2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

DHS CLUSTER NUMBER . . . .

PSU CODE . . . .

HOUSEHOLD NUMBER . . . .

REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) . . . .

URBAN/RURAL (URBAN = 1, RURAL = 2) . . . .

SELECTED FOR YOUTH SURVEY AND TESTING (YES = 1, NO = 2) . . . .

LARGE CITY/SMALL CITY/TOWN/RURAL . . . .
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT		
DATE	_____	_____	_____	DAY		
				MONTH		
				YEAR	2 0 0 6	
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER		
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 WOMEN 15-49

TOTAL MEN 15-49

TOTAL AGE 12-14

TOTAL CHILDREN 0-5

TOTAL AGE 50+

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	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 NAMES, RELATIONSHIPS, AND SEX, ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? MALE = 1 FE-MALE = 2	Does (NAME) usually live here? YES = 1 NO = 2	Did (NAME) stay here last night? YES = 1 NO = 2	How old is (NAME)?	MARITAL STATUS What is (NAME'S) current marital status? SEE CODES BELOW.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL PERSONS AGE 12-14	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5	CIRCLE LINE NUMBER OF ALL MEN AND WOMEN AGE 50+
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01		☐☐	☐	☐	☐	IN YEARS ☐☐	☐	01	01	01	01	01
02		☐☐	☐	☐	☐	☐☐	☐	02	02	02	02	02
03		☐☐	☐	☐	☐	☐☐	☐	03	03	03	03	03
04		☐☐	☐	☐	☐	☐☐	☐	04	04	04	04	04
05		☐☐	☐	☐	☐	☐☐	☐	05	05	05	05	05
06		☐☐	☐	☐	☐	☐☐	☐	06	06	06	06	06
07		☐☐	☐	☐	☐	☐☐	☐	07	07	07	07	07
08		☐☐	☐	☐	☐	☐☐	☐	08	08	08	08	08
09		☐☐	☐	☐	☐	☐☐	☐	09	09	09	09	09
10		☐☐	☐	☐	☐	☐☐	☐	10	10	10	10	10

CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND/ PARTNER
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 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q. 8
MARITAL STATUS
1 = MARRIED/LIVING TOGETHER
2 = DIVORCED/SEPARATED
3 = WIDOWED
4 = NEVER MARRIED/NEVER LIVED WITH A PARTNER

LINE NO.	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS								IF AGE 0-17 YEARS			
	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								BROTHERS		SISTERS	
	Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months. YES = 1 NO = 2 DK = 8	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NO. SEE BELOW.	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least three of the past 12 months? YES = 1 NO = 2 DK = 8	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NO. SEE BELOW.	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least three of the past 12 months? YES = 1 NO = 2 DK = 8	CHECK QS. 15 TO 20: CIRCLE LINE NUMBER FOR THE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q. 15 AND 18) OR IS SICK (Q. 17 AND 20).	CHECK Q.15 AND Q.18: IF YES TO Q.15 AND Q.18 (BOTH PARENTS ALIVE), CIRCLE '1', OTHERWISE CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean born to the same mother and same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household? YES = 1 NO = 2	Does (NAME) have any natural sisters under the age of 18? By natural sisters, I mean born to the same mother and same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household? YES = 1 NO = 2
(1)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
01	☐	Y N DK 1 2 8 GO TO 18	☐☐	☐	Y N DK 1 2 8 GO TO 21	☐☐	☐	01	1 2 GO TO 27	Y N DK 1 2 8 GO TO 25	☐	Y N DK 1 2 8 GO TO 27	☐
02	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	02	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
03	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	03	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
04	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	04	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
05	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	05	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
06	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	06	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
07	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	07	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
08	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	08	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
09	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	09	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐
10	☐	1 2 8 GO TO 18	☐☐	☐	1 2 8 GO TO 21	☐☐	☐	10	1 2 GO TO 27	1 2 8 GO TO 25	☐	1 2 8 GO TO 27	☐

Qs. 16 AND 19
RECORD '00' IF PARENT IS NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	IF AGE 5-17 YEARS		
	HIGHEST EDUCATION LEVEL		RECENT SCHOOL ATTENDANCE				BIRTH REGIS-TRATION	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 grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? SEE CODES BELOW.	Does (NAME) have at least one meal per day? YES = 1 NO = 2 DK = 8	Does (NAME) have a pair of shoes? YES = 1 NO = 2 DK = 8	Does (NAME) have at least two sets of clothing? YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
01	YES NO 1 2 ↓ GO TO 33	LEVEL GRADE ☐ ☐	YES NO 1 2 ↓ GO TO 31	LEVEL GRADE ☐ ☐	YES NO 1 2 ↓ GO TO 33	LEVEL GRADE ☐ ☐	☐	☐	☐	☐
02	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
03	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
04	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
05	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
06	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
07	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
08	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
09	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐
10	1 2 ↓ GO TO 33	☐ ☐	1 2 ↓ GO TO 31	☐ ☐	1 2 ↓ GO TO 33	☐ ☐	☐	☐	☐	☐

