

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR PERSONS AGE 12-14**

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)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
NAME AND LINE NUMBER OF RESPONDENT _____	
RESPONDENT'S GENDER (GIRL = 1, BOY = 2)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR 2 0 0 6 INT NUMBER RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				
*RESULT CODES: 1 COMPLETED 4 PARENT REFUSED 7 INCAPACITATED 2 NOT AT HOME 5 RESPONDENT REFUSED 8 OTHER _____ 3 POSTPONED 6 PARTLY COMPLETED (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE: 2 RESPONDENT'S LANGUAGE: _____				
LANGUAGE OF INTERVIEW: TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE: 1 SISWATI 2 ENGLISH 3 OTHER				
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____	NAME _____			
DATE _____	DATE _____			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

A. INFORMED CONSENT FROM PARENT/GUARDIAN/OTHER ADULT

RECORD LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE OF PARENT/
GUARDIAN/OTHER ADULT FROM WHOM CONSENT IS REQUESTED.

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about health of the Swazi population.

As part of the survey, I would like to ask (NAME) some questions that will help the government plan health programs for youth.

The survey usually takes between 10 and 15 minutes to complete. Whatever information (NAME) will provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to allow (NAME) to take part. However, we hope that you allow him (her) to participate in this survey since his (her) answers are important.

At this time, do you want to ask me anything about the survey?

Do I have your consent to talk to (NAME) now?

Signature of interviewer: _____ Date: _____

PARENT/GUARDIAN/OTHER ADULT
AGREES TO ALLOW YOUTH
TO BE INTERVIEWED

1
↓

PARENT/GUARDIAN/OTHER ADULT
DOES NOT AGREE TO ALLOW
YOUTH TO BE INTERVIEWED

2

→ END

☐

B. INFORMED CONSENT FROM YOUTH

AFTER OBTAINING CONSENT FROM THE PARENT, GUARDIAN OR OTHER RESPONSIBLE ADULT, ASK THE YOUTH FOR HIS/HER CONSENT.

Hello. My name is _____. We are doing a study about health in Swaziland.

We are talking with many youths like you. We would very much like to have you be part of this study.

I would like to ask you some questions that will help the government plan health programs for youth.

The questions will take about 10 and 15 minutes of your time. I will not tell or show your answers to anyone, not even your pare

You do not have to be in this study. You can choose not to answer some or all of the questions.

We hope that you will say yes and be in this study because your answers are important.

Do you want to ask me anything about the survey? Do you want to be in the study?

Signature of interviewer: _____ Date: _____

YOUTH AGREES TO INTERVIEW

1
↓

YOUTH DOES NOT AGREE TO
INTERVIEW

2

→ END

☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	<p>CHECK 103:</p> <p>12-14 YEARS <input type="checkbox"/></p> <p>15+ YEARS <input type="checkbox"/></p> <p>LESS THAN 12 YEARS <input type="checkbox"/></p> <p>COMPLETE ELIGIBLE WOMEN'S OR MEN'S QUESTIONNAIRE</p>		→ END
105	Are you currently attending school?	YES 1 NO 2	→ 107
106	Have you ever attended school?	YES 1 NO 2	→ 110
107	What is the highest level of school you attended?	LOWER PRIMARY 1 HIGHER PRIMARY 2 SECONDARY 3 HIGH SCHOOL 4	
108	What is the highest (grade/standard/form) you completed at that level?	GRADE/STANDARD/FORM ... <input type="text"/>	
109	<p>CHECK 107:</p> <p>ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/></p> <p>SECONDARY OR HIGHER CODE '3' OR '4' OR 5 CIRCLED <input type="checkbox"/></p>		→ 115
110	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
111	Have you ever been in a program to learn how to read and write? Do not include what you were taught in school.	YES 1 NO 2	
112	<p>CHECK 110:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		→ 114
113	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
114	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	<p>What is your religion?</p> <p>_____</p> <p>NAME OF CHURCH</p>	TRADITIONAL 01 CHARISMATIC 02 PROTESTANT 03 ROMAN CATHOLIC 04 PENTECOSTAL 05 ZIONIST 06 APOSTOLIC SECT 07 ISLAM 08 NONE 09 OTHER 96 (SPECIFY)	

