MALAWI DEMOGRAPHIC AND HEALTH SURVEY 2010
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

DISTRICT _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MALE SURVEY, DOMESTIC VIOLENCE MODULE,
ANTHROPOMETRY, AND BLOOD WORK? (YES =1, NO =2)

NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
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
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** **ENGLISH**

4

LANGUAGE OF INTERVIEW** . . . .

NATIVE LANGUAGE OF RESPONDENT** . . . .

TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME) . . . . .

**LANGUAGE CODES: 1 CHICHEWA   3 YAO   6 OTHER _____
2 TUMBUKA   4 ENGLISH   (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

HH 1

Introduction and Consent

Hello. My name is _____ and I am working with The National Statistical Office. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 15 and 30 minutes to complete. As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to 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. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____   Date: _____

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

↓

HH 2

HOUSEHOLD SCHEDULE

						IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE **15-49**	CHECK COVER. CIRCLE LINE NUMBER OF ALL MEN AGE **15-54** IF HH SELECT- ED FOR MALE SURVEY, ANTHRO, AND BLOOD- WORK.	CHECK COVER. CIRCLE LINE NUMBER OF ALL CHILDREN **AGE 0-5** IF HH SELECT- ED FOR MALE SURVEY, ANTHRO, AND BLOOD- WORK.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F / 1 2	Y N / 1 2	Y N / 1 2	IN YEARS				
01		☐☐	1 2	1 2	1 2	☐☐	☐	01	01	01
02		☐☐	1 2	1 2	1 2	☐☐	☐	02	02	02
03		☐☐	1 2	1 2	1 2	☐☐	☐	03	03	03
04		☐☐	1 2	1 2	1 2	☐☐	☐	04	04	04
05		☐☐	1 2	1 2	1 2	☐☐	☐	05	05	05
06		☐☐	1 2	1 2	1 2	☐☐	☐	06	06	06
07		☐☐	1 2	1 2	1 2	☐☐	☐	07	07	07
08		☐☐	1 2	1 2	1 2	☐☐	☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐	☐	09	09	09
10		☐☐	1 2	1 2	1 2	☐☐	☐	10	10	10

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

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE OR NEPHEW
03 = SON OR DAUGHTER	10 = CO-WIFE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED/FOSTER/ STEPCHILD
05 = GRANDCHILD	12 = OTHER RELATIVE
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

HH 3

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS						
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
01	Y 1 N 2 DK 8	Y 1 N 2 — 8 GO TO 16	☐☐	Y 1 N 2 DK 8	Y 1 N 2 — 8 GO TO 19	☐☐	Y 1 N 2 DK 8	01
02	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	02
03	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	03
04	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	04
05	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	05
06	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	06
07	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	07
08	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	08
09	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	09
10	1 2 8	1 2 — 8 GO TO 16	☐☐	1 2 8	1 2 — 8 GO TO 19	☐☐	1 2 8	10

HH 4

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During the 2010 school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2009 school year?	During the 2009 school year, what level and class did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	How many meals did (NAME) eat yesterday?
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N DK	Y N DK	Y N DK	NO. OF MEALS
01	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
02	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
03	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
04	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
05	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
06	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
07	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
08	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
09	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐
10	1 2 ↓ GO TO 29	☐☐ ☐	1 2 ↓ GO TO 27	☐☐ ☐	1 2 ↓ GO TO 29	☐☐ ☐	1 2 8	1 2 8	1 2 8	☐

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL	CLASS: STANDARD/FORM/YEAR
0 = PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 24 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR QS. 26 AND 28)
8 = DON'T KNOW	98 = DON'T KNOW

Qs. 25 & 26:
USE THE 2009-2010 SCHOOL YEAR

Qs. 27 & 28:
FOR PRIVATE SCHOOLS, USE THE 2008-2009 SCHOOL YEAR

CODES FOR Q. 32
0 = NONE
1 = 1 MEAL
2 = 2 MEALS
3 = 3+ MEALS
8 = DON'T KNOW

HH 5

				IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE	AGE	MARITAL STATUS	ELIGIBILITY