CODES FOR Qs. 28, 30, AND 32
EDUCATION LEVEL:
1 = LOWER PRIMARY   4 = HIGH SCHOOL
2 = HIGHER PRIMARY   5 = TERTIARY
3 = SECONDARY   8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(FOR Q. 28 ONLY. THIS CODE IS
NOT ALLOWED FOR Qs. 30 AND 32)
98 = DON'T KNOW

CODES FOR Q.33
1 = CERTIFICATE
2 = REGISTRATION
3 = NEITHER
8 = DON'T KNOW

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4	IF AGE 5-17 YEARS		
	HIGHEST EDUCATION LEVEL		RECENT SCHOOL ATTENDANCE				BIRTH REGIS-TRATION	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 grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2005 - 2006) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2004 - 2005)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been regis-tered with the civil authority? SEE CODES BELOW.	Does (NAME) have at least one meal per day? YES = 1 NO = 2 DK = 8	Does (NAME) have a pair of shoes? YES = 1 NO = 2 DK = 8	Does (NAME) have at least two sets of clothing? YES = 1 NO = 2 DK = 8
(1)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
11	YES NO 1 2 GO TO 33	LEVEL GRADE	YES NO 1 2 GO TO 31	LEVEL GRADE	YES NO 1 2 GO TO 33	LEVEL GRADE				
12	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
13	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
14	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
15	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
16	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
17	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
18	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
19	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					
20	1 2 GO TO 33		1 2 GO TO 31		1 2 GO TO 33					

CODES FOR Qs. 28, 30, AND 32
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = HIGH SCHOOL
4 = TERTIARY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
 (FOR Q. 28 ONLY. THIS CODE IS
 NOT ALLOWED FOR Qs. 30 AND 32)
98 = DON'T KNOW

CODES FOR Q.33
1 = CERTIFICATE
2 = REGISTRATION
3 = NEITHER
8 = DON'T KNOW

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　→ 106 　PUBLIC TAP/STANDPIPE . . . . . 　13 BOREHOLE . . . . 　21 **DUG WELL** 　PROTECTED WELL . . . . 　31 　UNPROTECTED WELL . . . . 　32　→ 103 **WATER FROM SPRING** 　PROTECTED SPRING . . . . 　41 　UNPROTECTED SPRING . . . . . 　42 RAINWATER . . . . 　51　→ 106 TANKER TRUCK . . . . 　61 SURFACE WATER (RIVER/DAM/ 　LAKE/POND/STREAM/CANAL/ 　　IRRIGATION CHANNEL) . . . . . 　81　→ 103 BOTTLED WATER . . . . 　91　→ 102 OTHER _____ 　96　→ 103 　　　　　　　(SPECIFY)	
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　→ 106 　PUBLIC TAP/STANDPIPE . . . . . 　13 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 SURFACE WATER (RIVER/DAM/ 　LAKE/POND/STREAM/CANAL/ 　　IRRIGATION CHANNEL) . . . . . 　81 OTHER _____ 　96 　　　　　　　(SPECIFY)	
103	Where is that water source located?	IN OWN YARD/PLOT . . . . 　1 ELSEWHERE 　. . . . . 　2　→ 106	
104	How long does it take to go there, get water, and come back?	MINUTES 　. . . . . 　[ ][ ][ ] ON PREMISES 　. . . . . 　996　→ 106 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 treat your water in any way to make it safer to drink?	YES . . . . 　1 NO . . . . 　2 DON'T KNOW . . . . 　8　→ 108	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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

108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET . . . 11
		PIT TOILET/LATRINE
		   ORDINARY PIT TOILET 21
		   VENTILATED IMPROVED
		            PRIVY 22
		NO FACILITY/BUSH/FIELD 31
		
		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?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . 0 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
111	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A stove? A watch or clock?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 MOBILE TELEPHONE . . . . 1 2 NON-MOBILE TELEPHONE. . . 1 2 REFRIGERATOR . . . . 1 2 STOVE . . . . 1 2 WATCH/CLOCK 1 2	

112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		CHARCOAL 02
		WOOD 03
		GAS 04
		PARAFFIN 05
		COAL 06
		NO FOOD COOKED IN THE
		      HOUSEHOLD 07
		
		OTHER _____ 96
		           (SPECIFY)
			→ 114
			
			→ 116

113	In this household, is food usually cooked on a stove or an open fire?
	
	   PROBE FOR TYPE.
		OPEN FIRE OR STOVE
		   WITHOUT CHIMNEY/HOOD 1
		OPEN FIRE OR STOVE
		   WITH CHIMNEY/HOOD 2
		CLOSED STOVE WITH CHIMNEY . . . 3
		
		OTHER _____ 6
		           (SPECIFY)	

114	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)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		  EARTH/SAND 11
		  DUNG 12
		RUDIMENTARY FLOOR
		  WOOD PLANKS 21
		  PALM/BAMBOO 22
		FINISHED FLOOR
		  PARQUET OR POLISHED
		    WOOD 31
		  VINYL OR ASPHALT STRIPS . . . 32
		  CERAMIC TILES 33
		  CEMENT 34
		  CARPET 35
		
		OTHER _____ 96
		      (SPECIFY)	