SECTION 2. CARE AND PROTECTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
201	<p>Now I am going to ask you some questions about who looks after you when you are at home. Can you tell me the names of all of the persons who look after you when you are at home?</p> <p>RECORD THE NAMES OF THE PERSONS IN 202. CHECK THE HOUSEHOLD SCHEDULE AND RECORD THE LINE NUMBER OF EACH CARETAKER WHO IS LISTED IN THE THE HOUSEHOLD SCHEDULE. IF THE CARETAKER IS NOT INCLUDED IN THE HOUSEHOLD SCHEDULE, RECORD '00'. USE ANOTHER QUESTIONNAIRE IF MORE THAN THREE CARETAKERS ARE MENTIONED.</p>				
202	CHECK COLUMNS 1 AND 2 IN THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK 202	CODE <input type="text"/> OTHER <input type="text"/> '00' (SKIP TO 205)	CODE <input type="text"/> OTHER <input type="text"/> '00' (SKIP TO 205)	CODE <input type="text"/> OTHER <input type="text"/> '00' (SKIP TO 205)	
204	How old is (NAME OF CARETAKER)?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
205	What is (NAME'S) relationship to you?	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER 96 (SPECIFY)	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER 96 (SPECIFY)	BIOLOGICAL MOTHER... 01 STEPMOTHER 02 BIOLOGICAL FATHER .. 03 STEPFATHER 04 GRANDMOTHER 05 GRANDFATHER 06 FEMALE SIBLING 07 MALE SIBLING 08 AUNT 09 UNCLE 10 OTHER FEMALE RELATIVE 11 OTHER MALE RELATIVE 12 FATHER'S GIRLFRIEND... 13 MOTHER'S BOYFRIEND. 14 FEMALE NANNY/HIRED CAREGIVER 15 MALE NANNY/HIRED CAREGIVER 16 FEMALE FRIEND/NEIGHBOUR ACQUAINTANCE 17 MALE FRIEND/NEIGHBOUR ACQUAINTANCE 18 OTHER 96 (SPECIFY)	
206	<p>Now I am going to ask some questions about the times you were at home over the past seven days.</p> <p>CHECK 202:</p> <div style="display: flex; justify-content: space-around;"> <div> ONLY ONE CAREGIVER MENTIONED <input type="checkbox"/> Was there any time during the week when you were at home and (NAME) was not there? </div> <div> MORE THAN ONE CAREGIVER MENTIONED <input type="checkbox"/> Was there any time when during the week when you were at home and none of the persons who usually look after you were there? </div> </div>	YES 1 NO 2 DON'T KNOW 8			<input type="checkbox"/> → 209
207	Was another adult always present in the home when your caregiver(s) was (were) away?	YES 1 NO 2 DON'T KNOW 8			<input type="checkbox"/> → 209 <input type="checkbox"/> → 209