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-32 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE **15-49**	CHECK COVER. CIRCLE LINE NUMBER OF ALL MEN AGE **15-54** IF HH SELECT-ED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.	CHECK COVER. CIRCLE LINE NUMBER OF ALL CHILDREN **AGE 0-5** IF HH SELECT-ED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11		☐☐	1 2	1 2	1 2	☐☐	☐	11	11	11
12		☐☐	1 2	1 2	1 2	☐☐	☐	12	12	12
13		☐☐	1 2	1 2	1 2	☐☐	☐	13	13	13
14		☐☐	1 2	1 2	1 2	☐☐	☐	14	14	14
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

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

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

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE OR NEPHEW
03 = SON OR DAUGHTER	10 = CO-WIFE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED/FOSTER/ STEPCHILD
05 = GRANDCHILD	12 = OTHER RELATIVE
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

HH 6

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS						
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	**IF MOTHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	**IF FATHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	**MOTHER AND/OR FATHER DEAD/ SICK** CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
11	Y 1 N 2 DK 8	Y 1 N 2 → GO TO 16 DK 8	☐☐	Y 1 N 2 DK 8	Y 1 N 2 → GO TO 19 DK 8	☐☐	Y 1 N 2 DK 8	11
12	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	12
13	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	13
14	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	14
15	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	15
16	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	16
17	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	17
18	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	18
19	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	19
20	1 2 8	1 2 → GO TO 16 8	☐☐	1 2 8	1 2 → GO TO 19 8	☐☐	1 2 8	20

HH 7

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During the 2010 school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2009 school year?	During the 2009 school year, what level and class did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	How many meals did (NAME) eat yesterday?
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N DK	Y N DK	Y N DK	NO. OF MEALS
11	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
12	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
13	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
14	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
15	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
16	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
17	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
18	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
19	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐
20	1 2 ↓ GO TO 29	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 29	☐ ☐	1 2 8	1 2 8	1 2 8	☐

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

CLASS: STANDARD/FORM/YEAR
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED
FOR QS. 26 AND 28)
98 = DON'T KNOW

Qs. 25 & 26:
USE THE 2009-2010
SCHOOL YEAR

Qs. 27 & 28:
FOR PRIVATE SCHOOLS, USE
THE 2008-2009 SCHOOL YEAR

CODES FOR Q. 32
0 = NONE
1 = 1 MEAL
2 = 2 MEALS
3 = 3+ MEALS
8 = DON'T KNOW

HH 8

33   TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV [ ]   **HOUSEHOLD IS NOT SELECTED FOR DV** [ ] → 101

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, ENTER THE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE OF THE SELECTED WOMAN INTO THE BOXES AT THE BOTTOM OF THE KISH GRID .

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE ELIGIBLE WOMAN FOR DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

ENTER LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE. [ ][ ]

HH 9

HOUSEHOLD CHARACTERISTICS

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
		  PUBLIC TAP/STANDPIPE .... 13 → 106
		
		TUBE WELL OR BOREHOLE 21
		
		DUG WELL
		  PROTECTED WELL 31
		  UNPROTECTED WELL 32
		
		WATER FROM SPRING
		  PROTECTED SPRING 41
		  UNPROTECTED SPRING 42
		
		RAINWATER .... 51 → 106
		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)	

103	Where is that water source located?	IN OWN YARD/PLOT .... 1 → 106 ELSEWHERE 2	
104	How long does it take to go there, get water, and come back?	MINUTES .... ☐☐☐ DON'T KNOW 998	

105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		ADULT MAN 2
		FEMALE CHILD
		  UNDER 15 YEARS OLD 3
		MALE CHILD
		  UNDER 15 YEARS OLD 4
		
		OTHER _____ 6
		            (SPECIFY)	

106	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW .... 8 → 108	

107	What do you usually do to make the water safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL .... A
		ADD BLEACH/CHLORINE/
		  WATER GUARD .... 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	

HH 10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 11
		
		PIT LATRINE
		  VENTILATED IMPROVED
		    PIT LATRINE 21
		  PIT LATRINE WITH SLAB 22
		  PIT LATRINE WITHOUT SLAB/
		    OPEN PIT 23
		