117	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		  GRASS 12
		RUDIMENTARY ROOFING
		  RUSTIC MAT 21
		  PALM/BAMBOO 22
		  WOOD PLANKS 23
		FINISHED ROOFING
		  CORRUGATED IRON 31
		  ASBESTOS 32
		  TILES 33
		  SLATE 34
		  CONCRETE 35
		
		OTHER _____ 96
		      (SPECIFY)	

118	MAIN MATERIAL OF THE WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		  GRASS 11
		  CANE/PALM/TRUNKS 12
		  MUD 13
		RUDIMENTARY WALLS
		  BAMBOO WITH MUD 21
		  STONE WITH MUD 22
		  PLYWOOD 24
		  CARTON 25
		  REUSED WOOD 26
		FINISHED WALLS
		  CEMENT 31
		  STONE WITH LIME/CEMENT . . . 32
		  BRICKS 33
		  CEMENT BLOCKS 34
		  MUD BLOCKS 35
		  WOOD PLANKS/SHINGLES . . . 36
		
		OTHER _____ 96
		      (SPECIFY)	

119	TYPE OF WINDOWS.
	
	RECORD OBSERVATION.
		YES NO
		ANY WINDOWS 1 2
		
		WINDOWS WITH GLASS . . . 1 2
		WINDOWS WITH SCREENS . 1 2
		WINDOWS WITH CURTAINS . 1 2
		WOODEN WINDOWS 1 2
		OTHER 1 2
		
		  _____
		      (SPECIFY)
			→ 120

120	How many rooms in this household are usually used for sleeping?	ROOMS . . . . □□	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor?	YES NO BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . 1 2 TRACTOR 1 2	
122	Does any member of this household own any land that can be used for agriculture?	YES . . . . 1 NO 2	→ 124

123	How many square metres of agricultural land do members of this household own?
	
	   IF MORE THAN 9500, ENTER '9500'.
	   IF UNKNOWN, ENTER '9998'.
		SQUARE METRES ☐☐☐☐
		
		MORE THAN 9500 9500
		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?
	
	   Cattle?
	
	   Milk cows?
	
	   Horses, donkeys, or mules?
	
	   Goats?
	
	   Sheep?
	
	   Chickens?
	
	   IF NONE, ENTER '00'.
	   IF MORE THAN 95, ENTER '95'.
	   IF UNKNOWN, ENTER '98'.
		CATTLE . . . . ☐☐
		
		COWS . . . . ☐☐
		
		HORSES/DONKEYS/MULES . ☐☐
		
		GOATS . . . . ☐☐
		
		SHEEP . . . . ☐☐
		
		CHICKENS . . . . ☐☐	

126	Does any member of this household have a bank account?	YES . . . . 1 NO 2	
127	Does your household have any mosquito or bed nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 138
128	How many bed nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . ☐	

129	ASK THE RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED . . . 1 NOT OBSERVED 2	OBSERVED . . . 1 NOT OBSERVED 2	OBSERVED . . . 1 NOT OBSERVED 2

130	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	**'LONG LASTING' NET**
		  WHITE . . . 11
		  BLUE . . . 12
		  GREEN . . . 18
		
		'ITN' NET
		  BLUE . . . 21⌐
		  GREEN . . . 22⌐
		
		  (SKIP TO 135)◄┘
		
		  OTHER 31
		  NOT SURE . . . 98
			'LONG LASTING' NET
			  WHITE . . . 11
			  BLUE . . . 12
			  GREEN . . . 18
			
			'ITN' NET
			  BLUE . . . 21⌐
			  GREEN . . . 22⌐
			
			  (SKIP TO 135)◄┘
			
			  OTHER 31
			  NOT SURE . . . 98
				'LONG LASTING' NET
				  WHITE . . . 11
				  BLUE . . . 12
				  GREEN . . . 18
				
				'ITN' NET
				  BLUE . . . 21⌐
				  GREEN . . . 22⌐
				
				  (SKIP TO 135)◄┘
				
				  OTHER 31
				  NOT SURE . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
131	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 (SKIP TO 133) ◄┘ NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 133) ◄┘ NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 133) ◄┘ NOT SURE . . . 8	
132	Who slept under this mosquito net last night? RECORD THE RESPECTIVE 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. [ ][ ]	
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'. IF 37 MONTHS OR MORE, CIRCLE CODE '96'. IF DON'T KNOW, RECORD '98'.	MOS. AGO [ ][ ] MORE THAN 3 YEARS AGO... 96 DK.................. 98	MOS. AGO [ ][ ] MORE THAN 3 YEARS AGO... 96 DK.................. 98	MOS. AGO [ ][ ] MORE THAN 3 YEARS AGO... 96 DK.................. 98	
134	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	
135	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos?	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	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'. IF 25 MONTHS OR MORE, CIRCLE CODE '96'. IF DON'T KNOW/UNSURE, CIRCLE '98'.	MOS AGO [ ][ ] MORE THAN 2 YEARS AGO... 96 NOT SURE/ DK.................. 98	MOS AGO [ ][ ] MORE THAN 2 YEARS AGO... 96 NOT SURE/ DK.................. 98	MOS AGO [ ][ ] MORE THAN 2 YEARS AGO... 96 NOT SURE/ DK.................. 98	
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 BACK TO 129 IN FIRST COLUMN OF NEW QUESTION-NAIRE; OR, IF NO MORE NETS, GO TO 138	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
138	During the last 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes? IF NOT SPRAYED, RECORD '95' IF 'YES', How many months ago was the house sprayed? RECORD '00' IF LESS THAN ONE MONTH.	MONTHS AGO . . . . NOT SPRAYED 95	→140
139	Who sprayed the house?	GOVERNMENT PROGRAM . . . . 1 PRIVATE COMPANY . . . . 2 HOUSEHOLD MEMBER . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
140	Would you like to have a (another) mosquito net?	YES . . . . 1 NO 2	→ 142
141	What colour of mosquito or bed net would you prefer?	BLUE . . . . 1 GREEN . . . . 2 WHITE . . . . 3 OTHER _____ 6 (SPECIFY) DK/NO PREFERENCE 8	
142	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE). . . . . 1 LESS THAN 15 PPM . . . . 2 15 PPM OR HIGHER . . . . 3 NO SALT IN HH . . . . 4 SALT NOT TESTED _____ 5 (SPECIFY)	