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208	On how many days during the past seven days were you at home at least part of the day without adult supervision? IF EVERYDAY, RECORD '7'	DAYS <input type="text"/> DON'T KNOW 98	
209	In the past week have you been: Sent out of the home yard on an errand alone? Playing/visiting a friend out of the home yard without adult supervision?	YES NO SENT ON ERRAND ALONE 1 2 PLAYING/VISITING WITHOUT ADULT SUPERVISION 1 2	
210	When you go out, are you required to tell your caregiver where you are going always, most of the time, only sometimes, or hardly ever?	ALWAYS 1 MOST OF THE TIME 2 ONLY SOMETIMES 3 HARDLY EVER 4	
211	Do you share the room where you sleep?	YES 1 NO 2	→ 215
212	Who shares the room where you usually sleep? IF ALL HOUSEHOLD MEMBERS SLEEP IN THE SAME ROOM CIRCLE 995. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS SHARING THE ROOM.	NAME LINE NUMBER 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> ALL HOUSEHOLD MEMBERS . . . 995	
213	Do you share the bed (mat) where you sleep with any of these persons?	YES 1 NO 2	→ 215
214	Who usually shares the bed (mat) with you? IF ALL PERSONS SHARING THE ROOM SLEEP IN THE SAME BED (MAT) AS THE RESPONDENT, CIRCLE 998. OTHERWISE RECORD THE NAME OF ALL THE INDIVIDUALS WHO USUALLY SHARING THE BED (MAT).	NAME LINE NUMBER 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> ALL PERSONS SHARING ROOM USE THE SAME BED (MAT) 998	
215	CHECK 105: CURRENTLY ATTENDING SCHOOL <input type="checkbox"/> NOT ATTENDING SCHOOL <input type="checkbox"/>		→ 301
216	Does your caregiver or another adult accompany you from home to school each day?	YES, CAREGIVER 1 YES, OTHER ADULT 2 NO 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217	Does your caregiver or another adult accompany you from school to home each day?	YES, CAREGIVER 1 YES, OTHER ADULT 2 NO 3	
218	Do you walk to school or do you use transport to get there?	WALKS TO SCHOOL 1 PRIVATE TRANSPORT 2 PUBLIC TRANSPORT 3 OTHER 6 (SPECIFY)	
219	At your school is there:	<div>YESNO</div> A teacher or other adult always present in the classroom? ALWAYS IN CLASSROOM. . . 12 A teacher or other adult always watching when children are coming to or leaving school? WATCHING CHILDREN COMING/LEAVING . . . 12 A teacher or other adult monitoring the toilets? MONITORING TOILETS . . . 12 A teacher or other adult checking that no unauthorized person enters the school? CHECKING FOR UNAUTHORIZED VISITORS 12	

SECTION 3. KNOWLEDGE AND ATTITUDES ABOUT SEX

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to talk about something else. Do you know what it means to have sex?	YES 1 NO 2	→ 304
302	Has your parent (caregiver) ever talked to you about sex?	YES 1 NO 2 DON'T KNOW 8	
303	Has your parent or caregiver ever talked to you about sexual abuse?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
304	Have you ever attended a life skills course at school? anywhere else?	YES NO SCHOOL 1 2 ELSEWHERE 1 2 (SPECIFY)	
305	Do you agree or disagree with the following statements: It is acceptable for a boy to have many girlfriends It is acceptable for a girl to have many boyfriends	YES NO DK BOY MANY GIRLFRIENDS . 1 2 3 GIRL MANY BOYFRIENDS . 1 2 3	
306	CHECK 301: KNOWS <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/> MEANING OF SEX <input type="checkbox"/> MEANING OF SEX <input type="checkbox"/>		→ 308
307	Do you agree or disagree with the following statements: If a boy proposes love, a girl cannot refuse sex If a boy gives a girl presents, she cannot refuse sex Boys should decide when, where and how to have sex	YES NO DK WHEN BOY PROPOSES LOVE 1 2 3 WHEN BOY GIVES PRESENTS 1 2 3 BOY DECIDES ABOUT SEX. 1 2 3	
308	Are you circumcised?	YES 1 NO 2	→ 401
309	At what age?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 4. KNOWLEDGE OF AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 404
401A	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 403
402	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER ... N AVOID SHARING UTENSILS O AVOID SHARING TOILETS P AVOID DRINKING SAME CUP Q AVOID SHARING CIGARETTES ... R OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
403	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
404	Have you ever heard about MALE condoms?	YES 1 NO 2 DK/NOT SURE 8	
404A	Have you ever heard about FEMALE condoms?	YES 1 NO 2 DK/NOT SURE 8	
404B	CHECK 401: HAS HEARD OF AIDS <input type="checkbox"/> HAS NOT HEARD OF AIDS <input type="checkbox"/>		→ 420
404C	CHECK 404 AND 404A: AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 405A
405	Should children your age be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
405A	CHECK 301: KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>		→ 407

