

**2001 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**  
**CENTRAL BOARD OF HEALTH/ CENTRAL STATISTICAL OFFICE**

IDENTIFICATION																												
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																											
NAME OF HOUSEHOLD HEAD _____																												
CLUSTER NUMBER .....																												
HOUSEHOLD NUMBER .....																												
PROVINCE .....																												
URBAN/RURAL (URBAN=1, RURAL=2) .....																												
LUSAKA = 1 / OTHER CITY = 2 / TOWN = 3 / VILLAGE=4 .....																												
LINE NUMBER OF WOMAN SELECTED FOR Qs. 720A - 720L .....																												
HOUSEHOLD SELECTED FOR MEN'S SURVEY? (YES = 1, NO = 2) .....																												
HOUSEHOLD SELECTED FOR SUGAR SAMPLE? (YES= 1, NO= 2) .....																												

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT:      DATE TIME				TOTAL NO. OF VISITS
* 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 _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD  TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN  LINE NO. OF RESP. TO HOUSEHOLD QUEST.

LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b> <div style="float: right; border: 1px solid black; padding: 2px;">0   1</div>			
SUPERVISOR  NAME _____ DATE _____	FIELD EDITOR  NAME _____ DATE _____	OFFICE EDITOR  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	KEYED BY  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

## HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES NO	YES NO	IN YEARS				
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F 1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10	10

**\* CODES FOR Q.3**

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD

02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR

DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 = NEPHEW OR NIECE

10 = CO-WIFE

11 = OTHER RELATIVE

12 = ADOPTED/FOSTER/

STEPCHILD

13 = NOT RELATED

98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

\*\* Q.10 THROUGH Q.13  
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.  
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

\*\*\* CODES FOR Qs. 15, 18 AND 20  
EDUCATION LEVEL:  
0 = NURSERY SCHOOL, KINDERGARTEN  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

EDUCATION GRADE:  
00 = LESS THAN 1 YEAR COMPLETED  
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NO. OF WOMAN SELECTED FOR DV QUESTIONS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(9B)
			M F	YES NO	YES NO	IN YEARS				
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	15	15
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	20	20

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THESE QUESTIONS  
REFER TO THE  
BIOLOGICAL PARENTS OF  
THE CHILD.  
IN Q.11 AND Q.13,  
RECORD '00' IF PARENT  
NOT LISTED IN  
HOUSEHOLD SCHEDULE.

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EDUCATION LEVEL:  
0 = NURSERY, KINDERGARTEN  
1 = PRIMARY  
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EDUCATION GRADE:  
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LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
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	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
11	YES NO DK 1 2 8	<input type="text"/>	YES NO DK 1 2 8	<input type="text"/>	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/>	YES NO 1 2 GO TO 18	YES NO 1 2 GO TO 19	LEVEL GRADE <input type="text"/>	YES NO 1 2 NEXT LINE	LEVEL GRADE <input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	1 2 GO TO 18	1 2 GO TO 19	<input type="text"/>	1 2 NEXT LINE	<input type="text"/>	

Just to make sure that I have a complete listing:

- |  |                             |                             |
|--|-----------------------------|-----------------------------|
| 1) Are there any other persons such as small children or infants that we have not listed?  | IF YES, ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? | IF YES, ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?                        | IF YES, ENTER EACH IN TABLE | NO <input type="checkbox"/> |

