 1 NO 2	
DV31	CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		DV35
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ DV34
DV33	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S/PARTNER'S FAMILY . . B CURRENT/FORMER HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . H POLICE/ISANGE ONE STOP CENTER I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . K RIB . . . . . L LOCAL COMMUNITY LEADERS . . . . M OTHER _____ X (SPECIFY)	→ DV35

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV34	Have you ever told any one about this?	YES . . . . . 1 NO 2	
DV35	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
DV35A	Through social media or other technological means, have you ever experienced any of the following: Aa) Cyberbullying Ab) Cyberstalking Ac) Nonconsensual distribution of sexually explicit Ad) Online gender-based hate speech Ae) Using technology to coordinate physical violence Af) Hacking into your account	YES NO CYBERBULLYING . . 1 2 CYBERSTALKING . . 1 2 IMAGES . . . . . 1 2 ONLINE HATE SPEECH 1 2 TECH. VIOLENCE . . . . 1 2 HACK ACCOUNT 1 2	
	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.		
DV36	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?	YES, ONCE / YES, MORE THAN ONCE / NO HUSBAND . . . . . 1 2 3 OTHER MALE ADULT . . 1 2 3 FEMALE ADULT 1 2 3	
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____		

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- 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 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N 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

				COL. 1	COL. 2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
2	06	JUN	07			2
5	05	MAY	08			5
	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
2	06	JUN	19			2
4	05	MAY	20			4
	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
2	06	JUN	31			2
3	05	MAY	32			3
	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
2	06	JUN	43			2
2	05	MAY	44			2
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
Mer	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
2	06	JUN	55			2
1	05	MAY	56			1
	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
2	06	JUN	67			2
0	05	MAY	68			0
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2025
MAN'S QUESTIONNAIRE

MINISTRY OF FINANCE AND ECONOMIC PLANNING — MINISTRY OF HEALTH
NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION

PROVINCE _____ DISTRICT _____ SECTOR _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | | |

STRUCTURE NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | | |

NAME AND LINE NUMBER OF MAN _____ | | |

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN DV MODULE? (1=YES, 2=NO) . . . . . | |

CHECK HOUSEHOLD QUESTIONNAIRE DVH01: MAN SELECTED FOR DV MODULE? (1=YES, 2=NO) . . . . . | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY | | MONTH | | YEAR | | | |
INTERVIEWER'S NAME				INT. NO. | | | |
RESULT*				RESULT* |
NEXT VISIT: DATE				
TIME				TOTAL NUMBER OF VISITS |

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 0 1 | LANGUAGE OF INTERVIEW** | | | NATIVE LANGUAGE OF RESPONDENT** | | | TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH; 02 KINYARWANDA; 03 LANGUAGE 3; 04 LANGUAGE 4; 05 LANGUAGE 5; 06 LANGUAGE 6

TEAM	ENUMERATOR	TEAM LEADER
NUMBER	NAME _____ NUMBER	NAME _____ NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Institute of Statistics of Rwanda. We are conducting a survey about health and other topics organized by NISR in collaboration with Ministry of Health all over RWANDA. 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. You don't have 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 ENUMERATOR _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	What district were you born in? SELECT THE DISTRICT NAME	DISTRICT NAME . . . . . 01 OUTSIDE OF RWANDA 96	→ 104
103	What country were you born in? SELECT THE COUNTRY NAME	COUNTRY _____ ☐☐	
104	How long have you been living continuously in this district? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐ →		→ 107
106	In what month and year did you move here?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which district did you live in? SELECT THE DISTRICT NAME	DISTRICT NAME . . . . . 01 OUTSIDE OF RWANDA 96	
108	Just before you moved here, did you live in a capital city, big city, other city or in a rural area?	CAPITAL CITY . . . . . 1 BIG CITY . . . . . 2 OTHER CITY . . . . . 3 RURAL AREA 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT . . . . . 01 EDUCATION/TRAINING . . . . . 02 MARRIAGE FORMATION . . . . . 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON . . . . . 04 NON VOLUNTARY DISPLACEMENT . . . . . 05 NATURAL DISASTER . . . . . 06 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . [ ][ ]	
113	Have you ever attended school?	YES . . . . . 1 NO 2	→ 117
114	What is the highest level of school you attended: pre-primary,primary, post primary ,secondary, or higher?	PRE-PRIMARY . . . . . 1 PRIMARY . . . . . 2 POST PRIMARY/VOCATIONAL . . . . . 3 SECONDARY/TVET . . . . . 4 HIGHER 5	
115	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . . [ ][ ]	
116	CHECK 114: PRE-PRIMARY OR PRIMARY ☐ ↓ POST PRIMARY . SECONDARY/TVET HIGHER ☐ → 119		
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PART OF THE SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . . . . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ → 120		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES . . . . . 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES . . . . . 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES . . . . . 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT . . . . . 02 ADVENTIST . . . . . 03 MUSLIM . . . . . 04 TRADITIONAL . . . . . 05 JEHOVAH . . . . . 06 OTHER _____ 96 (SPECIFY) NO RELIGION 99	
130A	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . [ ][ ] NONE 00	→ 201
130B	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

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	→ 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	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . . [ ][ ] b) DAUGHTERS AT HOME . . . . . [ ][ ]	
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	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . [ ][ ] b) DAUGHTERS ELSEWHERE . . . . [ ][ ]	
205C	Where do your sons or daugthers who do not live with you live?	BOARDING SCHOOL . . . . . A RELATIVES . . . . . B WORK . . . . . C MARRIED . . . . . D OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . . [ ][ ] b) GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 211 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	
210A	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
211	CHECK 208:		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	HAS HAD MORE THAN ONE CHILD ☐ → a) How old were you when your first child was born?	AGE IN YEARS . . . . . ☐☐	
	HAS HAD ONLY ONE CHILD ☐ → b) How old were you when your child was born?		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐ ↓ NO LIVING CHILDREN ☐ → 301		
213	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD ☐ ↓ a) How old is your youngest child? ONLY ONE LIVING CHILD ☐ ↓ b) How old is your child?	AGE IN YEARS . . . . . ☐☐	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS ☐ ↓ (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER ☐ → 301		
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD ☐ ↓ a) What is the name of your youngest child? ONLY ONE LIVING CHILD ☐ ↓ b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When {NAME IN 215}'s mother was pregnant with {NAME IN 215}, did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
218	Was {NAME IN 215} born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	→ 301
219	Did you go with {NAME IN 215}'s mother to the hospital or health facility where she gave birth to {NAME IN 215}?	YES . . . . . 1 NO 2	
219A	When a child has diarhea how much should he or she be given to drink: more than usal, about the same usal, 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	