SUPPORT FOR SICK PEOPLE

201	CHECK COLUMNS 7 AND 14 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PEOPLE AGE 18-59 . . . . [ ][ ]
	AT LEAST ONE [ ] NONE [ ] ──────→ 301

202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).

203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
		NAME _____	NAME _____	NAME _____
		LINE NUMBER [ ][ ]	LINE NUMBER [ ][ ]	LINE NUMBER [ ][ ]

204	You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received 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.

		1ST SICK PERSON	2ND SICK PERSON	3RD SICK PERSON
205	Now I would like to ask you about the 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 207) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 207) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 207) ◄┤ DK 8
206	Did your household receive any 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
207	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 209) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 209) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 209) ◄┤ DK 8
208	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
209	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 211) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 211) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 211) ◄┤ DK 8
210	Did your household receive any 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
211	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 213) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 213) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 213) ◄┤ DK 8
212	Did your household receive any 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

NO.	FILTERS	1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
213	In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 215) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 215) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 215) ◄┘
214	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3
215	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 217) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 217) ◄┘	SEVERE ..... 1 MILD .... 2 NOT AT ALL . . . 3 (SKIP TO 217) ◄┘
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3
217		GO BACK TO 205 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR 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?	NO. OF PERSONS			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, 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 IN YEARS	AGE IN YEARS	AGE IN YEARS	
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 322) ← DK 8	
308	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ (SKIP TO 322) ← 18-59	<18/60+ (SKIP TO 322) ← 18-59	<18/60+ (SKIP TO 322) ← 18-59	
309	I would like to ask you about any formal, organized help or support that your household may have received fo [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided b someone working for a program. This program could be government, private, religious, charity, or community based				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any 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	
312	In the last 12 months, did your household receive 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 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any emotional or psychological support in the last 30 days before (NAME's) death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
314	In the last 12 months, did your household receive 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 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any material support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	

		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH
316	In the last 12 months, did your household receive 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 318) ←┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ←┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ←┤ DK 8
317	Did your household receive any social support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
318	In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 320) ←┘	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 320) ←┘	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 320) ←┘
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Did (NAME) suffer severely or mildly?	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 322) ←┘	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 322) ←┘	SEVERE . . . . . 1 MILD . . . . 2 NOT AT ALL . . 3 (SKIP TO 322) ←┘
321	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3	MOST TIME . . . 1 SOME TIME . . . 2 NOT AT ALL . . . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	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 ☐ ——————————→	END INTERVIEW
402	CHECK COLUMN 14 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AGE 18-59 WHO IS SICK?** NO SICK ADULT ☐ AGE 18-59 ↓ · AT LEAST ONE SICK ☐ ADULT AGE 18-59 ——→ GO TO 405 AND LIST ALL CHILDREN AGE 0-17 IN THE HOUSEHOLD	
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT ☐ AGE 18-59 IN 306 ↓ · AT LEAST ONE ADULT ☐ AGE 18-59 IN 306 ——→ GO TO 405 AND LIST ALL CHILDREN AGE 0-17 IN THE HOUSEHOLD	
404	CHECK COLUMN 21 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND/OR IS SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED AND/OR IS SICK ☐ ↓ · NO CHILD WHOSE MOTHER AND OR FATHER HAS DIED AND/OR IS SICK AND NOT IN HOUSEHOLD ☐ ——————————→ GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN 21	END INTERVIEW

405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 AS APPROPRIATE, BEGINNING WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THEY ARE LISTED IN THE HOUSEHOLD SCHEDULE OR IN 21, AS APPROPRIATE. IF THERE ARE MORE THAN 8 CHILDREN TO BE LISTED, USE ADDITIONAL QUESTIONNAIRE(S).				
		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME	NAME _____	NAME _____	NAME _____	NAME _____
	LINE NUMBER	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐	LINE NUMBER ☐☐
	AGE	AGE ☐☐	AGE ☐☐	AGE ☐☐	AGE ☐☐
407	I would like to ask you about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 406) and 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 emotional or psychological support in the past three 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 material support in the past three 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 social support in the past three 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 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
417	GO BACK TO 406 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, END INTERVIEW.				

