

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION														
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER LARGE CITY/SMALL CITY/TOWN/RURAL (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <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> </table>													

INTERVIEWER VISITS																		
	1	2	3	FINAL VISIT														
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>														
INTERVIEWER'S NAME	_____	_____	_____	ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>														
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>														
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>														
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH 4 OTHER LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH D OTHER TRANSLATOR USED: 1 YES 2 NO				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

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 (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
	<p>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.</p> <p>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.</p>	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?				What is (NAME'S) current marital status? SEE CODES BELOW.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS					
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	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 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DONT KNOW

CODES FOR Q. 8
 1 MARRIED
 2 LIVING WITH PARTNER
 3 DIVORCED
 4 SEPARATED
 5 WIDOWED
 6 NEVER MARRIED/NEVER LIVED WITH PARTNER

LINE NO.	SICK PERSON	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS								NATURAL BROTHERS AND SISTERS			
	IF AGE 18-59	FOR PERSONS AGE 0-17 YEARS								FOR PERSONS AGE 0-17 YEARS			
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick I mean (NAME) was too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
02	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
03	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
04	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
05	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
06	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
07	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
08	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
09	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
10	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
01	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
02	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
03	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
04	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
05	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
06	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
07	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
08	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
09	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
10	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

CODES FOR Qs. 27, 29 AND 31
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DONT KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(NOT ALLOWED FOR Qs. 29 AND 31)
98 = DON'T KNOW

CODES FOR Q.35
C = HAS CERTIFICATE
R = REGISTERED, NO CERTIFICATE
N = BIRTH NOT REGISTERED
DK = DONT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
	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?			How old is (NAME)?	What is (NAME'S) current marital status? SEE CODES BELOW.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS					
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

PROBE TO IDENTIFY ADDITIONAL HOUSEHOLD RESIDENTS.

Just to make sure that I have a complete household listing:

- 2A) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 2B) In addition, are there any other people who may not be members of your family, such as domestic servants, or friends who usually live here? YES ENTER EACH IN TABLE NO
- 2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
		Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="text"/>	Y N DK 1 2 8	<input type="text"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
11	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
12	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
13	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
14	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
15	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
16	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
17	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
18	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
19	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
20	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
36 CHECK COLUMN 13 AND RECORD TOTAL NUMBER OF VERY SICK HOUSEHOLD MEMBERS AGE 18-59. IF NONE, RECORD '00'. <input type="text"/>								37 CHECK COLUMN 20 AND RECORD TOTAL NUMBER OF CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR WAS VERY SICK. IF NONE, RECORD '00'. <input type="text"/>					

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
11	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
12	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
13	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
14	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
15	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
16	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
17	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
18	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
19	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
20	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

CODES FOR Qs. 27, 29 AND 31
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DONT KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(NOT ALLOWED FOR Qs. 29 AND 31)
98 = DONT KNOW

CODES FOR Q.35
C = HAS CERTIFICATE
R = REGISTERED, NO CERTIFICATE
N = BIRTH NOT REGISTERED
DK = DONT KNOW

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

38 LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.
 CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.
 FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 10.