301	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.	
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2
03	Have you heard of IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES . . . . . 1 NO 2
04	Have you heard of Injectables? 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	Have you heard of Implants? 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	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . . . . 1 NO 2
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . . . . 1 NO 2
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES . . . . . 1 NO 2
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO . . . . . Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE . . 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE 1 2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD . . 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS 1 2	
	i) Heard anything about family planning at Health facility ?	i) HEALTH FACILITY 1 2	
	j) Heard anything about family planning Through Community Health Worker ?	j) COMMUNITY HEALTH WORKER 1 2	
	k) Heard anything about family planning at School?	k) SCHOOL 1 2	
	l) Heard anything about family planning at Churches/Mosque?	l) CHURCHES AND MOSQUES 1 2	
	m) Heard anything about family planning at workplace/Relative/Friend?	m) WORK/RELATIVE/FRIEND 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	→ 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	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	AGREE / DISAGREE / DK	
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN 1 2 8	
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS 1 2 8	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307C	CHECK 301 (07) KNOWS MALE CONDOM: YES ☐	NO ☐ →	401
307D	Do you know of a place where a person can get a male condoms?	YES . . . . . 1 NO 2	401
307E	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/AGREE SECTOR** REFERRAL HOSPITAL . . . . . A PROVINCIAL/DISTRICT HOSPITAL . . . . . B HEALTH CENTER . . . . . C HEALTH POST . . . . . D OUTREACH . . . . . E COMMUNITY HEALTH WORKER . . . . . F OTHER PUBLIC HEALTH FACILITY _____ (SPECIFY) G **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . H CLINIC . . . . . I DISPENSARY . . . . . J PHARMACY . . . . . K FAMILY PLANNING CLINIC . . . . . L OTHER PRIVATE HEALTH FACILITY _____ (SPECIFY) M **OTHER SOURCES** SHOP/BAR/KIOSK CONDOM . . . . . N TRADITIONAL HEALER . . . . . O FRIEND/RELATIVE . . . . . P YOUTH CENTER . . . . . Q OTHER FACILITY _____ (SPECIFY) X	
307F	If you wanted to, could you get a male condom by yourself?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about marriage and sexual intercourse. 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	→ 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	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your {wife/partner} living with you now or is she staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) . . . . . 1 NO (ONLY ONE WIFE 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS	
407	CHECK 405: ONE WIFE/ PARTNER a) Please tell me the name of your {wife/woman you are living with as if married} MORE THAN ONE WIFE/ PARTNER b) Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME / LINE NUMBER _____ ☐☐ _____ ☐☐ _____ ☐☐ _____ ☐☐	408 (1) How old was {NAME IN 407} on her last birthday? AGE ☐☐ ☐☐ ☐☐ ☐☐	
408	How old was {NAME IN 407} on her last birthday? RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.		
409	CHECK 407: ONE WIFE/ PARTNER MORE THAN ONE WIFE/ PARTNER		→ 411
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	CHECK 405 AND 410: BOTH ARE CODE '2' ☐ → a) In what month and year did you start living with your {wife/partner}? OTHER ☐ → b) Now I would like to ask about your first wife or partner. In what month and year did you start living with her?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . . ☐☐	
413	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE**		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐	→ 501
415	I would like to ask you about your recent sexual activity. When was the last 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 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 418
417	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 419
418	What method did you or your partner use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTION . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 420
419	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 422

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	What was the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	PRUDENCE . . . . . 01 PLAISIR . . . . . 02 LOVE . . . . . 03 GENERIC CONDOM 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
421	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH WORKER . . . . . 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 DISPENSARY . . . . . 23 PHARMACY . . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **OTHER SOURCE** SHOP/BAR/KIOSK CONDOM . . . . . 41 CHURCH . . . . . 42 FRIEND/RELATIVE . . . . . 43 YOUTH CENTER . . . . . 44 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
422	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
422A	How old is this person?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	
423	Apart from this person, have you had sexual intercourse with any other person in the last 12	YES . . . . . 1 NO 2	→ 429
424	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . . 1 NO 2	
425	What was your relationship to this second person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425A	How old is this person?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	
426	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 429
427	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
428	What was your relationship to this third person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
428A	How old is this person?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	
428B	In total, with how many different 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, RECORD '95'.	NUMBER OF PARTNERS IN 12 MONTHS ☐☐ DON'T KNOW 98	
428C	CHECK422,425,428: AT LEAST ONE PARTNER IS A SEX WORKER ☐ ↓ NO PARTNERS ARE SEX WORKERS ☐		→ 428E
428D	CHECK 419,424,427: CONDOM USED WITH EVERY SEX WORKER ☐ OTHER ☐		→ 428H → 428I
428E	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 428G
428F	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 428I
428G	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 428I
428H	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	
428I	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES . . . . . 1 NO 2	→ 429

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428J	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES . . . . . 1 NO 2	
429	In total, with how many different 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, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		514
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED ☐ ↓ MAN STERILIZED ☐ →		514
503	CHECK 407: ONE WIFE/ PARTNER ☐ ↓ MORE THAN ONE WIFE/ PARTNER ☐ →		509
504	Is your {wife/partner} currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 507
505	Now I have some questions about the future. After the child you and your {wife/partner} 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	→ 514
506	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 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
507	CHECK 208: HAS FATHERED CHILDREN ☐ ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN ☐ ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNAN . . . . . 3 WIFE/PARTNER STERILIZEI . . . . . 4 RESPONDENT STERILIZED . . . . . 5 UNDECIDED/DON'T KNOW 8	→ 514
508	CHECK 208: HAS FATHERED CHILDREN ☐ ↓ a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN ☐ ↓ b) How long would you like to wait from now before the birth of a child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS COUPLE CAN'T GET PREGNANT . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
509	Are any of your wives or partners currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 512

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Now I have some questions about the future. After the child you and your wife or partner 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	→ 514
511	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 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 514
512	CHECK 208: HAS FATHERED CHILDREN: a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN: b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNAN . . . . . 3 (WIFE/WIVES/PARTNER(S)) STERILIZED . . . . 4 RESPONDENT STERILIZED . . . . . 5 UNDECIDED/DON'T KNOW 8	→ 514
513	CHECK 208: HAS FATHERED CHILDREN: a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN: b) How long would you like to wait from now before the birth of a child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS COUPLE CAN'T GET PREGNANT . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
514	CHECK 203 AND 205: HAS LIVING CHILDREN: a) 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? NO LIVING CHILDREN: b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 607 NUMBER . . . . . ☐☐ OTHER _____ 96 → 607 (SPECIFY)	
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ → (continue) NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ → 612		
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 JOINTL . . 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 JOINTL . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTL . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH WIFE/PARTNER ONLY . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 615
613	Do you have a title deed or other government recognized document for any house you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 615