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		  LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		        (SPECIFY)
			→ 111

109	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 111
110	How many households use this toilet facility, including your household?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... [0][ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
111	Does your household have: Electricity? Koloboyi? A paraffin lamp other than a koloboyi? A radio? A television? A cellular phone? A telephone (landline)? A bed with a mattress? A sofa set? A table and chair(s)? A refrigerator?	YES NO ELECTRICITY .... 1 2 KOLOBOYI .... 1 2 PARAFFIN LAMP .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 CELL PHONE .... 1 2 TELEPHONE (LANDLINE) ..... 1 2 BED WITH MATTRESS .... 1 2 SOFA SET .... 1 2 TABLE AND CHAIR(S) .... 1 2 REFRIGERATOR 1 2	

112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG/NATURAL GAS 02
		BIOGAS 03
		KEROSENE 04
		COAL, LIGNITE 05
		CHARCOAL 06
		WOOD 07
		STRAW/SHRUBS/GRASS 08
		ANIMAL DUNG 09
		
		NO FOOD COOKED
		  IN HOUSEHOLD 95
		
		OTHER _____ 96
		        (SPECIFY)
			→ 115
			
			→ 117

113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE .... 1 OPEN STOVE .... 2 CLOSED STOVE WITH CHIMNEY ..... 3 OTHER _____ 6 (SPECIFY)	→ 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY .... 1 HOOD .... 2 NEITHER 3	

HH 11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	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)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND . . . . 11 DUNG . . . . 12 **RUDIMENTARY FLOOR** WOOD PLANKS . . . . 21 PALM/BAMBOO . . . . 22 BROKEN BRICKS . . . . 23 **FINISHED FLOOR** PARQUET OR POLISHED WOOD . . . . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES . . . . 33 CEMENT . . . . 34 CARPET . . . . 35 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	**NATURAL ROOFING** NO ROOF . . . . 11 THATCH/PALM LEAF . . . . 12 **RUDIMENTARY ROOFING** RUSTIC MAT . . . . 21 PALM/BAMBOO/GRASS . . . . 22 WOOD PLANKS . . . . 23 CARDBOARD . . . . 24 **FINISHED ROOFING** IRON SHEETS . . . . 31 WOOD . . . . 32 CALAMINE/CEMENT FIBER . . . . 33 CERAMIC TILES . . . . 34 CEMENT . . . . 35 ROOFING SHINGLES . . . . 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	**NATURAL WALLS** NO WALLS . . . . 11 CANE/PALM/TRUNKS . . . . 12 DIRT . . . . 13 **RUDIMENTARY WALLS** BAMBOO/TREE TRUNKS WITH MUD . 21 STONE WITH MUD . . . . 22 PLYWOOD . . . . 23 CARDBOARD . . . . 24 REUSED WOOD . . . . 25 **FINISHED WALLS** CEMENT . . . . 31 STONE WITH LIME/CEMENT . . . . 32 BURNT BRICKS . . . . 33 UNBURNT BRICKS . . . . 34 CEMENT BLOCKS . . . . 35 WOOD PLANKS . . . . 36 OTHER _____ 96 (SPECIFY)	
120	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? An oxcart?	YES NO WATCH . . . . 1 2 BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . 1 2 OX CART 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 124
123	How much agricultural land do members of this household own? RECORD IN UNITS RESPONDENT USES.	ACRES . . . . 1 [ ][ ].[ ] HECTARES . . . . 2 [ ][ ].[ ] FOOTBALL PITCHES . . . 3 [ ][ ].[ ] 95 OR MORE ACRES/HECTARES/FOOTBALL PITCHES . . . . 9995 DON'T KNOW 9998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 126

125	How many of the following animals does this household own?
	IF NONE, ENTER '00'.
	IF MORE THAN 95, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Goats?
	
	    Pigs?
	
	    Cattle?
	
	    Sheep?
	
	    Poultry (chickens, ducks, pigeons)?
	