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

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
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 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 TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH OTHER 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET... 21 NON-VIP PIT LATRINE WITH SLAB 22 NON-VIP PIT LATRINE WITHOUT SLAB 23 COMPOSTING TOILET/ ARBO LOO 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 51 OTHER 96 (SPECIFY)	→ 111
109	Do you share this facility with other households?	YES 1 NO 2	→ 111
110	Including this household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
111	Does your dwelling unit/household have:	YES NO Electricity? ELECTRICITY 1 2 A radio? RADIO 1 2 A television? TELEVISION 1 2 A mobile telephone? MOBILE TELEPHONE ... 1 2 A non-mobile telephone? NON-MOBILE TELEPHONE 1 2 A refrigerator? REFRIGERATOR 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LIQUID PROPANE GAS 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 MAIZE/OTHER CROP WASTE .. 10 ANIMAL DUNG 11 DO NOT COOK 12 OTHER _____ 96 (SPECIFY)	→ 114 → 116
113	In this household, is food 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 same building where people sleep, 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	
116	TYPE OF DWELLING UNIT. RECORD OBSERVATION.	TRADITIONAL 01 MIXED 02 DETACHED 03 SEMI-DETACHED 04 FLAT/TOWNHOME 05 SHACK 06 OTHER _____ 96 (SPECIFY)	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/DUNG 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH 12 RUDIMENTARY ROOFING RUSTIC MAT 21 WOOD PLANKS 23 FINISHED ROOFING METAL 31 WOOD 32 ASBESTOS 33 TILES 34 CEMENT 35 OTHER _____ 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS 11 MUD 12 RUDIMENTARY WALLS STONE WITH MUD 22 PLYWOOD 23 CARTON 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS 35 OTHER _____ 96 (SPECIFY)																									
120	TYPE OF WINDOWS. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS/ SHUTTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS	1	2	WINDOWS WITH SCREENS	1	2	WINDOWS WITH CURTAINS/ SHUTTERS	1	2										
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WINDOWS WITH GLASS	1	2																									
WINDOWS WITH SCREENS	1	2																									
WINDOWS WITH CURTAINS/ SHUTTERS	1	2																									
121	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																									
122	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEEL BARREL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	WHEEL BARREL	1	2	
	YES	NO																									
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BOAT WITH MOTOR	1	2																									
WHEEL BARREL	1	2																									
123	Do any members of this household have access to use land for agricultural purposes?	YES 1 NO 2	→ 125																								
124	How many acres of land are used by household members for agricultural purposes? IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	ACRES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Does this household own any livestock, herds, or farm animals?	YES 1 NO 2	→ 127
126	How many of the following animals does this household have? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'. Cattle? Horses, donkeys, or mules? Goats? Sheep? Chickens or other poultry? Pigs?	CATTLE <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> GOATS <input type="text"/> SHEEP <input type="text"/> POULTRY <input type="text"/> PIGS <input type="text"/>	
127	Does any member of this household have a bank account?	YES 1 NO 2	
128	During the past 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 <input type="text"/> NOT SPRAYED 95	→ 130
129	Who sprayed the house?	GOVERNMENT PROGRAM 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
130	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 201
131	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

132	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
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98
134	What type of mosquito net do you have?	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
135	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	
136	Since you got the mosquito net, was it ever soaked or dipped in a liquid or chemical to repel mosquitos?	YES 1 NO ... (SKIP to 138) ← 2 NOT SURE 8	YES 1 NO ... (SKIP to 138) ← 2 NOT SURE 8	YES 1 NO ... (SKIP to 138) ← 2 NOT SURE 8	
137	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	
138	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	
139	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

SECTION 2: SUPPORT FOR SICK PEOPLE

201	CHECK Q36 IN HOUSEHOLD SCHEDULE AND RECORD NUMBER OF CHRONICALLY SICK HOUSEHOLD MEMBERS AGE 18-59. <div style="float:right; border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>			
	AT LEAST ONE <input type="checkbox"/> NONE <input type="checkbox"/>	→ 301		
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH 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	LINE NUMBER AND NAME FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1 ST SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>	2 ND SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>	3 RD SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>
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.			
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 of this 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 of this 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 of this 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 of this support in the past 30 days?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8

		1 ST SICK PERSON NAME _____	2 ND SICK PERSON NAME _____	3 RD SICK PERSON NAME _____
213	Now I would like to ask about health problems (NAME) may have recently had. 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: Was this problem (were any of these problems) ever severe?	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 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; OR, IF NO MORE SICK PEOPLE, GO TO 301.		

SECTION 3: 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 → 401
302	How many household members died in the last 12 months?	NO. OF PERSONS .. <input type="text"/> <input type="text"/>			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE.				
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 <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	
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+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, 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.				
310	In the last 12 months, did your household receive 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 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 of this 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 of this 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 of this 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	
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 of this 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 _____
318	Now I would like to ask about health problems (NAME) may have recently had. 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: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 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; OR, IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