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . . . . 01 JOINTLY WITH WIFE/PARTNER ONLY . . . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . . . 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE . . . . . 04 BOTH ALONE AND JOINTLY . . . . . 05 DOES NOT OWN 06	→ 617A
616	Do you have a title deed or other government recognized document for any land you own?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 617A
617	Is your name on this document?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . . 1 NO 2	→ 617C
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES . . . . . 1 NO 2	
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . . . . 1 NO 2	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she has sex with someone else? g) If looks in his telephone?	YES NO DK a) GOES OUT . . . . . 1 2 8 b) NEGLECTS CHILDRE . . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . . . 1 2 8 e) BURNS FOOD . . . . . 1 2 8 f) SEX WITH SOMEONE 1 2 8 g) TELEPHONE 1 2 8	
619	As far as you know did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES . . . . . 1 NO 2	→ 729
702	CHECK 111: AGE 15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐ →		→ 708
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	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	
706	Can people get HIV by sharing food with a person who has HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706A	Can peolple get HIV because witchcraft or over 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	
707A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . . . . 1 NO 2	
708A	Can HIV be transmitted from a mother to her baby: Aa) D Ab) D Ac) By breastfeeding?	YES NO DK Aa DURING PREGNANC\ . . 1 2 8 Ab DURING DELIVER\ . . . . 1 2 8 Ac BREASTFEEDING 1 2 8	
709A	CHECK 708A: AT LEAST ONE 'YES' ☐ ↓ OTHER ☐ →		→ 712
709	Are there any special medicines 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	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . . . . 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Have you ever been tested for HIV?	YES . . . . . 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH/CHW . . . . . 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 DISPENSARY . . . . . 24 FAMILY PLANING CLINIC . . . . . 25 MOBILE HTC SERVICES . . . . . 26 OTHER PRIVATE MEDICAL SECTOR 27 _____ (SPECIFY) **OTHER SOURCE** HOME . . . . . 41 WORKPLACE . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 YOUTH CENTER . . . . . 44 OTHER 96 _____ (SPECIFY)	
716	Did you get the results of the test?	YES . . . . . 1 NO 2	→ 720
717	What was the result of the test?	POSITIVE . . . . . 1 NEGATIVE . . . . . 2 INDETERMINATE . . . . . 3 DECLINED TO ANSWER 4	→ 720
718	In what month and year did you receive your first HIV-positive test result?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR . . . . . 9998 SAME DATE AS MOST RECENT HIV TEST 95	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS . . . . . ☐☐	
721	Have you heard of test kits people can use to test themselves for HIV?	YES . . . . . 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES . . . . . 1 NO 2	
723	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/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: CODE '1' CIRCLED ☐ ↓ OTHER ☐		→ 729
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . . . . 1 NO 2	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE . . . . . 1 DISAGREE 2	
727A	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . . 1 NO . . . . . 2 SAYS HE HAS HIV . . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY . . . . . 1 2 b) DISCLOSED STATUS . . . . . 1 2 c) VERBALLY INSULTED . . . . . 1 2 d) HEALTHCARE WORKERS TALKED BADLY . . . . . 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 701: HEARD ABOUT HIV OR AIDS ☐ → a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS ☐ → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
730	CHECK 414: HAS HAD SEXUAL INTERCOURSE ☐ NEVER HAD SEXUAL INTERCOURSE ☐ →		735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ →		733
732	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	
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
735	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	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about other health issues. Some men are circumcised. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805A
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . . . . . 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805A
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . . . . . 95 DON'T KNOW 98	
805A	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 806
805B	How does tuberculosis spread from one person to another? Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A BY SHARING UTENSII . . . . . B BY TOUCHING A PERSON WITH T . . . . . C THROUGH SHARING FOOD . . . . . D THROUGH SEXUAL CONTA(. . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW Z	
805B1	What are the main ways to avoid TB bacilli spread? RECORD ALL MENTIONED.	SEEK FOR CARE WHEN HAVING SYMPTOMS SUGGESTIVE OF TB . . . . . A COVER THE MOUTH WHEN SNEEZIN . . . . . B OPEN WINDOWS . . . . . C OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
805B2	Who is most at risk of getting Tuberculosis disease ?	EVERY BODY . . . . . 1 POOREST PEOPLE 2 HEAVY MANUAL LABOR . . . . . 3 CHILDREN . . . . . 4 PEOPLE LIVING WITH HIV . . . . . 5 HEAVY SMOKERS . . . . . 6 ELDERLY PEOPLE . . . . . 7 PEOPLE LIVING WITH A TB CASE . . . . . 8 OTHER (SPECIFY)_____ 96 SPECIFY DON'T KNOW 98	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805B3	What are the main symptoms of Tuberculosis diseases ? RECORD ALL MENTIONED.	COUGH OF MORE THAN 2 WEEKS . . . . . A FEVER . . . . . B DRENCHING NIGHT SWEATS . . . . . C UNEXPECTED LOSS OF WEIGHT . . . . . D GENERAL FATIGUE/MALAISE . . . . . E CHEST PAIN . . . . . F DON'T KNOW . . . . . Z	
805B4	Do you currently have the following symptoms? a) Cough b) Fever c) Drenching night sweats d) Unexpected weight lost e) General fatigue or malaise f) Chest pain	YES 2+ WEEKS / YES < 2 WEEKS / NO COUGH 1 2 3 FEVER 1 2 3 SWEAT 1 2 3 WEIGHT LOST 1 2 3 FATIGUE 1 2 3 CHEST PAIN 1 2 3	
805B5	CHECK 1805B4 IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED IF "NO" TO ALL SYMPTOMS →		805C
805B6	Have you ever sought care or help?	YES . . . . . 1 NO 2	→ 805C
805B7	Where did you seek care or help?	**PUBLIC SECTOR** REFERRAL HOSPITAL . . . . . 11 PROVINCIAL/DISTRICT HOSPITAL . . . . . 12 HEALTH CENTER . . . . . 13 HEALTH POST . . . . . 14 OUTREACH . . . . . 15 COMMUNITY HEALTH W . . . . . 16 OTHER PUBLIC SECTOR 17 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** POLYCLINIC . . . . . 21 PRIVATE CLINIC . . . . . 22 DISPENSARY . . . . . 23 PHARMACY . . . . . 24 OTHER PRIVATE MEDICAL SECTOR 25 _____ (SPECIFY) **OTHER SOURCE** SHOP/BAR/ KIOSK CONDOM . . . . . 31 CHURCH . . . . . 32 FRIEND/RELATIVE . . . . . 33 YOUTH CENTER . . . . . 34 OTHER _____ 96 (SPECIFY)	
805C	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805E
805D	What is the duration of treatment of TB now a days? IF MORE THAN 7 MONTHS, RECORD 7.	MONTHS . . . . . ☐☐ DON'T KNOW 8	
805E	Have you ever been told by a doctor or nurse or LHV that you have/had tuberculosis?	YES . . . . . 1 NO 2	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES . . . . . 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? g) Any others? _____ (SPECIFY)	NUMBER DAILY a) MANUFACTURED CIGARETTES . . . . . [ ][ ][ ] b) HAND-ROLLED CIGARETTES . . . . . [ ][ ][ ] d) PIPES FULL OF TOBACCO . . . . . [ ][ ][ ] e) CIGARS, CHEROOTS, OR CIGARILLOS . . . . [ ][ ][ ] g) OTHERS . . . . . [ ][ ][ ]	→ 811
810	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? g) Any others? _____ (SPECIFY)	NUMBER WEEKLY a) MANUFACTURED CIGARETTES . . . . . [ ][ ][ ] b) HAND-ROLLED CIGARETTES . . . . . [ ][ ][ ] d) PIPES FULL OF TOBACCO . . . . . [ ][ ][ ] e) CIGARS, CHEROOTS, OR CIGARILLOS . . . . [ ][ ][ ] g) OTHERS . . . . . [ ][ ][ ]	
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY . . . . . 1 SOME DAYS . . . . . 2 NOT AT ALL 3	→ 813 → 814