	    Other? _____
	           (SPECIFY)
		GOATS . . . . [ ][ ]
		
		PIGS . . . . [ ][ ]
		
		CATTLE . . . . [ ][ ]
		
		SHEEP . . . . [ ][ ]
		
		POULTRY . . . . [ ][ ]
		
		OTHER . . . . [ ][ ]	

HH 13

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Does any member of this household have a bank account?	YES . . . . 1 NO 2	
126A	At any time in the past 12 months, has anyone come into your house to spray the interior walls of your dwelling against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 127
126B	How many months ago was the house sprayed? IF LESS THAN 1 MONTH AGO, RECORD '00'	MONTHS . . . . [ ][ ]	
126C	Who sprayed the house?	ARMY/POLICE . . . . 1 OTHER GOVERNMENT WORKER/ PROGRAMME . . . . 2 PRIVATE COMPANY . . . . 3 OTHER _____ . . . . 6 (SPECIFY) DON'T KNOW 8	
127	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . [ ]	

HH 14

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . 1 NOT OBSERVED . . . 2
129A	OBSERVE (OR ASK ABOUT) THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
129B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	GREEN . . . . 1 DARK BLUE . . . . . 2 LIGHT BLUE . . . . . 3 WHITE . . . . 4 OTHER 6	GREEN . . . . 1 DARK BLUE . . . . . 2 LIGHT BLUE . . . . . 3 WHITE . . . . 4 OTHER 6	GREEN . . . . 1 DARK BLUE . . . . . 2 LIGHT BLUE . . . . . 3 WHITE . . . . 4 OTHER 6
129C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL . . . . 1 RECTANGLE 2	CONICAL . . . . 1 RECTANGLE 2	CONICAL . . . . 1 RECTANGLE 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO . . . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130B	Is this net a long-lasting net, retreatable, or an untreated net? OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. **ITN/LONG-LASTING NET** DURANET (GREEN, SQUARE) OLYSNET (LIGHT BLUE, SQUARE) LIFENET (WHITE, SQUARE) PERMANET (GREEN, SQUARE) **CONVENTIONAL NETS: CAN BE RETREATABLE OR UNTREATED** SAFI NET (DARK BLUE, CONICAL) THERE ARE OTHER BRANDS **BE AWARE THAT MANY BRANDS MAY EXIST AND BE DISTRIBUTED BY DIFFERENT ORGANIZATIONS.**	**ITN/LONG-LASTING NET** DURANET . . . . . 11 ⌐ OLYSNET . . . . . 12 ⌐ LIFENET 13 ⌐ PERMANET 14 ⌐ OTHER/ DK BRAND . . . 16 ⌐ (SKIP TO 135) ◄ **RETREATABLE NET** SAFI NET . . . . . 21 ⌐ OTHER/ DK BRAND . . . 26 ⌐ (SKIP TO 133) ◄ **UNTREATED NET** SAFI NET . . . . . 31 OTHER/ DK BRAND . . . 36 **OTHER** ____ 41 (SPECIFY) **DK BRAND** 98	**ITN/LONG-LASTING NET** DURANET . . . . . 11 ⌐ OLYSNET . . . . . 12 ⌐ LIFENET 13 ⌐ PERMANET 14 ⌐ OTHER/ DK BRAND . . . 16 ⌐ (SKIP TO 135) ◄ **RETREATABLE NET** SAFI NET . . . . . 21 ⌐ OTHER/ DK BRAND . . . 26 ⌐ (SKIP TO 133) ◄ **UNTREATED NET** SAFI NET . . . . . 31 OTHER/ DK BRAND . . . 36 **OTHER** ____ 41 (SPECIFY) **DK BRAND** 98	**ITN/LONG-LASTING NET** DURANET . . . . . 11 ⌐ OLYSNET . . . . . 12 ⌐ LIFENET 13 ⌐ PERMANET 14 ⌐ OTHER/ DK BRAND . . . 16 ⌐ (SKIP TO 135) ◄ **RETREATABLE NET** SAFI NET . . . . . 21 ⌐ OTHER/ DK BRAND . . . 26 ⌐ (SKIP TO 133) ◄ **UNTREATED NET** SAFI NET . . . . . 31 OTHER/ DK BRAND . . . 36 **OTHER** ____ 41 (SPECIFY) **DK BRAND** 98
130C	When you received this net, did it come with a treatment kit?	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . 1 NO . . . . 2 (SKIP TO 135) ◄ NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 135) ◄ NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 135) ◄ NOT SURE 8

HH 15

		NET #1	NET #2	NET #3
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... ☐☐ MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.