SECTION 4: SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/></p> <p>NO CHILD AGE 0-17 <input type="checkbox"/></p>	<p>→ END</p>	
402	<p>CHECK Q36 IN HOUSEHOLD QUESTIONNAIRE: ANY VERY SICK ADULTS 18-59?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/></p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/></p>	<p>→ GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
403	<p>CHECK 306 IN SECTION 3: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT AGE 18-59 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT 18-59 IN 306 <input type="checkbox"/></p>	<p>→ GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
404	<p>CHECK Q37 IN HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND IS SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER WHO HAS DIED OR IS SICK <input type="checkbox"/></p> <p>NO CHILD WITH MOTHER OR FATHER WHO HAS DIED OR IS VERY SICK <input type="checkbox"/></p> <p>GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN COLUMN 20</p>	<p>→ 501</p>	

405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AS APPROPRIATE BEGINNING WITH WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THE CHILDREN ARE LISTED IN THE SCHEDULE OR IN COLUMN 20. IF MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.	1ST CHILD		2ND CHILD		3RD CHILD		4TH CHILD				
		NAME _____		NAME _____		NAME _____		NAME _____				
		LINE NUMBER	<input type="text"/>	<input type="text"/>	LINE NUMBER	<input type="text"/>	<input type="text"/>	LINE NUMBER	<input type="text"/>	<input type="text"/>	LINE NUMBER	<input type="text"/>
AGE	<input type="text"/>	<input type="text"/>	AGE	<input type="text"/>	<input type="text"/>	AGE	<input type="text"/>	<input type="text"/>	AGE	<input type="text"/>	<input type="text"/>	
406	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 405) 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. ASK THE CARE AND SUPPORT QUESTIONS FOR EACH CHILD LISTED IN Q405, BEGINNING WITH THE CHILD LISTED IN THE FIRST COLUMN.											
407	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										
408	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 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8
409	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8										
410	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 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8
411	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8										
412	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 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8
413	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8										
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	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										
416	GO BACK TO 407 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.											

405	CONTINUE LISTING OF CHILDREN	5TH CHILD		6TH CHILD		7TH CHILD		8TH CHILD	
		NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>
407	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	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
408	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 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8
409	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
410	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 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8
411	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
412	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 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8
413	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	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	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
416		GO BACK TO 407 IN NEXT COLUMN IN THIS QUESTIONNAIRE, OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.							

**SECTION 5: WEIGHT AND HEIGHT MEASUREMENT - ALL CHILDREN UNDER AGE 5
HEMOGLOBIN MEASUREMENT - CHILDREN 6-60 MONTHS**

CHECK COLUMN (12): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN AGE 0-60 MONTHS.

FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COMPARE MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

BEFORE CONDUCTING ANEMIA TESTING, OBTAIN CONSENT FROM PARENT, GUARDIAN, OR OTHER RESPONSIBLE ADULT.

CHILDREN UNDER AGE 5				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER				
LINE NO. FROM COL. (12)	NAME FROM COL. (2)	AGE FROM COL. (7)	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	
(501)	(502)	(503)	(504)	(505)	(506)	(507)	(508)	
			DAY MONTH YEAR			L S		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>				

CONSENT STATEMENT

As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.

To know more about this problem in Zimbabwe, we are asking in this survey that young children all over the country take a test for low blood levels. We would like (NAME OF CHILD[REN] BORN IN 2000 OR LATER, AND AT LEAST 6 MONTHS OF AGE) to take part in this test by giving a few drops of blood from his (her) finger or heel.

The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result(s) for (NAME OF CHILD[REN]) will be given to you right after the test is done.

We will not tell anyone else the results of the test.

Do you have any questions?

You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.

Do you agree that (NAME) may give blood for the anaemia test?
CIRCLE CODE AND SIGN.

HEMOGLOBIN MEASUREMENT OF CHILDREN 6-60 MONTHS				
RECORD NAME OF PARENT/RESPONSIBLE ADULT.	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(509)	(510)	(511)	(512)	(513)
	<input type="text"/>	GRANTED 1 SIGN _____ REFUSED NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>

514	<p>CHECK 512:</p> <p>NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;"> ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> </p> <p style="text-align: center;"> </p> <p> GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 515 FOR ANY CHILD WITH A LEVEL BELOW 7 G/DL. GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH HOUSEHOLD INTERVIEW. </p>
-----	---

515	<p>We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the clinic at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the clinic?</p>
-----	---

NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2

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: _____

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																			
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE LARGE CITY/SMALL CITY/TOWN/RURAL (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>																		