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES DAILY a) SNUFF, BY MOUTH . . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . [ ][ ][ ] e) ANY OTHERS . . . . . [ ][ ][ ]	→ 814
813	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	TIMES WEEKLY a) SNUFF, BY MOUTH . . . . . [ ][ ][ ] b) SNUFF, BY NOSE . . . . . [ ][ ][ ] c) CHEWING TOBACCO . . . . [ ][ ][ ] e) ANY OTHERS . . . . . [ ][ ][ ]	
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or Banana/Sorghum beer?	YES . . . . . 1 NO 2	→ 817
815	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK . . . . . 00 NUMBER OF DAYS . . . . . [ ][ ] EVERY DAY/ALMOST EVERY DAY 95	→ 817
815A	During these days, what the main type of alchool drink did you take? IF HE/SHE TOOK DIFFERENT TYPE ,RECORD WHAT HE/SHE TOOK OFTEN	TRADITIONAL BEER . . . . . 1 INDUSTRIAL BEER . . . . . 2 WINE/LIQUOR . . . . . 3 SPIRIT 4	
816	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of Banana/Sorghum beer. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	a) NUMBER OF GLASSES . . . . . [ ][ ] b) NUMBER OF BOTTLES . . . . . [ ][ ]	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ NEXT SECT.
818	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUELLE/COMMUNITY HEALTH INSURANCE A RSSB/RAMA . . . . . B MMI . . . . . C PRIVATE INSURANCE COMPANY . . . . . D EMPLOYER . . . . . E OTHER _____ X (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV00	CHECK COVER PAGE: MAN SELECTED FOR DV MODULE? MAN SELECTED FOR THIS SECTION ☐ ↓ MAN NOT SELECTED ☐ →		NEXT SECT.
MDV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 ↓ PRIVACY NOT POSSIBLE . . . . . 2 →		MDV37
MDV02	Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.		
MDV03	CHECK 401 AND 402: CURRENTLY MARRIED/ LIVING WITH A WOMAN ☐ → NEVER MARRIED/ NEVER LIVED WITH A WOMAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') ☐ →		MDV06 MDV06
MDV04	You have said that you are not married and are not living with a woman as if married. Are you currently in an intimate relationship with a woman even though you are not living with her?	YES . . . . . 1 NO 2	MDV06
MDV05	Have you ever been in an intimate relationship with a woman even though you did not ever live with her?	YES . . . . . 1 NO 2	MDV22
MDV06	Now, I am going to ask you about some situations that can happen between some men and their (wife/female partner).		

A. Please tell me if these descriptions apply to your relationship with your (last) (wife/female partner).	EVER	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) SHe (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2 ↓	1	2	3
b) She frequently (accuses/accused) you of being unfaithful?	YES 1 NO 2 ↓	1	2	3
c) She (does/did) not permit you to meet your male friends?	YES 1 NO 2 ↓	1	2	3
d) She (tries/tried) to limit your contact with your family?	YES 1 NO 2 ↓	1	2	3
e) She (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2 ↓	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

MDV07 Now I need to ask some more questions about your relationship with your (last) (wife/female partner).

	A. Did your (last) (wife/female partner) ever:	EVER	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	say or do something to humiliate you in front of others?	YES 1 / NO 2	1	2	3
b)	threaten to hurt or harm you or someone you care about?	YES 1 / NO 2	1	2	3
c)	insult you or make you feel bad about yourself?	YES 1 / NO 2	1	2	3

MDV08 A. Did your (last) (wife/female partner) ever do any of the following things to you:

B. How often did this happen during the last 12 months: often, only sometimes, or not at all?

		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	push you, shake you, or throw something at you?	YES 1 / NO 2	1	2	3
b)	slap you?	YES 1 / NO 2	1	2	3
c)	twist your arm or pull your hair?	YES 1 / NO 2	1	2	3
d)	punch you with his fist or with something that could hurt you?	YES 1 / NO 2	1	2	3
e)	kick you, drag you, or beat you up?	YES 1 / NO 2	1	2	3
f)	try to choke you or burn you on purpose?	YES 1 / NO 2	1	2	3
g)	attack you with a knife, gun, or other weapon?	YES 1 / NO 2	1	2	3
h)	physically force you to have sexual intercourse with him when you did not want to?	YES 1 / NO 2	1	2	3
i)	physically force you to perform any other sexual acts you did not want to?	YES 1 / NO 2	1	2	3
j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 / NO 2	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV09	CHECK DV08A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		MDV11
MDV10	Did the following ever happen as a result of what your (last) (wife/female partner) did to you:		
	a) You had cuts, bruises, or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
MDV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/female partner) at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	MDV13
MDV12	In the last 12 months, how often have you done this to your (last) (wife/female partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
MDV13	Did your (last) (wife/female partner) drink alcohol?	YES . . . . . 1 NO 2	MDV15
MDV14	How often did he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
MDV15	Were you afraid of your (last) (wife/female partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
MDV16	A. So far we have been talking about the behavior of your (current/last) (wife/female partner). Now I want to ask you about the behavior of any previous wife or any other current or previous female partner that you may have ever had.	B. How long ago did this last happen?	