TICK HERE IF CONTINUATION SHEET USED

☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED INTO YARD/PLOT ..... 12 COMMUNAL TAP ..... 13 <b>WATER FROM OPEN WELL</b> OPEN WELL IN YARD/PLOT ..... 21 OPEN PUBLIC WELL ..... 22 <b>COVERED WELL/BOREHOLE</b> PROTECTED WELL IN YARD/PLOT ..... 31 PROTECTED PUBLIC WELL ..... 32 <b>SURFACE WATER</b> SPRING ..... 41 RIVER/STREAM ..... 42 POND/LAKE/DAM ..... 43 RAINWATER ..... 51 TANKER TRUCK ..... 61 BOTTLED WATER ..... 71  OTHER _____ 96 (SPECIFY)	→ 23 → 23  → 23  → 23 → 23																					
22	How long does it take you to go there, get water, and come back?	MINUTES ..... <table border="1"><tr><td></td><td></td><td></td></tr></table> ON PREMISES ..... 996																						
23	How do you store your drinking water?	CLOSED CONTAINER/ JERRY CAN . 1 OPEN CONTAINER / BUCKET ..... 2  OTHER _____ 6 (SPECIFY)																						
24	Do you usually boil your drinking water?	YES, MOST OF THE TIME ..... 1 YES, SOME OF THE TIME ..... 2 NO ..... 3																						
25	Have you ever seen or heard of a product called <i>Clorin</i> ---a liquid that is sold in a bottle and can be used to make water safe to drink?	YES ..... 1 NO ..... 2	→ 29																					
26	Where have you seen or heard messages about <i>Clorin</i> ?  CIRCLE ALL MENTIONED.	RADIO ..... A TELEVISION ..... B SHOP ..... C LEAFLETS / BOOKLETS ..... D POSTER ..... E COMMUNITY-BASED AGENT ..... F  OTHER _____ G (SPECIFY)																						
27	Is your household water currently treated with <i>Clorin</i> from a bottle or packet?	YES ..... 1 NO ..... 2																						
29	What kind of toilet facilities does your household have?	FLUSH TOILET ..... 11 TRADITIONAL PIT LATRINE ..... 21 VENTILATED IMPROVED PIT (VIP) LATRINE ..... 22 NO FACILITY/BUSH/FIELD ..... 31  OTHER _____ 96 (SPECIFY)	→ 31																					
30	Do you share these facilities with other households?	YES ..... 1 NO ..... 2																						
31	Does your household have:	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>Electricity?</td><td>1</td><td>2</td></tr><tr><td>Solar Power?</td><td>1</td><td>2</td></tr><tr><td>A radio?</td><td>1</td><td>2</td></tr><tr><td>A television?</td><td>1</td><td>2</td></tr><tr><td>A telephone or cell phone?</td><td>1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	Electricity?	1	2	Solar Power?	1	2	A radio?	1	2	A television?	1	2	A telephone or cell phone?	1	2	A refrigerator?	1	2	
	YES	NO																						
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A telephone or cell phone?	1	2																						
A refrigerator?	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																				
32	What is the main source of energy used for cooking?	ELECTRICITY ..... 01 GAS ..... 02 SOLAR ..... 03 PARAFFIN / KEROSENE ..... 04 COAL, LIGNITE ..... 05 CHARCOAL ..... 06 WOOD ..... 07 COW DUNG ..... 08 OTHER ..... 96 (SPECIFY)																																						
33	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH / MUD / DUNG ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET / WOOD TILES ..... 31 BRICK ..... 32 TERRAZO / CERAMIC TILES ..... 33 CONCRETE / CEMENT ..... 34 CARPET ..... 35 OTHER ..... 96 (SPECIFY)																																						
34	Does any member of your household own:  A bicycle? A motorcycle or motor scooter? A car or truck?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>BICYCLE .....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK .....</td><td>1</td><td>2</td></tr> </table>			YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	CAR/TRUCK .....	1	2																									
	YES	NO																																						
BICYCLE .....	1	2																																						
MOTORCYCLE/SCOOTER .....	1	2																																						
CAR/TRUCK .....	1	2																																						
35	Does your household own any mosquito nets that can be used to protect against mosquitoes while sleeping?	YES ..... 1 NO ..... 2		→ 42																																				
36	How many mosquito nets does your household own?	NUMBER OF NETS ..... <input type="text"/>																																						
37	ASK THE FOLLOWING QUESTIONS FOR EACH NET.	NET # 1	NET #2	NET #3																																				
	How long ago did your household obtain the mosquito net?  MOs AGO = MONTHS AGO. IF LESS THAN 1 MONTH, RECORD '00'.	MOs . <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO . 96	MOs . <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO . 96	MOs . <input type="text"/> <input type="text"/> AGO  MORE THAN 3 YEARS AGO . 96																																				
38	Was the mosquito net treated with insecticide to repel mosquitoes or bugs when you obtained it?	YES ..... 1 NO ..... 2 NOT SURE .... 8	YES ..... 1 NO ..... 2 NOT SURE .... 8	YES ..... 1 NO ..... 2 NOT SURE .... 8																																				
39	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES ..... 1 NO ..... 2 NOT SURE .... 8	YES ..... 1 NO ..... 2 NOT SURE .... 8	YES ..... 1 NO ..... 2 NOT SURE .... 8																																				
40	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	LINE NO <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													LINE NO <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													LINE NO <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												
41		GO BACK TO 37 IN NEXT COLUMN; OR, IF NO MORE NETS, GO TO 42.	GO BACK TO 37 IN NEXT COLUMN; OR, IF NO MORE NETS, GO TO 42.	GO TO 42.																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	Do you have any sugar in your house now?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 44 → 44
43	ASK RESPONDENT TO BRING THE PACKAGE OF SUGAR.  RECORD TYPE OF SUGAR PACKAGE.  IF HOUSEHOLD IS SELECTED FOR SUGAR SAMPLE, COLLECT SUGAR AS INSTRUCTED.	<b>OPAQUE PACKAGE</b> LABELED ZAMBIA SUGAR /KALUNGWISHI ..... 1 <b>TRANSPARENT PLASTIC</b> LABELED ZAMBIA SUGAR /KALUNGWISHI ..... 2 LABELED, NOT FROM ZAMBIA ..... 3 TRANSPARENT PLASTIC, NO LABEL ..... 4 OTHER, NOT SEEN ..... 8	
44	Approximately how much sugar does this household usually consume in one week?	NONE. .... 1 LESS THAN 250 GRAMS .... 2 ABOUT HALF A KILO ..... 3 ABOUT ONE KG ..... 4 MORE THAN ONE KG ..... 5 DOES NOT KNOW/ NOT SURE ..... 8	
45	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE.  RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) / NO COLOUR ..... 1 7 PPM ..... 2 15 PPM ..... 3 30 PPM OR MORE ..... 4 NO SALT IN THE HH ..... 5  SALT NOT TESTED ..... 6 (SPECIFY REASON)	
46	These days, would you say that this household usually has enough food to eat, sometimes has enough food to eat, seldom has enough food to eat, or never has enough food to eat?	USUALLY/ALWAYS ..... 1 SOMETIMES ..... 2 SELDOM ..... 3 NEVER ..... 4	
47	In the last 12 months, have you or any member of this household been denied care from a health facility because you couldn't pay?	YES ..... 1 NO ..... 2 DO NOT KNOW/ NOT SURE .. 8	
48	In the last 12 months, have you or any member of this household been prescribed medicine that you didn't obtain because you couldn't pay?	YES ..... 1 NO ..... 2 DO NOT KNOW /NOT SURE .. 8	