501	CHECK COVER:		
	HOUSEHOLD NOT SELECTED FOR YOUTH ☐		HOUSEHOLD SELECTED FOR YOUTH ☐
	RECORD LINE NUMBER, AGE, AND NAME OF ALL CHILDREN AGE 0-5 (SEE COLUMNS 2, 7 AND 12)		RECORD LINE NUMBER, AGE, AND NAME OF ALL CHILDREN AGE 0-11 (SEE COLUMNS 1, 2, 7, 12)
	IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD, EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.		

		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER (COLUMNS 1 AND 12)	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS ...... ☐☐	AGE IN YEARS ...... ☐☐	AGE IN YEARS ...... ☐☐
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES .... 1 NO .... 2 (GO TO 509) ←	YES .... 1 NO .... 2 (GO TO 509) ←	YES .... 1 NO .... 2 (GO TO 509) ←
505	WEIGHT IN KILOGRAMS	KG. .... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
506	HEIGHT IN CENTIMETRES	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
509	AGE: 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
509A	CHECK COVER AND AGE:	HOUSEHOLD SELECTED FOR YOUTH .... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←	HOUSEHOLD SELECTED FOR YOUTH .... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←	HOUSEHOLD SELECTED FOR YOUTH .... 1 HOUSEHOLD NOT SELECTED FOR YOUTH 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) ←
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. 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 . ☐☐
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)

CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN

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

We request that all children age 6 months to 17 years participate in the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.

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(S) OF CHILD(REN)) to participate in the anaemia test?

502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐
512	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
513	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
514	CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH:	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523)
516	READ HIV TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED .... 1 (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED .... 1 (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED .... 1 (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)

CONSENT STATEMENT FOR HIV TEST

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 Swaziland

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 the test results either

If you want to know whether your child have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV
I will also give you a voucher for free services for your child (REN) that you can use at any of these facilities.

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(REN)) to take the HIV test?

517	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
518	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

519	A FINAL OUTCOME OF THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDURE IN 518 FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED .... 1 _____ (SIGN) ←┐ REFUSED 2	GRANTED .... 1 _____ (SIGN) ←┐ REFUSED 2	GRANTED .... 1 _____ (SIGN) ←┐ REFUSED 2
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
522		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 523.		

CONSENT STATEMENT FOR STORAGE OF SAMPLE

We ask you to allow the Central Statistical Office 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 data attached that could identify (NAME OF CHILD(REN)). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS ...... ☐☐
503	What is (NAME'S) birth date? IF MOTHER INTER-VIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐
504	CHECK 502 AND 503: CHILD AGE 0-5 OR BORN IN JANUARY 2001 OR LATER?	YES .... 1 NO .... 2 (GO TO 509) ←	YES .... 1 NO .... 2 (GO TO 509) ←	YES .... 1 NO .... 2 (GO TO 509) ←
505	WEIGHT IN KILOGRAMS	KG. .... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
506	HEIGHT IN CENTIMETRES	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
509	AGE: 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
509A	CHECK COVER AND AGE:	**HOUSEHOLD SELECTED FOR YOUTH** .... 1 **HOUSEHOLD NOT SELECTED FOR YOUTH** 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, ← GO TO 523)	**HOUSEHOLD SELECTED FOR YOUTH** .... 1 **HOUSEHOLD NOT SELECTED FOR YOUTH** 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, ← GO TO 523)	**HOUSEHOLD SELECTED FOR YOUTH** .... 1 **HOUSEHOLD NOT SELECTED FOR YOUTH** 0-5 YEARS .... 2 6-11 YEARS .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, ← GO TO 523)
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. 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 . ☐☐
511	READ ANAEMIA TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)	GRANTED .... 1 _____ ← (SIGN) REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 513)

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____

CONSENT STATEMENT FOR ANAEMIA

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

We request that all children age 6 months to 17 years participate in the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential

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(S) OF CHILD(REN) to participate in the anaemia test?

		CHILD 4	CHILD 5	CHILD 6
512	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
513	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
514	CHECK COVER AND AGE OR MONTH AND YEAR OF BIRTH:	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO	**HOUSEHOLD SELECTED FOR YOUTH** 0-1 YEAR OR BORN IN JULY 2004 OR LATER .... 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 523) 2-11 YEARS OR BORN BEFORE JULY 2004 .... 2 **HOUSEHOLD NOT SELECTED FOR YOUTH** .... 3 (GO TO 503 FOR NEXT CHILD OR, IF NO
516	READ HIV TEST CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED .... 1 ___(SIGN)___ REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED .... 1 ___(SIGN)___ REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)	GRANTED .... 1 ___(SIGN)___ REFUSED .... 2 (IF REFUSED, CIRCLE '3' IN 518)

CONSENT STATEMENT FOR HIV TEST

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 Swaziland

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 the test results either

If you want to know whether your child have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV I will also give you a voucher for free services for your child (REN) that you can use at any of these facilities.

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(REN) to take the HIV test?