	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	SKIP
	HAS NEVER HAD ANOTHER WIFE/FEMALE PARTNER 6					MDV17
a) Did any previous wife or any other current or previous female partner ever hit, slap, kick, or do anything else to hurt you physically?	YES NO ↓	1 2	→ 1	2	3	
b) Did any previous wife or any other current or previous female partner physically force you to have intercourse or perform any other sexual acts that you did not want to?	YES NO ↓	1 2	→ 1	2	3	
c) Did any previous wife or any other current or previous female partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES NO ↓	1 2	→ 1	2	3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV17	CHECK DV08A (h-j) AND DV16A (b): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE YES ☐ →		MDV22
MDV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	
MDV22	CHECK 401 AND 402 AND MDV04 AND MDV05: EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER ☐ ↓ a) From the time you were 15 years old, has anyone other than a wife or female partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any wife or any other female partner. b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	MDV25
MDV23	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 CURRENT GIRLFRIEND . . . . . F FORMER GIRLFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K SCHOOLMATE/CLASSMATE . . . . . L EMPLOYER/SOMEONE AT WORK . . M POLICE/SOLDIER . . . . . N OTHER _____ (SPECIFY) X	
MDV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV25	CHECK 401 AND 402 AND MDV04 AND MDV05: EVER MARRIED/ EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER HAD A FEMALE PARTNER ☐ → MDV27		
MDV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any wife or female partner.	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ MDV28 → MDV31
MDV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ MDV31
MDV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER ☐ ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any wife or any other female partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	
MDV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER . . . . . A BROTHER/STEP-BROTHER . . . . . B OTHER RELATIVE . . . . . C CURRENT GIRLFRIEND . . . . . D FORMER GIRLFRIEND . . . . . E IN-LAW . . . . . F OWN FRIEND/ACQUAINTANCE . . . . . G FAMILY FRIEND . . . . . H TEACHER . . . . . I SCHOOLMATE/CLASSMATE . . . . . J EMPLOYER/SOMEONE AT WORK . . K POLICE/SOLDIER . . . . . L RELIGIOUS LEADER . . . . . M STRANGER . . . . . N OTHER _____ X (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MDV30	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER ☐ ↓ a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to? NEVER MARRIED/ NEVER LIVED WITH A WOMAN/ NEVER HAD A FEMALE PARTNER ☐ ↓ b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?	YES . . . . . 1 NO 2	
MDV31	CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		MDV35
MDV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO 2	→ MDV34
MDV33	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A WIFE'S/PARTNER'S FAMILY . . B CURRENT/FORMER WIFE/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)	→ MDV35
MDV34	Have you ever told any one about this?	YES . . . . . 1 NO 2	
MDV35	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
DV35A	Through social media or other technological means, have you ever experienced any of the following:	Yes / No / Don't know	
	A1) Cyberbullying	1 / 2 / 8	
	A2) Cyberstalking	1 / 2 / 8	
	A3) Nonconsensual distribution of sexually explicit images	1 / 2 / 8	
	A4) Online gender-based hate speech	1 / 2 / 8	
	A5) Using technology to coordinate physical violence	1 / 2 / 8	
	A6) Hacking into your account	1 / 2 / 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
MDV36	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?	YES, ONCE / YES, MORE THAN ONCE / NO WIFE . . . . . 1 / 2 / 3 OTHER MALE/FEMALE . . 1 / 2 / 3 MALE ADULT . . . . . 1 / 2 / 3	
MDV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

MINISTRY OF FINANCE AND ECONOMIC PLANNING (MINECOFIN)
NATIONAL INSTITUTE OF STATISTICS OF RWANDA (NISR)

MINISTRY OF HEALTH (MoH

SEVENTH DEMOGRAPHIC AND HEALTH SURVEY OF RWANDA
RDHS7

BIOMARKER QUESTIONNAIRE

IDENTIFICATION

PRVOVINCE _____ DISTRICT _____ SECTOR _____

NAME OF HOUSEHOLD HEAD _____ _____

CLUSTER NUMBER

STRUCTURE NUMBER

HOUSEHOLD NUMBER

SEGMENT NUMBER

[RWANDA-SPECIFIC QUESTION ON BIOMARKER SUBSAMPLING YES =1, NO=2]

BIOMARKER TECHNICIAN VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
BIOMARKER TECH. NAME	_____	_____	_____	MONTH YEAR
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

NOTES:

_____

_____

_____

_____

_____

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

TOTAL ELIGIBLE CHILDREN

LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:

01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5
02 KINYARWANDA	04 LANGUAGE 4	06 LANGUAGE 6

TEAM	FIELD BIOMARKER	TEAM LEADER
NUMBER	NAME _____ NUMBER	NAME _____ NUMBER

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 1	SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐ → 125	
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 → 108 OTHER 9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 → 113 OTHER 9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 → 113 NO 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ BIOMARKER TECH
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

	CHILD 1	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER ☐ AGE 0-5 MONTHS ☐ → 125	
118	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED. NAME _____ LINE NUMBER ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
120	CIRCLE THE CODE. GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 122	
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER. _____ (SIGN) ☐☐☐☐ BIOMARKER TECH	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET]. G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 → 125 OTHER 996	
123	CHECK 113: HEMOGLOBIN RESULT BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE . . . . . 2 → 125	
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 101 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 113
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ BIOMARKER TECH	
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

	CHILD 2		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	OLDER ☐ AGE 0-5 MONTHS ☐ → 125	
118	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	NAME _____ LINE NUMBER ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
120	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 122	
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 → 125 OTHER 996	
123	CHECK 113: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE . . . . . 2 → 125	
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 101ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 113
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ BIOMARKER TECH	
115	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

	CHILD 3		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	OLDER ☐ AGE 0-5 MONTHS ☐ → 125	
118	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	NAME _____ LINE NUMBER ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
120	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 122	
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . .995 OTHER . . . . . 996 → 125	
123	CHECK 113: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE . . . . . 2 → 125	
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 101 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD	LINE NUMBER . . . . ☐☐ NAME _____	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS)]	CODE 4 (NEVER IN UNIO . . 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSE[. . . . . 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSE[. . . . . 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER	
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
212	CHECK 203: AGE 15-17 YEARS ☐ ↓ / AGE 18-49 YEARS ☐		→ 214
213	CHECK 204: OTHER ☐ ↓ / CODE 4 (NEVER IN UNION) ☐		→ 225

	WOMAN 1	SKIP

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT

214 ASK CONSENT FOR ANEMIA TEST:

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you take the anemia test?

215	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 217
216	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

217 ASK CONSENT FOR DBS COLLECTION:

As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipucture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in the central laboratory?

218	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 222
219	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

220 ASK CONSENT FOR ADDITIONAL TESTING:

We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

221	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 222

		WOMAN 1	SKIP
ADULT RESPONDENT CONSENT		**ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING**	
	222	ASK CONSENT FOR HIV RAPID TESTING: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
	223	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 252
	224	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 252
	225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	_____ NAME LINE NUMBER: ☐☐
PARENT/RESPONSIBLE ADULT CONSENT		**PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**	
	226	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?	
	227	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
	228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
	229	CHECK 227: CONSENT GRANTED ☐	CONSENT REFUSED ☐ → 233

		WOMAN 1	SKIP
MINOR RESPONDENT ASSENT		**MINOR RESPONDENT ASSENT FOR ANEMIA TEST**	
	230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	231	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
	232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

	WOMAN 1	SKIP

PARENT/RESPONSIBLE ADULT CONSENT

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	
234	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
235	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
236	CHECK 234: CONSENT GRANTED ☐ CONSENT REFUSED ☐	→ 245

MINOR RESPONDENT ASSENT

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

237	SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS: Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virus itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virus itera SIDA mu Rwanda.Mugupima ubwandu bwa virusi itera SIDA, turakenera amaraso yo mumutsi.amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'Igihugu kugirango apimwe.Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoreshwa na rimwe kandi iyo bimaze gukoreshwa birajugunywa,nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe. Hari icyo usobanuza? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'Ig	
238	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
239	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

		WOMAN 1	SKIP
PARENT/RESPONSIBLE ADULT CONSENT	**PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**		
	240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	241	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
	242	CHECK 241: CONSENT GRANTED ☐ ↓ CONSENT REFUSED ☐ →	245
MINOR RESPONDENT ASSENT	**MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING**		
	243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	244	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