**TABLE OF THE SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

Take the last digit of the sequential questionnaire number. This is the number of the row you should go to. See the total number of eligible women on the cover sheet of the household questionnaire. This is the number of the column you should go to. Find the box where the row and the column meet. Circle the number that appears in the box. This is the number of the woman who will be asked the domestic violence questions. Then, go to Column 9(B) in the household schedule and circle the corresponding line number of the eligible woman (e.g. if the number in the box is '2' and there are three women in the household whose line numbers are '02', '03', and '07', the line number of the eligible woman for domestic violence questions is '03').

Last digit of the questionnaire number	Total number of eligible women in the household							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

### WEIGHT AND HEIGHT MEASUREMENT

CHECK COLUMNS (8) AND (9A): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(8)	FROM COL.(2)	FROM COL.(7)					
(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT OF CHILDREN BORN IN 1996 OR LATER			
LINE NO.	NAME	AGE	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
FROM COL.(9)	FROM COL.(2)	FROM COL.(7)					
		YEARS	DAY    MO.    YEAR			LYING    STAND.	
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
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<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
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TICK HERE IF CONTINUATION SHEET USED

☐

There will be an education survey done at a later point in time. Your household may or may not be asked to participate in this survey. If your household is included in the survey, someone will return to your house and ask additional questions about education.

## **INFORMED CONSENT FOR SYPHILIS AND HIV TESTS**

### **SYPHILIS TESTING**

Hello, my name is (YOUR NAME) and I am from the Ministry of Health. As my colleague has informed you already, we are doing a health survey. In this survey, we are studying syphilis among women 15-49 of age and men 15-59 of age in Zambia. Syphilis can cause serious problems if it is not treated. The results from this survey will help the government to develop programs to prevent and treat syphilis.