138	What color of mosquito net do you prefer?	BLUE .... 1 GREEN .... 2 WHITE .... 3 OTHER _____ 6 (SPECIFY) DK/NO PREFERENCE 8
139	What shape of mosquito net do you prefer?	CONICAL .... 1 RECTANGULAR .... 2 DK/NO PREFERENCE 8
139A	Please show me where members of your household most often wash their hands.	OBSERVED .... 1 NO SPECIFIC PLACE .... 2 NO PERMISSION TO SEE .... 3 → 140 NOT OBSERVED, OTHER REASON 4

HH 16

		NET #1	NET #2	NET #3
139B	OBSERVATION ONLY: CHECK AVAILABILITY OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.		WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
139C	OBSERVATION ONLY: CHECK AVAILABILITY OF SOAP AT THE SPECIFIC PLACE FOR HANDWASHING. CIRCLE ALL THAT APPLY.		SOAP OR DETERGENT (BAR, LIQUID, POWDER OR PASTE) . . . . A ASH/MUD/SAND . . . . B NONE . . . . Y	
140	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)		0 PPM (NO IODINE) . . . . 1 BELOW 15 PPM . . . . 2 15 PPM AND ABOVE . . . . 3 NO SALT IN HH . . . . 4 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

HH 17

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 12 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 ☐☐ AT LEAST ONE ☐ ↓ NONE ☐ ──────────→ 301			
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 12 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S). READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-211 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK. You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons]. First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			

NO.	QUESTIONS AND FILTERS	1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	NAME _____ LINE NO. . . . ☐☐	NAME _____ LINE NO. . . . ☐☐	NAME _____ LINE NO. . . . ☐☐
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ← DK 8
205	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ← DK 8
207	Did your household receive any emotional or psychological support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ← DK 8
209	Did your household receive any of this material support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 301) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 301) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 301) ← DK 8
211	Did your household receive any of this social support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8

HH 18

PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8			→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS			
303	ASK 304-308 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE . ☐☐	AGE . ☐☐	AGE . ☐☐	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ ☐ (SKIP TO 401) ↵ 18-59 ↓	<18/60+ ☐ (SKIP TO 401) ↵ 18-59 ↓	<18/60+ ☐ (SKIP TO 401) ↵ 18-59 ↓	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	

HH 19

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 ☐↓　　　　　NO CHILD AGE 0-17 ☐ →	501
402	CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: **ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?** NO SICK ADULT AGE 18-59 ☐↓　　　AT LEAST ONE SICK ADULT AGE 18-59 ☐ →　GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ☐↓　　AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 ☐ →　GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.	
404	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐↓　　NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ →	501
405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.	

HH 20

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐ ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ← DK 8

416A	What type of assistance did you receive for (NAME'S) schooling?
	
	PROBE: Anything else?
	
	RECORD ALL MENTIONED.
		MONEY FOR
		  SCHOOL FEES A
		OTHER MONEY. .B
		UNIFORM . . . C
		NOTEBOOKS . . . D
		OTHER X
			MONEY FOR
			  SCHOOL FEES A
			OTHER MONEY. .B
			UNIFORM . . . C
			NOTEBOOKS . . . D
			OTHER X
				MONEY FOR
				  SCHOOL FEES A
				OTHER MONEY. .B
				UNIFORM . . . C
				NOTEBOOKS . . . D
				OTHER X
					MONEY FOR
					  SCHOOL FEES A
					OTHER MONEY. .B
					UNIFORM . . . C
					NOTEBOOKS . . . D
					OTHER X