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	Should children your age be taught in school about waiting until they get married before having sex in order to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
407	Have you received HIV/AIDS information from: Television? Radio? Newspaper? Magazine? Leaflets? Posters? Billboards?	YES NO TELEVISION 1 2 RADIO 1 2 NEWSPAPER 1 2 MAGAZINE 1 2 LEAFLETS 1 2 POSTERS 1 2 BILLBOARDS 1 2	
408	Have you seen any of the following items in the last 12 months carrying HIV/AIDS information or messages: Stickers? Clothing such as a T-shirt or cap? Red ribbon badge? Sign on a bus or mini kombi? Painted wall mural? AIDS play?	YES NO STICKERS 1 2 CLOTHING 1 2 RED RIBBON BADGE 1 2 SIGN ON BUS OR KOMBI 1 2 PAINTED WALL MURAL 1 2 AIDS PLAY 1 2	
409	Have you received HIV/AIDS information from any of the following places in the last 12 months: At school? At a Youth Club? A community meeting? A religious meeting? Health facility? Doctor's office? Pharmacy or chemist? AIDS organization? Local shop or spaza shop?	YES NO SCHOOL 1 2 YOUTH CLUB 1 2 COMMUNITY MEETING 1 2 RELIGIOUS MEETING 1 2 HEALTH FACILITY 1 2 DOCTOR'S OFFICE 1 2 PHARMACY/CHEMIST 1 2 AIDS ORGANIZATION 1 2 SHOP/SPAZA 1 2	
410	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think: there is too much focus on condoms? there is not enough information for your age group? some of the messages are offensive or upsetting? the messages are confusing?	YES NO DK TOO MUCH ON CONDOMS 1 2 3 NOT ENOUGH INFO 1 2 3 OFFENSIVE/UPSETTING 1 2 3 CONFUSING 1 2 3	
410A	CHECK 301: KNOWS MEANING OF SEX <input type="checkbox"/> DOES NOT KNOW MEANING OF SEX <input type="checkbox"/>		411
410B	Thinking of HIV/AIDS information that you have received in the last 12 months, do you think: there is too much focus on abstinence? there is too much focus on sex? they encourage young people to have sex? they teach young children that sex is okay as long as it is safe?	YES NO DK TOO MUCH ON ABSTINENCE 1 2 3 TOO MUCH ON SEX 1 2 3 ENCOURAGES SEX 1 2 3 CHILDREN LEARN SEX IS OK 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Are you aware of the existence of any telephone or help line that gives HIV/AIDS information?	YES 1 NO 2	→ 413
412	Which ones do you know of? RECORD ALL MENTIONED.	AIDS HELPLINE A TASC B OTHER X SPECIFY	
413	Has your parent/caregiver ever talked with you about HIV/AIDS?	YES 1 NO 2	
414	Do other kids you mix with talk about HIV/AIDS?	YES 1 NO 2	
415	Have you spoken to someone in the past month about HIV/AIDS?	YES 1 NO 2	→ 417
416	Who have you spoken with? RECORD ALL MENTIONED.	RELATIVE BROTHER/SISTER A PARENT B GRANDPARENT C OTHER RELATIVE D NONRELATIVE NONRELATIVE CAREGIVER E BOYFRIEND/GIRLFRIEND F FRIEND G TEACHER H DOCTOR/NURSE I COMMUNITY LEADER/ POLITICIAN J AIDS ORGANIZATION K PEER EDUCATOR L COMMUNITY HEALTH WORKER ... M TBA N TRADITIONAL HEALEI O OTHER X (SPECIFY)	
417	Who would you like to talk to about HIV/AIDS? RECORD ALL MENTIONED.	RELATIVE BROTHER/SISTER A PARENT B GRANDPARENT C OTHER RELATIVE D NONRELATIVE NONRELATIVE CAREGIVER E BOYFRIEND/GIRLFRIEND F FRIEND G TEACHER H DOCTOR/NURSE I COMMUNITY LEADER/ POLITICIAN J AIDS ORGANIZATION K PEER EDUCATOR L COMMUNITY HEALTH WORKER ... M TBA N TRADITIONAL HEALEI O OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
418	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 420								
419	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC... F</p> <p>STAND-ALONE VCT CENTER . G</p> <p>MOBILE CLINIC H</p> <p>OTHER PRIVATE I</p> <p>MEDICAL I</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL J</p> <p>CLINIC K</p> <p>OTHER L</p> <p>(SPECIFY)</p> <p>NGO</p> <p>FLAS M</p> <p>TASC N</p> <p>OTHER NGO O</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>									
420	RECORD THE TIME.	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____