We encourage you to participate in this test by giving a small amount of blood from your arm. For this test we use sterile instruments that are clean and completely without risk. The blood will be analyzed this evening and I will be back tomorrow to give you the results if you tell me when you will be here. If the test results show that you have syphilis, we would provide free treatment for you and your partner(s) at home or at the nearest health center. No one will know the results of your test except you and me.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the syphilis test? GO BACK TO COLUMN (62). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the syphilis test? GO TO COLUMN (62). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ THE CONSENT FORM TO YOUTH.

IF CONSENTED, TAKE BLOOD. THEN ASK: If the test shows that you have syphilis and we can't find you for treatment at home, we would like to give that information to the health authorities so that they can follow up. Do you agree that we can give your name and the location of this house to the health authorities if the test shows that you need treatment? CIRCLE CODE FOR 'YES' OR 'NO' IN COLUMN (63).

### **HIV TESTING**

CHECK SYPHILIS CONSENT STATEMENT:

CONSENTED



NOT CONSENTED



We are also studying HIV among women and men in our survey. HIV is a serious health problem. As you may know, HIV is the virus that causes AIDS, which is usually fatal. This survey will assist the government to develop programs for preventing HIV and AIDS.

We request that you participate in the HIV testing part of this survey by authorizing us to use a few drops of the blood that we have already collected for the syphilis test.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your HIV test and no one will be able to trace the test back to you. However, if you want to know your HIV status you will be referred to the nearest health facility which will offer you free testing and counseling.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ CONSENT FORM TO YOUTH.

We are also studying HIV among women and men in our survey. HIV is a serious health problem. As you may know, HIV is the virus that causes AIDS, which is usually fatal. This survey will assist the government to develop programs for preventing HIV and AIDS.

We ask that you participate in this test by giving a few drops of blood from your finger. For this test we use sterile instruments that are clean and completely without risk. Blood will be tested later in the laboratory.

To ensure the confidentiality of this test result, no individual names will be attached to the blood sample; therefore, we will not be able to give you the result of your HIV test and no one will be able to trace the test back to you. However, if you want to know your HIV status you will be referred to the nearest health facility which will offer you free testing and counseling.

At this moment, do you have any questions?

Now, will you tell me if you accept to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17, ASK PARENT/GUARDIAN: Now, will you tell me if you accept for (NAME OF YOUTH) to participate in the HIV test? GO BACK TO COLUMN (64). CIRCLE THE APPROPRIATE CODE AND SIGN. THEN READ CONSENT FORM TO YOUTH.

### **NOTE FOR THE NURSE/COUNSELOR:**

THE RESPONDENT HAS THE RIGHT TO REFUSE HIV/SYPHILIS TEST(S), AND THEREFORE SHOULD NOT BE FORCED.

# **SYPHILIS AND HIV TESTING**

CHECK COLUMNS (8) AND (9A): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND MEN AGE 15-59.

LINE NO. FROM COL. (8) AND (9A)	NAME FROM COL.(2)	AGE FROM COL.(7)	CHECK COLUMN (59)  (AGE)	LINE NO. OF PARENT OR OTHER ADULT RESPONSIBLE FOR THE CARE OF THIS PERSON	READ THE SYPHILIS CONSENT STATEMENT TO THE WOMAN/MAN OR RESPONSIBLE ADULT. CIRCLE THE CODE (AND SIGN). 15-17 YEAR OLD RESPONDENTS MUST CONSENT AS WELL AS THE GUARDIAN.	AGREES RESULT BE GIVEN TO HEALTH AUTHORITIES	READ THE HIV CONSENT STATEMENT TO THE WOMAN/MAN OR RESPONSIBLE ADULT. CIRCLE THE CODE (AND SIGN). 15-17 YEAR OLD RESPONDENTS MUST CONSENT AS WELL AS THE GUARDIAN.	SAMPLE COLLECTED?
(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3
<div><div></div><div></div></div>		<div><div></div><div></div></div>	AGE 15-17 ..... 1 AGE 18-49/59 ..... 2 GO TO 62 ←	<div><div></div><div></div></div>	AGREED ..... 1 REFUSED ..... 2 (SKIP TO 64) ← ABSENT/OTHER ..... 3 SIGN _____	YES ..... 1 NO ..... 2	AGREED ..... 1 REFUSED ..... 2 ABSENT/OTHER ..... 3	TEST TUBE .... 1 FILTER PAPER . 2 NO SAMPLE .... 3

TICK HERE IF CONTINUATION SHEET USED