417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

HH 21

NO.		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
		CODING CATEGORIES			
406	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____	NAME _____
	LINE NUMBER FROM COLUMN 1	LINE NO. . . . ☐☐	LINE NO. . . . ☐☐	LINE NO. . . . ☐☐	LINE NO. . . . ☐☐
	AGE FROM COLUMN 7	AGE . ☐☐	AGE . ☐☐	AGE . ☐☐	AGE . ☐☐
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8
412	Did your household receive any of this material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐	AGE 0-4 ☐ (SKIP TO 417) ↵ AGE 5-17 ☐
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 417) ◄┤ DK 8
416A	What type of assistance did you receive for (NAME'S) schooling? PROBE: Anything else? RECORD ALL MENTIONED.	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM . . . C NOTEBOOKS . . . D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM . . . C NOTEBOOKS . . . D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM . . . C NOTEBOOKS . . . D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM . . . C NOTEBOOKS . . . D OTHER X
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.			

HH 22

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD.	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 request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
511A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . ☐☐.☐ NOT PRESENT . . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			

HH 23

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES .... 1 NO .... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD.	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 request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
511A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2	GRANTED 1 _____ (SIGN) REFUSED 2
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		WOMAN 1	WOMAN 2	WOMAN 3

		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
517	WEIGHT IN KILOGRAMS	KG. ... ☐☐☐.☐☐ NOT PRESENT ....99994 REFUSED ....99995 OTHER 99996	KG. ... ☐☐☐.☐☐ NOT PRESENT ....99994 REFUSED ....99995 OTHER 99996	KG. ... ☐☐☐.☐☐ NOT PRESENT ....99994 REFUSED ....99995 OTHER 99996
518	HEIGHT IN CENTIMETERS	CM. .... ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 527) ↵ REFUSED .... 9995 OTHER 9996	CM. ...... ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 527) ↵ REFUSED .... 9995 OTHER 9996	CM. ...... ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 527) ↵ REFUSED .... 9995 OTHER 9996
520	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 523C) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 523C) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 523C) ↵
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 523C) ↵	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 523C) ↵	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 523C) ↵
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
523A	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	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 finger. The equipment used in taking 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 results 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
523B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 525A).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 525A).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 525A).

HH 25

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
523C	ASK CONSENT FOR ANEMIA TEST FROM 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 finger. The equipment used in taking the blood is clean and completely safe. It has never been used before after each test. The blood will be tested for anemia immediately, and the results 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 to the test, or you can say no. It is up to you to decide. Will you take the anemia test?		
523D	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 ⌐ RESPONDENT REFUSED . . . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 524A).	GRANTED . . . . 1 ⌐ RESPONDENT REFUSED . . . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 524A).	GRANTED . . . . 1 ⌐ RESPONDENT REFUSED . . . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 524A).
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
524A	CHECK 520 AND 521	520 = 1 AND 521 = 1 . . . . 1 OTHER . . . . 2 (GO TO 525C) ←	520 = 1 AND 521 = 1 . . . . 1 OTHER . . . . 2 (GO TO 525C) ←	520 = 1 AND 521 = 1 . . . . 1 OTHER . . . . 2 (GO TO 525C) ←
525A	ASK CONSENT FOR HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Malawi. For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell (NAME OF ADOLESCENT) the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know whether she has HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 ADOLESCENT) to take the HIV test?		
525B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 ⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 526).	GRANTED . . . . 1 ⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 526).	GRANTED . . . . 1 ⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 ⌐ _____ ← (SIGN) (IF REFUSED, GO TO 526).