		WOMAN 1	SKIP
PARENT/RESPONSIBLE ADULT CONSENT		**PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING**	
	245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?	
	246	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 252
	247	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER → 252
	248	CHECK 246: CONSENT GRANTED ☐ CONSENT REFUSED ☐	→ 252
MINOR RESPONDENT ASSENT		**MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING**	
	249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
	250	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 252
	251	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER T. NUMBER

	WOMAN 1	SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND	
253	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	→ 256
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244 CONSENT REFUSED ☐ CONSENT GRANTED ☐	→ 256
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.	
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET]. G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	→ 259
257	CHECK 256: HEMOGLOBIN RESULT BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE 2	→ 259
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSE[. . . . . 4 OTHER 5	→ 262 → 265
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE. POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSE[. . . . . 4 OTHER 5	→ 263 → 265 → 264
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265	
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	

	WOMAN 1		SKIP
264	IF 259 IS POSITIVE AND UNI-GOLD WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCT 3	→ 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
268	IF ANOTHER WOMAN, GO TO 201 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	WOMAN 2	SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD	LINE NUMBER . . . . ☐☐ NAME _____
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-49 YEARS 2
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL	CODE 4 (NEVER IN UNIC . . 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSE[. . . . . 99995 → 207 OTHER 99996
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSE[. . . . . 9995 → 209 OTHER 9996
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
212	CHECK 203: AGE 15-17 YEARS ☐ ↓	AGE 18-49 YEARS ☐ → 214
213	CHECK 204: OTHER ☐ ↓	CODE 4 (NEVER IN UNION) ☐ → 225

	WOMAN 2	SKIP

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT

214	ASK CONSENT FOR ANEMIA TEST: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
215	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 217
216	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

217	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipucture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
218	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 222
219	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

220	ASK CONSENT FOR ADDITIONAL TESTING: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
221	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 222

	WOMAN 2	SKIP

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

222	ASK CONSENT FOR HIV RAPID TESTING: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?	
223	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 252
224	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) BIOMARKER NUMBER → 252

225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	_____ NAME LINE NUMBER:

PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

PARENT/RESPONSIBLE ADULT CONSENT

226	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?	
227	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) BIOMARKER NUMBER
229	CHECK 227:	CONSENT GRANTED ☐ ↓ CONSENT REFUSED ☐ → 233

	WOMAN 2	SKIP

MINOR RESPONDENT ASSENT FOR ANEMIA TEST

MINOR RESPONDENT ASSENT

230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
231	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	
234	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
235	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
236	CHECK 234: CONSENT GRANTED ☐ ↓	CONSENT REFUSED ☐ → 245

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

237	SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS: Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virus itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virus itera SIDA mu Rwanda.Mugupima ubwandu bwa virusi itera SIDA, turakenera amaraso yo mumutsi.amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'Igihugu kugirango apimwe.Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoreshwa na rimwe kandi iyo bimaze gukoreshwa birajugunywa,nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe. Hari icyo usobanuza? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'Ig	
238	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
239	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

		WOMAN 2	SKIP
PARENT/RESPONSIBLE ADULT CONSENT	**PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**		
	240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	241	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
	242	CHECK 241: CONSENT GRANTED ☐ ↓ CONSENT REFUSED ☐ → 245	
MINOR RESPONDENT ASSENT	**MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING**		
	243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	244	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

WOMAN 2 | SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

245 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:

If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?

246 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 252

247 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER → 252

248 CHECK 246: CONSENT GRANTED ☐ ↓ | CONSENT REFUSED ☐ → 252

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

249 ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

250 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 252

251 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER T. NUMBER

252 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND

253 ADULT: CHECK 218
MINOR: CHECK 234 AND 238
PLACE BAR CODE LABEL:

PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

PUT THE 1ST BAR CODE LABEL HERE.

NOT PRESENT 99994
REFUSED 99995
OTHER . . . . . 99996 → 256

254 ADULT: CHECK 221
MINOR: CHECK 241 AND 244
CONSENT REFUSED ☐ ↓ | CONSENT GRANTED ☐ → 256

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT, AND HIV TESTING FOR WOMEN AGE 15-49

	WOMAN 2		SKIP
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.		
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL . . . . . ___._ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	→ 259
257	CHECK 256: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE 2	→ 259
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSEI . . . . . 4 OTHER 5	→ 262 → 265
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE.	POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSEI . . . . . 4 OTHER 5	→ 263 → 265 → 264
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265		
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265		
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265		
264	IF 259 IS POSITIVE AND UNI-GOLD WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		

	WOMAN 2		SKIP
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCT 3	→ 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
268	IF ANOTHER WOMAN, GO TO 201 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	WOMAN 3	SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD	LINE NUMBER . . . . ☐☐ NAME _____
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-49 YEARS 2
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL	CODE 4 (NEVER IN UNIC . . 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSE[. . . . . 99995 → 207 OTHER 99996
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSE[. . . . . 9995 → 209 OTHER 9996
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER
211	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
212	CHECK 203: AGE 15-17 YEARS ☐ ↓ / AGE 18-49 YEARS ☐ → 214	
213	CHECK 204: OTHER ☐ ↓ / CODE 4 (NEVER IN UNION) ☐ → 225	

	WOMAN 3	SKIP

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT

214	ASK CONSENT FOR ANEMIA TEST: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?		
215	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 217
216	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

217	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipucture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
218	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 222
219	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

220	ASK CONSENT FOR ADDITIONAL TESTING: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
221	CIRCLE THE CODE.	GRANTED . . . . . 1 REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 222

	WOMAN 3	SKIP

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

222	ASK CONSENT FOR HIV RAPID TESTING: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?		
223	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTEI . . . . . 1 REFUSEI . . . . . 2 NOT PRESENT/OTHER 3	→ 252
224	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	→ 252

	WOMAN 3	SKIP

225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	NAME LINE NUMBER: ☐☐

PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

PARENT/RESPONSIBLE ADULT CONSENT

226	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. 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. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?	
227	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	(SIGN) ☐☐☐☐ BIOMARKER NUMBER
229	CHECK 227: CONSENT GRANTED ☐ ↓ CONSENT REFUSED ☐ → 233	

MINOR RESPONDENT ASSENT FOR ANEMIA TEST

MINOR RESPONDENT ASSENT

230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
231	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 233
232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	(SIGN) ☐☐☐☐ BIOMARKER NUMBER

	WOMAN 3	SKIP

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	
234	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
235	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
236	CHECK 234: CONSENT GRANTED ☐ CONSENT REFUSED ☐	→ 245

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

237	SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS: Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virus itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virus itera SIDA mu Rwanda.Mugupima ubwandu bwa virusi itera SIDA, turakenera amaraso yo mumutsi.amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'Igihugu kugirango apimwe.Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoreshwa na rimwe kandi iyo bimaze gukoreshwa birajugunywa,nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe. Hari icyo usobanuza? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'Ig	
238	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
239	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT CONS