		CHILD 4	CHILD 5	CHILD 6
517	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
518	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER (COLUMNS 1 AND 12) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
519	A FINAL OUTCOME OF THE HEIGHT AND WEIGHT MUST BE RECORDED IN 508, ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 513 AND FOR THE HIV TEST PROCEDUREIN 518 FOR EACH ELIGIBLE CHILD EVEN IF THE CHILD WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
520	READ CONSENT STATEMENT FOR ADDITIONAL TEST ASK CONSENT FROM PARENT/OTHER ADULT RESPONSIBLE CHILD. CIRCLE CODE AND SIGN.	GRANTED . . . . 1 _____ (SIGN) ←────┐ REFUSED 2	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED 3	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED 3
521	ADDITIONAL TESTS	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 520: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
522		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 523.		

CONSENT STATEMENT FOR STORAGE OF SAMPLE

We ask you to allow the Central Statistical Office 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 data attached that could identify (NAME OF CHILD(REN)). You do not have to agree.
Will you allow us to keep the blood sample stored for later testing or research?

523	CHECK COVER:

HOUSEHOLD NOT SELECTED FOR YOUTH ☐   HOUSEHOLD SELECTED FOR YOUTH ☐

RECORD LINE NUMBER, AGE, AND NAME
OF ALL WOMEN AGE 15-49
(SEE COLUMNS 9, 7 AND 2)

RECORD LINE NUMBER, AGE, AND NAME
OF ALL WOMEN AGE 12 AND OLDER
(SEE COLUMNS 9, 11, 13, 7 AND 2)

IF THERE ARE MORE THAN SIX WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).

A FINAL OUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 527, THE ANAEMIA TEST PROCEDURE MUST BE
RECORDED IN 536, AND THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN
EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.

		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMNS 9 AND 11)	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐
525	WEIGHT IN KILOGRAMS	KG. ...... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
526	HEIGHT IN CENTIMETRES	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
527	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
528	CHECK 524: AGE	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531
529	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION ..... 1 OTHER .... 2 (GO TO 531) ↵	CODE 4 (NEVER IN UNION ..... 1 OTHER .... 2 (GO TO 531) ↵	CODE 4 (NEVER IN UNION ..... 1 OTHER .... 2 (GO TO 531) ↵
530	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 . ☐☐
531	READ ANAEMIA TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)

CONSENT STATEMENT FOR ANAEMIA TEST FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND
CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS
RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531
IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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

We request that you participate in the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.

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 anaemia test?

CONSENT STATEMENT FOR ANAEMIA TEST FROM GIRLS AGE 12-14

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for this blood problem?

		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
532	CHECK 524: AGE	12-14 YEARS ...... 1 → 534 15 + YEARS 2	12-14 YEARS ...... 1 → 534 15-17 YEARS 2	12-14 YEARS ...... 1 → 534 15-17 YEARS 2
533	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 2
534	READ THE HIV TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┐ RESPONDENT REFUSED .... 3┐ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┐ RESPONDENT REFUSED .... 3┐ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┐ RESPONDENT REFUSED .... 3┐ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMO- GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
536	RECORD RESULT CODE OF HAEMO- GLOBIN MEASURE- MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

CONSENT STATEMENT FOR HIV TEST FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 534 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 534 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 Swaziland

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 to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV
I will also give you a voucher that you can use at any of these facilities.

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?

CONSENT STATEMENT FOR HIV TEST FROM GIRLS AGE 12-14

We 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. We are doing the HIV test to see how big the AIDS problem is in Swaziland

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe
It has not been used before and we will throw it away after we use it with you

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results

If you want to know if you have HIV, I can provide you the names of places that can help you.
I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for HIV?

		WOMAN 1	WOMAN 2	WOMAN 3
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
539	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 536 AND FOR THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT WOMAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT WOMAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT WOMAN
541	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow the Central Statistical Office 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 data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM GIRLS AGE 12-14

We ask you to allow the Central Statistical Office 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 data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMNS 9 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
525	WEIGHT IN KILOGRAMS	KG. .... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
526	HEIGHT IN CENTIMETRES	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
527	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
528	CHECK 524: AGE	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531	12-14 YEARS .... 1 → 530 15-17 YEARS .... 2 18 + YEARS .... 3 → 531
529	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 531) ↵	CODE 4 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 531) ↵	CODE 4 (NEVER IN UNION) ..... 1 OTHER .... 2 (GO TO 531) ↵
530	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 . ☐☐
531	READ ANAEMIA TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 536)

CONSENT STATEMENT FOR ANAEMIA TEST FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 531 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 531 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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

We request that you participate in the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.

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 anaemia test?

CONSENT STATEMENT FOR ANAEMIA TEST FROM GIRLS AGE 12-14

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for this blood problem?

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
532	CHECK 524: AGE	12-14 YEARS .... 1 → 534 15 + YEARS 2	12-14 YEARS .... 1 → 534 15-17 YEARS 2	12-14 YEARS .... 1 → 534 15-17 YEARS 2
533	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 2
534	READ THE HIV TEST CONSENT STATEMENT. FOR GIRLS AGE 12-14 AND NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┤ RESPONDENT REFUSED .... 3┘ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┤ RESPONDENT REFUSED .... 3┘ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┤ RESPONDENT REFUSED .... 3┘ _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 538)
535	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
536	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

CONSENT STATEMENT FOR HIV TEST FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 534 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 534 PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 Swaziland.