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____

525C	HIV STATUS DISCLOSURE: CHECK WOMAN'S QUESTIONNAIRE: 1317	POSITIVE .... 1⌐
		NEGATIVE .... 2⌐
		    (SKIP TO 525E) ◄
		UNDETERMINED .... 3⌐
		REFUSED TO ANSWER .... 4⌐
		BLANK .... 6⌐
		  (CONTINUE TO 525D) ◄
			POSITIVE .... 1⌐
			NEGATIVE .... 2⌐
			    (SKIP TO 525E) ◄
			UNDETERMINED .... 3⌐
			REFUSED TO ANSWER .... 4⌐
			BLANK .... 6⌐
			  (CONTINUE TO 525D) ◄
				POSITIVE .... 1⌐
				NEGATIVE .... 2⌐
				    (SKIP TO 525E) ◄
				UNDETERMINED .... 3⌐
				REFUSED TO ANSWER .... 4⌐
				BLANK .... 6⌐
				  (CONTINUE TO 525D) ◄

525D	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Malawi. For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 take the HIV test? ⟶ SKIP TO 525F		
525E	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. I know that you already told me/my colleague the result of your last test for the AIDS virus. However, it is important for everyone in the survey to participate in the test, even those who already told us their results, to see how big the AIDS problem is in Malawi. For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to be retested and receive the result or to receive advice and counseling, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 take the HIV test?		
525F	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, ENTER YOUR INTERVIEWER CODE.	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ◄ (SIGN) ☐☐☐ (IF REFUSED, GO TO 526).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ◄ (SIGN) ☐☐☐ (IF REFUSED, GO TO 526).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ◄ (SIGN) ☐☐☐ (IF REFUSED, GO TO 526).

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
525G	CHECK 520 AND 521	520 = 1 AND 521 = 1 .... 1 OTHER .... 2 (GO TO 525K) ↩	520 = 1 AND 521 = 1 .... 1 OTHER .... 2 (GO TO 525K) ↩	520 = 1 AND 521 = 1 .... 1 OTHER .... 2 (GO TO 525K) ↩
525H	ASK CONSENT FOR FUTURE TESTING FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other information attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?		

525J	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐
		PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED .... 2⌐
		
		_____(SIGN)_____ ←
		
		(IF REFUSED, GO TO 525M).
			GRANTED .... 1⌐
			PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED .... 2⌐
			
			_____(SIGN)_____ ←
			
			(IF REFUSED, GO TO 525M).
				GRANTED .... 1⌐
				PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED .... 2⌐
				
				_____(SIGN)_____ ←
				
				(IF REFUSED, GO TO 525M).

525K	ASK CONSENT FOR FUTURE TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. 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 later use, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?		
525L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____(SIGN)_____ ← (IF GRANTED, GO TO 526).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____(SIGN)_____ ← (IF GRANTED, GO TO 526).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____(SIGN)_____ ← (IF GRANTED, GO TO 526).
525M	ADDITIONAL TESTS	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
526	CHECK 523B/523D AND 525B/525F AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
527	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL .... ☐☐.☐ NOT PRESENT ....994 REFUSED ....995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT ....994 REFUSED ....995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT ....994 REFUSED ....995 OTHER 996
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. **BARCODE** NOT PRESENT ....99994 REFUSED ....99995 OTHER ....99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. **BARCODE** NOT PRESENT ....99994 REFUSED ....99995 OTHER ....99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. **BARCODE** NOT PRESENT ....99994 REFUSED ....99995 OTHER ....99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531.			

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____

HH 29

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
533	RECORD WHETHER RESPONDENT IS PRESENT OR NOT.	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ↵	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ↵	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ↵
536	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-54 YEARS . . . . 2 (GO TO 540C) ↵	15-17 YEARS . . . . 1 18-54 YEARS . . . . 2 (GO TO 540C) ↵	15-17 YEARS . . . . 1 18-54 YEARS . . . . 2 (GO TO 540C) ↵
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . . 1 OTHER . . . . 2 (GO TO 540C) ↵	CODE 4 (NEVER IN UNION) . . . . . . 1 OTHER . . . . 2 (GO TO 540C) ↵	CODE 4 (NEVER IN UNION) . . . . 1 OTHER . . . . 2 (GO TO 540C) ↵
538	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
540A	ASK CONSENT FOR HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Malawi. For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know whether he has HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 ADOLESCENT) to take the HIV test?		