240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
241	CIRCLE THE CODE.	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 245
242	CHECK 241: CONSENT GRANTED ☐ CONSENT REFUSED ☐	→ 245

	WOMAN 3	SKIP

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
244	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?		
246	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 252
247	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	(SIGN) BIOMARKER NUMBER	→ 252
248	CHECK 246: CONSENT GRANTED ☐ CONSENT REFUSED ☐		→ 252

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?		
250	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3	→ 252
251	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	(SIGN) BIOMARKER T. NUMBER	

	WOMAN 3	SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND	
253	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. PUT THE 1ST BAR CODE LABEL HERE. NOT PRESEN . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	→ 256
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244 CONSENT REFUSED ☐ CONSENT GRANTED ☐	→ 256
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.	
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET]. G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	→ 259
257	CHECK 256: HEMOGLOBIN RESULT BELOW [7.0 G/DL], SEVERE ANEMIA . . . . . 1 [7.0 G/DL] OR ABOVE 2	→ 259
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSEI . . . . . 4 OTHER 5	→ 262 → 265
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE. POSITIVE . . . . . 1 NEGATIV . . . . . 2 NOT PRESEN . . . . . 3 REFUSEI . . . . . 4 OTHER 5	→ 263 → 265 → 264
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265	
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	
264	IF 259 IS POSITIVE AND UNI-GOLD WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	

	WOMAN 3		SKIP
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCT 3	→ 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	☐☐ INVALID RESULTS, IF NONE ENTER '00'	
268	IF ANOTHER WOMAN, GO TO 201 ON IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____	
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIO . . 1 OTHER 2	
305	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	→ 307
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER	
311	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
312	CHECK 303: AGE 15-17 YEARS ☐ ↓ / AGE 18-59 YEARS ☐		→ 317
313	CHECK 304: OTHER ☐ ↓ / CODE 4 (NEVER IN UNION) ☐		→ 325

	MAN 1	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

317	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
318	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 322
319	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

320	ASK CONSENT FOR ADDITIONAL TESTING: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
321	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	

MAN 1 | SKIP

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

322 ASK CONSENT FOR HIV RAPID TESTING:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

323 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
REFUSED 2
NOT PRESENT/OTHER 3 → 352

324 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

BIOMARKER NUMBER

→ 352

325 RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR.

RECORD '00' IF NOT LISTED.

_____ NAME

LINE NUMBER: ☐☐

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

333 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

334 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

335 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

BIOMARKER NUMBER

336 CHECK 334: CONSENT GRANTED ☐ CONSENT REFUSED ☐ → 345

MAN 1 | SKIP

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

337 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

338 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

BIOMARKER TECHNICIAN

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT

340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

341 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

342 CHECK 341: CONSENT GRANTED ☐ CONSENT REFUSED ☐ → 345

	MAN 1	SKIP

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

343	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
344	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

345	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?	
346	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 352
347	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
348	CHECK 346: CONSENT GRANTED ☐ CONSENT REFUSED ☐	→ 352

MAN 1 | SKIP

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

349 ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

350 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 352

351 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

352 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND

353 ADULT: CHECK 318
MINOR: CHECK 334 AND 338
PLACE BAR CODE LABEL:

PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

PUT THE 1ST BAR CODE LABEL HERE.

NOT PRESENT 99994
REFUSED . . . . . 99995 → 359
OTHER 99996

354 ADULT: CHECK 321
MINOR: CHECK 341 AND 344

CONSENT REFUSED ☐ ↓
CONSENT GRANTED ☐ → 359

355 IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.

359 RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.

POSITIVE 1
NEGATIVE . . . . . 2 → 362
NOT PRESENT 3
REFUSED . . . . . 4 → 365
OTHER 5

360 RECORD THE RESULT OF THE " STAT PACK RDT" HERE.

POSITIVE 1
NEGATIVE . . . . . 2 → 363
NOT PRESENT . . . . . 3 → 365
REFUSED . . . . . 4 → 364
OTHER 5

	MAN 1		SKIP
361	IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 365		
362	IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 365		
363	IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 365		
364	IF 359 IS POSITIVE AND STAT PACK WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
365	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI 3	→ 368
366	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
367	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
368	IF ANOTHER MAN, GO TO 301 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

301 CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).

	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____	
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIO . . 1 OTHER 2	
305	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSE[. . . . . 99995 OTHER 99996	→ 307
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSE[. . . . . 9995 OTHER 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER	
311	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
312	CHECK 303: AGE 15-17 YEARS ☐ ↓	AGE 18-59 YEARS ☐	→ 317
313	CHECK 304: OTHER ☐ ↓	CODE 4 (NEVER IN UNION) ☐	→ 325

	MAN 2	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

317	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
318	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 322
319	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

320	ASK CONSENT FOR ADDITIONAL TESTING: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
321	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	

MAN 2 | SKIP

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

322 ASK CONSENT FOR HIV RAPID TESTING:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

323 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
REFUSED 2
NOT PRESENT/OTHER 3 → 352

324 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

BIOMARKER NUMBER ☐☐☐☐ → 352

325 RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR.

RECORD '00' IF NOT LISTED.

_____ NAME

LINE NUMBER: ☐☐

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

333 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

334 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

335 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

BIOMARKER NUMBER ☐☐☐☐

336 CHECK 334: CONSENT GRANTED ☐ CONSENT REFUSED ☐ → 345

MAN 2 | SKIP

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

337 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

338 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER TECHNICIAN

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

PARENT/RESPONSIBLE ADULT

340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

341 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

342 CHECK 341: CONSENT GRANTED ☐ | CONSENT REFUSED ☐ → 345

	MAN 2	SKIP

MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING

MINOR RESPONDENT ASSENT

343 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:

We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

344 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER 3

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING

PARENT/RESPONSIBLE ADULT CONSENT

345 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:

If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?

346 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 352

347 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

☐☐☐☐ BIOMARKER NUMBER

348 CHECK 346:

CONSENT GRANTED ☐ ↓

CONSENT REFUSED ☐ → 352

MAN 2 | SKIP

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

349 ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

350 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTEI 1
MINOR RESPONDENT
REFUSEI 2
NOT PRESENT/OTHER . . . . 3 → 352

351 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____
(SIGN)

☐☐☐☐
BIOMARKER NUMBER

352 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND

353 ADULT: CHECK 318
MINOR: CHECK 334 AND 338
PLACE BAR CODE LABEL:

PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

PUT THE 1ST BAR CODE LABEL HERE.