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 to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher that you can use at any of these facilities.

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?

CONSENT STATEMENT FOR HIV TEST FROM GIRLS AGE 12-14

We 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. We are doing the HIV test to see how big the AIDS problem is in Swaziland.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe. It has not been used before and we will throw it away after we use it with you.

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results.

If you want to know if you have HIV, I can provide you the names of places that can help you. I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for HIV?

		WOMAN 4	WOMAN 5	WOMAN 6
524	LINE NUMBER (COLUMN 9) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
537	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
538	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
539	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 536 AND FOR THE HIV TEST PROCEDURE IN 538 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
540	CHECK 538: OUTCOME OF HIV TEST	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT WOMAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT WOMAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT WOMAN
541	READ THE CONSENT STATE-MENT FOR ADDITIONAL TESTS. FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 530 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
542	ADDITIONAL TESTS	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 541: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM WOMEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.

FOR GIRLS AGE 12-14 AND NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 530) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 539 IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow the Central Statistical Office 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 data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM GIRLS AGE 12-14

We ask you to allow the Central Statistical Office 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 data attached that could identify you. You do not have to agree. Will you allow us to keep the blood sample stored for later testing or research?

543	CHECK COVER:		
	HOUSEHOLD NOT SELECTED FOR YOUTH ☐		HOUSEHOLD SELECTED FOR YOUTH ☐
	RECORD LINE NUMBER, AGE, AND NAME OF ALL MEN AGE 15-49 (SEE COLUMNS 2, 7 AND 10) ↓		RECORD LINE NUMBER, AGE, AND NAME OF ALL MEN AGE 12 AND OLDER (SEE COLUMNS 2, 7, 10, 11, AND 13) ↓
	IF THERE ARE MORE THAN SIX MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	A FINAL OUTCOME FOR THE HEIGHT AND WEIGHT MUST BE RECORDED IN 547, FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 554 AND FOR THE HIV TEST PROCEDURE IN 556 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.		

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
545	WEIGHT IN KILOGRAMS	KG. .... ☐☐☐.☐	KG. ..... ☐☐☐.☐	KG. ..... ☐☐☐.☐
546	HEIGHT IN CENTIMETRES	CM. .... ☐☐☐.☐	CM. ..... ☐☐☐.☐	CM. ..... ☐☐☐.☐
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
548	CHECK 544: AGE	12-14 YEARS .... 1 → 550 15-17 YEARS .... 2 18 + YEARS .... 3 → 551	12-14 YEARS .... 1 → 550 15-17 YEARS .... 2 18 + YEARS .... 3 → 551	12-14 YEARS .... 1 → 550 15-17 YEARS .... 2 18 + YEARS .... 3 → 551
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 551) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 551) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 551) ↵
550	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 . ☐☐
551	READ ANAEMIA TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ RESPONDENT REFUSED .... 3⌐ ⌐← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ RESPONDENT REFUSED .... 3⌐ ⌐← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ RESPONDENT REFUSED .... 3⌐ ⌐← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)

CONSENT STATEMENT FOR ANAEMIA TEST FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 551 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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

For the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.

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 anaemia test?

CONSENT STATEMENT FOR ANAEMIA TEST FROM BOYS AGE 12-14

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well
or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use
is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for this blood problem?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐
552	READ THE HIV TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED........... 2⌐ RESPONDENT REFUSED .... 3⌐ ← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED........... 2⌐ RESPONDENT REFUSED .... 3⌐ ← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED........... 2⌐ RESPONDENT REFUSED .... 3⌐ ← _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)
553	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
554	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

CONSENT STATEMENT FOR HIV TEST FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 552 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF
HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE
FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE RESPONDENT FOR HIS CONSENT. CIRCLE CODE '2' IN 552 IF THE PARENT
(OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 Swaziland.

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 to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME
OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV.
I will also give you a voucher for free services that you can use at any of these facilities.

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?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐	AGE IN YEARS .... ☐☐

CONSENT STATEMENT FOR HIV TEST FROM BOYS AGE 12-14

We 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
We are doing the HIV test to see how big the AIDS problem is in Swaziland

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe
It has not been used before and we will throw it away after we use it with you

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results

If you want to know if you have HIV, I can provide you the names of places that can help you.
I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for HIV?

557	CHECK 556: OUTCOME OF HIV TEST	BLOOD TAKEN ☐ ↓ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT MAN	BLOOD TAKEN ☐ ↓ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT MAN	BLOOD TAKEN ☐ ↓ BLOOD NOT TAKEN ☐ ↓ GO TO NEXT MAN
558	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 552 AND FOR THE HIV TEST PROCEDURE IN 554 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
559	READ THE CONSENT STATE-MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
560	ADDITIONAL TESTS	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 559 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 558 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 559 ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow the Central Statistical Office 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 data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree.
Will you allow us to keep the blood sample stored for later testing or research?