540B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 ⌐
		 PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED . . . . 2 ⌐
		 _____ ←
		 (SIGN)
		
		 (IF REFUSED, GO TO 544).
			GRANTED . . . . 1 ⌐
			 PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED . . . . 2 ⌐
			 _____ ←
			 (SIGN)
			
			 (IF REFUSED, GO TO 544).
				GRANTED . . . . 1 ⌐
				 PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED . . . . 2 ⌐
				 _____ ←
				 (SIGN)
				
				 (IF REFUSED, GO TO 544).

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME ____	LINE NUMBER .... ☐☐ NAME ____	LINE NUMBER .... ☐☐ NAME ____

540C	HIV STATUS DISCLOSURE: CHECK MAN'S QUESTIONNAIRE 907	POSITIVE .... 1 ⌐
		NEGATIVE .... 2 ⌐
		    (SKIP TO 540E) ←
		UNDETERMINED .... 3 ⌐
		REFUSED TO ANSWER .... 4 ⌐
		BLANK .... 6 ⌐
		    (CONTINUE TO 540D) ←
			POSITIVE .... 1 ⌐
			NEGATIVE .... 2 ⌐
			    (SKIP TO 540E) ←
			UNDETERMINED .... 3 ⌐
			REFUSED TO ANSWER .... 4 ⌐
			BLANK .... 6 ⌐
			    (CONTINUE TO 540D) ←
				POSITIVE .... 1 ⌐
				NEGATIVE .... 2 ⌐
				    (SKIP TO 540E) ←
				UNDETERMINED .... 3 ⌐
				REFUSED TO ANSWER .... 4 ⌐
				BLANK .... 6 ⌐
				    (CONTINUE TO 540D) ←

540D	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Malawi. For the HIV test, we need a few drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 take the HIV test? ⟶ SKIP TO 540F		
540E	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. I know that you already told me/my colleague the result of your last test for the AIDS virus. It is important for everyone in the survey to participate in the test, even those who already told us their results, to see how big the AIDS problem is in Malawi. For the HIV test, we need a few drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to be retested and receive the result or to receive advice and counseling, I can provide you with a list of nearby facilities offering counseling and testing for HIV. 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 take the HIV test?		
540F	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, ENTER YOUR INTERVIEWER CODE.	GRANTED .... 1 ⌐ RESPONDENT REFUSED ...... 2 ⌐ ____ ← (SIGN) ☐☐☐ (IF REFUSED, GO TO 544).	GRANTED .... 1 ⌐ RESPONDENT REFUSED ...... 2 ⌐ ____ ← (SIGN) ☐☐☐ (IF REFUSED, GO TO 544).	GRANTED .... 1 ⌐ RESPONDENT REFUSED ...... 2 ⌐ ____ ← (SIGN) ☐☐☐ (IF REFUSED, GO TO 544).

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
540G	CHECK 536 AND 537	536 = 1 AND 537 = 1 .... 1 OTHER .... 2 (GO TO 540K) ↵	536 = 1 AND 537 = 1 .... 1 OTHER .... 2 (GO TO 540K) ↵	536 = 1 AND 537 = 1 .... 1 OTHER .... 2 (GO TO 540K) ↵
540H	ASK CONSENT FOR FUTURE TESTING FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. The blood sample will not have any name or other information attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?		
540J	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ⌐ (SIGN) (IF REFUSED, GO TO 540M).	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ⌐ (SIGN) (IF REFUSED, GO TO 540M).	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ⌐ (SIGN) (IF REFUSED, GO TO 540M).
540K	ASK CONSENT FOR FUTURE TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done. 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 later use, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?		
540L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ⌐ (SIGN) (IF GRANTED, GO TO 541).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ⌐ (SIGN) (IF GRANTED, GO TO 541).	GRANTED .... 1⌐ RESPONDENT REFUSED ...... 2⌐ _____ ⌐ (SIGN) (IF GRANTED, GO TO 541).
540M	ADDITIONAL TESTS	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
541	CHECK 540B/540F TO VERIFY THAT CONSENT FOR HIV TEST HAS BEEN GRANTED. PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST AND PROCEED WITH THE TEST.			
544	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. BARCODE NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. BARCODE NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. BARCODE NOT PRESENT .... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
545	GO BACK TO 536 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			