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER TRANSLATOR USED 1 YES 2 NO												
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Organization. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 45 and 60 minutes to complete. Whatever information you 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 answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

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

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	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area? _____ NAME OF PLACE	CITY 1 TOWN 2 COMMUNAL LAND 3 RESETTLEMENT AREA 4 OTHER RURAL AREA 5 ABROAD 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest grade (number of years) you completed at that level?	GRADE/YEARS <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> →		115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		116
115	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	
116	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	
117	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	
118	What is your religion?	TRADITIONAL 01 ROMAN CATHOLIC 02 PROTESTANT 03 PENTECOSTAL 04 APOSTOLIC SECT 05 OTHER CHRISTIAN 06 MUSLIM 07 NONE 08 OTHER 96 (SPECIFY)	→ 201
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are currently living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1224 331 1308 394"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ... <table border="1" data-bbox="1224 401 1308 464"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1224 558 1308 621"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE . <table border="1" data-bbox="1224 627 1308 690"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Sometimes babies are born alive and die shortly after birth. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1224 877 1308 940"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1224 947 1308 1010"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1224 1026 1308 1089"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>	→ 226									

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES ... 1 NO ... 2	1 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.									<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1, 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> YEAR <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2000 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2000		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2000 end?	MONTH <input type="text"/> YEAR <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1230 142 1318 195"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1230 195 1318 247"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1230 247 1318 300"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1230 300 1318 352"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY . 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↘ 240								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
240	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
241	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
242	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD (LOOP) Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANT Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES 1 NO 2 ↘	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (MORNING AFTER PILL/POSTINO 2) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 330
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN ... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of pills you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 01 PACKAGE NOT SEEN 02	→ 313A
313	MARK CODE FOR BRAND NAME.	OVRETTE 01 LO-FEMENAL 02 MICRONOR 03 MICRONOVUM 04 MARVELLON 05 DUOFEM 06 EXCLUTON 07 OTHER 96 (SPECIFY)	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
319	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr></table> → 320		
319A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>															
320	CHECK 319/319A, 215, 230 AND CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES <input type="checkbox"/> NO <input type="checkbox"/> GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).																
321	CHECK 319/319A: YEAR IS 2000 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ASK ABOUT SOURCE OF METHOD AT THE START OF USE AND ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH USE STARTED. THEN CONTINUE WITH 322.		YEAR IS 1999 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000. THEN SKIP TO → 328														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE.</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 05</p> <p>IMPLANT 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 330</p> <p>→ 332</p> <p>→ 329</p> <p>→ 326</p> <p>→ 332</p>
324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At the time you obtained the method, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>CBD L</p> <p>OTHER PRIVATE DOCTOR M</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER N</p> <p>SUPERMARKET O</p> <p>TUCK SHOP P</p> <p>SERVICE STATION Q</p> <p>OTHER RETAIL R</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
332	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2	
333	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 335
334	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	
335	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 337	
336	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	
337	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 401	
338	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	