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM BOYS AGE 12-14

We ask you to allow the Central Statistical Office 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 data attached that could identify you. You do not have to agree.
Will you allow us to keep the blood sample stored for later testing or research?

		MAN 4	MAN 5	MAN 6
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER . . . . ☐☐	LINE NUMBER . . . . ☐☐	LINE NUMBER . . . . ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS . . . . ☐☐	AGE IN YEARS . . . . ☐☐	AGE IN YEARS . . . . ☐☐
545	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐
546	HEIGHT IN CENTIMETRES	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐	CM. . . . . ☐☐☐.☐
547	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6
548	CHECK 544: AGE	12-14 YEARS . . . . 1 → 550 15-17 YEARS . . . . 2 18 + YEARS . . . . 3 → 551	12-14 YEARS . . . . 1 → 550 15-17 YEARS . . . . 2 18 + YEARS . . . . 3 → 551	12-14 YEARS . . . . 1 → 550 15-17 YEARS . . . . 2 18 + YEARS . . . . 3 → 551
549	CHECK COLUMN 8: MARITAL STATUS	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 551) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 551) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 551) ↵
550	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 . ☐☐
551	READ ANAEMIA TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 554)

CONSENT STATEMENT FOR ANAEMIA TEST FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 551 IF RESPONDENT CONSENTS TO THE ANAEMIA TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 551 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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

For the anaemia 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 anaemia immediately, and the result told to you right away. The result will be kept confidential.

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 anaemia test?

CONSENT STATEMENT FOR ANAEMIA TEST FROM BOYS AGE 12-14

We are asking children like you to take a blood test. The test is for a problem in the blood that can happen when a person does not eat well or has been sick. This will help the government to plan programs to prevent and treat this problem in children.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and safe. It has not been used before and we will throw it away after we use it with you.

We will do the blood test right away and tell you the results. No one will be told the results.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for this blood problem?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
552	READ THE HIV TEST CONSENT STATEMENT. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF CODE '2' OR '3' CIRCLED, CIRCLE '3' IN 556)
553	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐	G/DL .... ☐☐.☐
554	RECORD RESULT CODE OF HAEMO-GLOBIN MEASURE-MENT.	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
555	BAR CODE LABEL	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.	PUT THE FIRST BAR CODE LABEL HERE. PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE THIRD ON THE TRANSMITTAL FORM.
556	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6

CONSENT STATEMENT FOR HIV TEST FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 552 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 552 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

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 Swaziland.

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 to the blood sample which will keep the results completely anonymous. For this reason, we will not be able to know (your/NAME OF ADOLESCENT) test results, and so we will not be able to tell you the test results either.

If you want to know whether you (your child) have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services that you can use at any of these facilities.

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?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11)	LINE NUMBER . . . . ☐☐	LINE NUMBER . . . . ☐☐	LINE NUMBER . . . . ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
	AGE (COLUMN 7)	AGE IN YEARS . . . . ☐☐	AGE IN YEARS . . . . ☐☐	AGE IN YEARS . . . . ☐☐

CONSENT STATEMENT FOR HIV TEST FROM BOYS AGE 12-14

We 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. We are doing the HIV test to see how big the AIDS problem is in Swaziland.

We would like you to take the test. You will have to give a few drops of blood from a finger. The needle we use is clean and completely safe.
It has not been used before and we will throw it away after we use it with you.

We will not write your name on the blood sample. No one will know that it is your blood. We will not be able to give you the test results.

If you want to know if you have HIV, I can provide you the names of places that can help you.
I will also give you a note for free testing that you can use at any of these places.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Do you want to be tested for HIV?

		MAN 1	MAN 2	MAN 3
544	LINE NUMBER (COLUMNS 10 AND 11) NAME (COLUMN 2) AGE (COLUMN 7)	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐	LINE NUMBER .... ☐☐ NAME _____ AGE IN YEARS .... ☐☐
557	CHECK 556: OUTCOME OF HIV TEST	BLOOD TAKEN BLOOD NOT TAKEN ↓ ↓ GO TO NEXT MAN	BLOOD TAKEN BLOOD NOT TAKEN ↓ ↓ GO TO NEXT MAN	BLOOD TAKEN BLOOD NOT TAKEN ↓ ↓ GO TO NEXT MAN
558	A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 552 AND FOR THE HIV TEST PROCEDURE IN 554 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
559	READ THE CONSENT STATE-MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR BOYS AGE 12-14 AND NEVER-IN UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 550 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┐ RESPONDENT REFUSED .... 3┐ (SIGN) ←┘	GRANTED .... 1┐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2┐ RESPONDENT REFUSED .... 3┐ (SIGN) ←┘	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 (SIGN)
560	ADDITIONAL TESTS	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 559: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM MEN AGE 15 AND OLDER

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 559 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.

FOR BOYS AGE 12-14 AND NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 550) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 559 IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 559 ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow the Central Statistical Office 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 data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree.
Will you allow us to keep the blood sample stored for later testing or research?

CONSENT STATEMENT FOR STORAGE OF SAMPLE FROM BOYS AGE 12-14

We ask you to allow the Central Statistical Office 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 data attached that could identify you. You do not have to agree.
Will you allow us to keep the blood sample stored for later testing or research?