NOT PRESEN 99994
REFUSED . . . . . 99995 → 359
OTHER 99996

354 ADULT: CHECK 321
MINOR: CHECK 341 AND 344

CONSENT REFUSED ☐ ↓

CONSENT GRANTED ☐ → 359

355 IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.

359 RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.

POSITIVE 1
NEGATIV . . . . . 2 → 362
NOT PRESEN 3
REFUSEI . . . . . 4 → 365
OTHER 5

360 RECORD THE RESULT OF THE " STAT PACK RDT" HERE.

POSITIVE 1
NEGATIV . . . . . 2 → 363
NOT PRESEN . . . . . 3 → 365
REFUSEI 4
OTHER . . . . . 5 → 364

	MAN 2		SKIP
361	IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 365		
362	IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 365		
363	IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 365		
364	IF 359 IS POSITIVE AND STAT PACK WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
365	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI 3	→ 368
366	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
367	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	☐☐ RECORD NUMBER OF INVALID RESULTS, IF NONE	
368	IF ANOTHER MAN, GO TO 301 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 3		SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER . . . . ☐☐ NAME _____	
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS . . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIO . . 1 OTHER 2	
305	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	→ 307
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . . 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM . . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER NUMBER	
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER NUMBER	
311	TODAY'S DATE:	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
312	CHECK 303: AGE 15-17 YEARS ☐ ↓	AGE 18-59 YEARS ☐	→ 317
313	CHECK 304: OTHER ☐ ↓	CODE 4 (NEVER IN UNION) ☐	→ 325

	MAN 3	SKIP

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT

317	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
318	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 322
319	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER	

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT

320	ASK CONSENT FOR ADDITIONAL TESTING: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
321	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	

MAN 3 | SKIP

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING

ADULT RESPONDENT CONSENT

322 ASK CONSENT FOR HIV RAPID TESTING:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

323 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTED 1
REFUSED 2
NOT PRESENT/OTHER 3 → 352

324 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____ (SIGN)

BIOMARKER NUMBER

→ 352

325 RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR.

RECORD '00' IF NOT LISTED.

_____ NAME

LINE NUMBER: ☐☐

PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT/RESPONSIBLE ADULT CONSENT

333 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:

As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

334 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

335 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

BIOMARKER NUMBER

336 CHECK 334: CONSENT GRANTED ☐ CONSENT REFUSED ☐ → 345

MAN 3 | SKIP

MINOR RESPONDENT ASSENT FOR DBS COLLECTION

MINOR RESPONDENT ASSENT

337 ASK ASSENT FOR DBS COLLECTION FROM MINOR:

As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a venipuncture. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory?

338 CIRCLE THE CODE.

GRANTED 1
MINOR RESPONDENT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.

_____ (SIGN)

BIOMARKER TECHNICIAN

PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

NT/RESPONSIBLE ADULT CON

340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:

We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

341 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE ADULT REFUSED 2
NOT PRESENT/OTHER . . . . 3 → 345

342 CHECK 341: CONSENT GRANTED ☐ CONSENT REFUSED ☐ → 345

		MAN 3	SKIP
MINOR RESPONDENT ASSENT		**MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING**	
MINOR RESPONDENT ASSENT	343	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	344	CIRCLE THE CODE.	GRANTED . . . . . 1 MINOR RESPONDENT REFUSED . . . . . 2 NOT PRESENT/OTHER 3
PARENT/RESPONSIBLE ADULT CONSENT		**PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING**	
PARENT/RESPONSIBLE ADULT CONSENT	345	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. 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. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?	
	346	CIRCLE THE CODE. IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED . . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . . 2 NOT PRESENT/OTHER . . . . 3 → 352
	347	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) ☐☐☐☐ BIOMARKER NUMBER
	348	CHECK 346:	CONSENT GRANTED ☐ ↓ CONSENT REFUSED ☐ → 352

MAN 3 | SKIP

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING

MINOR RESPONDENT ASSENT

349 ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:

If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. 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. The result of the test will be available in 20-40 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing?

350 CIRCLE THE CODE.
IF GRANTED,OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING

GRANTEI 1
MINOR RESPONDENT
REFUSEI 2
NOT PRESENT/OTHER . . . . 3 → 352

351 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.

_____
(SIGN)

☐☐☐☐
BIOMARKER NUMBER

352 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND

353 ADULT: CHECK 318
MINOR: CHECK 334 AND 338
PLACE BAR CODE LABEL:

PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

PUT THE 1ST BAR CODE LABEL HERE.

NOT PRESEN 99994
REFUSED . . . . . 99995 → 359
OTHER 99996

354 ADULT: CHECK 321
MINOR: CHECK 341 AND 344

CONSENT REFUSED ☐ ↓

CONSENT GRANTED ☐ → 359

355 IF CONSENT HAS NOT BEEN GRANTED, WRITE "**NAT**" ON THE FILTER PAPER.

359 RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.

POSITIVE 1
NEGATIV . . . . . 2 → 362
NOT PRESEN 3
REFUSEI . . . . . 4 → 365
OTHER 5

360 RECORD THE RESULT OF THE " STAT PACK RDT" HERE.

POSITIVE 1
NEGATIV . . . . . 2 → 363
NOT PRESEN . . . . . 3 → 365
REFUSEI 4
OTHER . . . . . 5 → 364

	MAN 3		SKIP
361	IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 365		
362	IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 365		
363	IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 365		
364	IF 359 IS POSITIVE AND STAT PACK WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
365	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . . 2 NO RDT CONDUCTEI 3	→ 368
366	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	□□ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
367	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	□□ RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'	
368	IF ANOTHER MAN, GO TO 301 ON IN ADDITIONAL QUESTIONNAIRE; ; IF NO MORE MEN, END INTERVIEW.		

MINISTRY OF FINANCE AND ECONOMIC PLANNING (MINECOFIN)
NATIONAL INSTITUTE OF STATISTICS OF RWANDA (NISR)

MINISTRY OF HEALTH (MoH

SEVENTH DEMOGRAPHIC AND HEALTH SURVEY OF RWANDA
RDHS7

REMEASUREMENT QUESTIONNAIRE

IDENTIFICATION

PROVINCE _____ DISTRICT _____ SECTOR _____

NAME OF HEAD OF HOUSEHOLD _____

CLUSTER NUMBER | | | | |

STRUCTURE NUMBER | | | | |

HOUSEHOLD NUMBER | | | |

SEGMENT NUMBER |

HOUSE HOLD SELECTED FOR REMEASUREMENT (YES= 1, NO =2) |

BIOMARKER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
[FIELDWORKER'S] NAME				MONTH
				YEAR
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

BIOMARKER OBSERVATIONS

TOTAL CHILDREN TO REMEASURE

LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** | | NATIVE LANGUAGE OF RESPONDENT** | | TRANSLATOR (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 LANGUAGE 2
03 LANGUAGE 3
04 LANGUAGE 4
05 LANGUAGE 5
06 LANGUAGE 6

TEAM	BIOMARKER	TEAM LEADER
NUMBER	NAME / NUMBER	NAME / NUMBER

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD TO REMEASURE		SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER	
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY . . . . . MONTH . . . . . YEAR	
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 116
106	WEIGHT IN KILOGRAMS.	KG. . . . . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . . NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . . 1 NO 2	
113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	[FIELDWORKER] NUMBER	
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	[FIELDWORKER] NUMBER	
115	TODAY'S DATE:	DAY . . . . . MONTH . . . . . YEAR	
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.		

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