SECTION 4 PREGNANCY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 601			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER X (SPECIFY) NO ONE Y (SKIP TO 414) ←		
408	Where did you receive antenatal care for this pregnancy? Anywhere else? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL MENTIONED. _____ _____ (NAME OF PLACE(S))	HOME YOUR HOME A OTHER HOME B PUBLIC SECTOR CENTRAL HSP ... C PROVINCIAL HSP . D DIST/RURAL HSP. . E RURAL/MUNCPL CL. . F RURAL HLTH CNTR. . G OTHER PUBLIC _____ H (SPECIFY) MISSION FACILITY . . I PRIVATE MED. SECTOR PRIVATE HSP/CLC. J OTHER PRIV. MED. K OTHER X (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 BP 1 2 URINE 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW ... 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW ... 8		
415	During this pregnancy, how many times did you get this injection?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ← ↓		
417	Did you receive any tetanus injections at any time before this pregnancy?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	How many times did you get a tetanus injection before this pregnancy? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron/folic acid tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 431) ← DON'T KNOW 8		
426	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B DELTAPRIM C OTHER _____ X (SPECIFY) DON'T KNOW Z		
427	CHECK 426: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="text"/> CIRCLED A' NOT <input type="text"/> <input type="checkbox"/> CIRCLED ↓ (SKIP TO 431) ←		
428	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>		
429	CHECK 407: ANTENATAL CARE FROM HEALTH PROFESSIONAL DURING PREGNANCY	CODES OTHER <input type="text"/> A' OR 'B' <input type="text"/> CIRCLED ↓ (SKIP TO 431) ←		
430	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT 1 OTHER FACILITY VISIT 2 OTHER SOURCE . . . 3		
431	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
432	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	How much did (NAME) weigh? ASK FOR HEALTH CARD. RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998
434	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y
435	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←
436	How many hours after your labor pains began, did you get to the facility? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
437	How long after you arrived at the facility, did a health professional check on you? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
438	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
439	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	
440	Before you were discharged after (NAME) was born, did any health personnel check on your health?	YES 1 NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	
441	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			
442	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←			
443	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 446) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2	
444	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH ... A FACILITY NOT OPEN . B TOO FAR/NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER _____ X (SPECIFY)			
445	After (NAME) was born did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2 (SKIP TO 455) ←	YES 1 NO 2 (SKIP TO 455) ←	
446	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
447	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														
448	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCPL CL...24 RURAL HLTH CNTR.. 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ (SPECIFY) 96														
448A	CHECK 443:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 453)														
449	In the two months after (NAME) was born, did a health care provider or traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8														
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS.. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL... 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP.	YES 1 NO 2		
454	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? PROBE FOR LOCAL BELIEFS AND PRACTICES.	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	YES 1 (SKIP TO 470) ← NO 2	YES 1 (SKIP TO 470) ← NO 2
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a feeding bottle yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
472	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 473</p> <p>_____</p> <p>(NAME)</p>				501
473	<p>Now I would like to ask you about the food (NAME FROM 472) and you ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>ASK ABOUT EACH FOOD TYPE. FOR THOSE ITEMS WHERE INFORMATION IS SOUGHT FOR BOTH THE CHILD AND THE MOTHER, ASK ABOUT THE CHILD FIRST AND THEN THE MOTHER.</p> <p>a. Commercially produced infant formula?</p> <p>b. Any maize or meal-meal porridge or gruel?</p> <p>c. Any Celerac, Proneuro, or other commercially fortified baby food?</p> <p>d. Any sadza, bread, rice, noodles, or any foods made from grains?</p> <p>e. Any pumpkin, carrots, squash, or yams or sweet potatoes that are yellow or orange inside?</p> <p>f. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g. Any dark, green, leafy vegetables such as spinach, pumpkin or okra leaves?</p> <p>h. Any ripe mangoes or paw paw?</p> <p>i. Any other fruits or vegetables?</p> <p>j. Any liver, kidney, heart or other organ meats?</p> <p>k. Any beef, pork, lamb, goat, rabbit or any game meat.</p> <p>l. Any chicken, duck or other birds?</p> <p>m. Any eggs?</p> <p>n. Any fresh or dried fish or shellfish?</p> <p>o. Any foods made from cowpeas, beans, other peas, or lentils?</p> <p>p. Any peanut butter or other food from nuts?</p> <p>q. Any cheese, yogurt, or milk products?</p> <p>r. Any foods made with other oil, fat, or butter?</p> <p>s. Any sugary foods such as pastries, cakes, chocolates, sweets, or candies?</p> <p>t. Any other solid or semi-solid food?</p> <p>u. Plain water?</p> <p>v. Milk, such as tinned, powdered, or fresh animal milk?</p> <p>w. Any sugary drinks such as mahewu, sodas or fruit juices?</p> <p>x. Tea or coffee?</p> <p>y. Any other liquids?</p>	473A CHILD Yesterday, during the day or night, did (NAME FROM 473) eat/drink:	473B MOTHER And you yourself, yesterday during the day or night, did you eat/drink:		
		YES NO DK	YES NO DK		
		a. 1 2 8			
		b. 1 2 8			
		c. 1 2 8			
		d. 1 2 8	1 2 8		
		e. 1 2 8	1 2 8		
		f. 1 2 8	1 2 8		
		g. 1 2 8	1 2 8		
		h. 1 2 8	1 2 8		
		i. 1 2 8	1 2 8		
		j. 1 2 8	1 2 8		
		k. 1 2 8	1 2 8		
		l. 1 2 8	1 2 8		
		m. 1 2 8	1 2 8		
		n. 1 2 8	1 2 8		
		o. 1 2 8	1 2 8		
		p. 1 2 8	1 2 8		
		q. 1 2 8	1 2 8		
		r. 1 2 8	1 2 8		
		s. 1 2 8	1 2 8		
		t. 1 2 8	1 2 8		
		u. 1 2 8	1 2 8		
		v. 1 2 8	1 2 8		
		w. 1 2 8	1 2 8		
		x. 1 2 8	1 2 8		
		y. 1 2 8	1 2 8		

474	CHECK 473A: AT LEAST ONE "YES" <input type="checkbox"/> ↓	NOT A SINGLE "YES" <input type="checkbox"/>	→ 501
475	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 5. IMMUNIZATION AND CHILD HEALTH

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 561)
504	Has (NAME) ever received a vitamin A dose like this? SHOW AMPULE/ CAPSULE/SYRUP.	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/> DON'T KNOW 98	MONTHS AGO <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/> DON'T KNOW 98	MONTHS AGO <input style="width:20px; height:20px; border:1px solid black;" type="text"/> <input style="width:20px; height:20px; border:1px solid black;" type="text"/> DON'T KNOW 98
506	Do you have a child health card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3
507	Did you ever have a child health card for (NAME)?	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2
508	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.			
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 4 BOOSTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 4 BOOSTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-4, HEPATITIS B 1-3 AND/OR MEASLES 1-2 VACCINES	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←
		NO 2 (SKIP TO 520) ←	NO 2 (SKIP TO 520) ←	NO 2 (SKIP TO 520) ←
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
510	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1	YES 1	YES 1
		NO 2 (SKIP TO 522) ←	NO 2 (SKIP TO 522) ←	NO 2 (SKIP TO 522) ←
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
511	Please tell me if (NAME) received any of the following vaccinations:			
511A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8
514	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
515	A DPT vaccination, that is, an injection given in the right thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8
516	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
517	A hepatitis B vaccination, that is, an injection given in the left thigh?	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8
518	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
519	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
523	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
524	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
525	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8
526	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←
527	Where did you seek advice or treatment? Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL PLACES MENTIONED. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	CHECK 527:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 530) ←
529	Where did you first seek advice or treatment? USE LETTER CODE FROM 527.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
530	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
531	Does (NAME) still have diarrhea?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
532	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a. An ORS satchet b. A homemade sugar-salt-water solution (SSS)? c. Any other liquid?	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8
533	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
534	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)
535	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8
537	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8
538	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←
539	CHECK 535: HAD FEVER?	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)
540	Now I would like to know how much (NAME) was given to drink during the (fever/cough/rapid breathing). Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
541	When (NAME) had (fever/cough/rapid breathing), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
542	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP B DIST/RURAL HSP. C RURAL HLTH CNTR. D MUNCPL CLINIC E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE SECTOR PRIVATE HSP/CLC I PRIVATE DOCTOR H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP B DIST/RURAL HSP. C RURAL HLTH CNTR. D MUNCPL CLINIC E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE SECTOR PRIVATE HSP/CLC I PRIVATE DOCTOR H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP B DIST/RURAL HSP. C RURAL HLTH CNTR. D MUNCPL CLINIC E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE SECTOR PRIVATE HSP/CLC I PRIVATE DOCTOR H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER M OTHER _____ X (SPECIFY)
544	CHECK 543:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←
545	Where did you first seek advice or treatment? USE LETTER CODE FROM 543.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
546	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
547	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8
548	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
553	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
554	CHECK 549: CHLOROQUINE	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	
556	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
557	CHECK 535: HAD FEVER	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561) ←	
558	Did (NAME) get any injection or suppository for the (fever/cough/rapid breathing)?	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	
559	Was anything else done about (NAME'S) fever?	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	
560	What was done about (NAME'S) fever?	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	
561	CHECK 215 AND 218, ALL ROWS: ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>	NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT			601
562	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THREW INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98			

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000. _____		619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
607	Besides yourself, does your husband/partner have other wives, does he live with other women as if married, or does he maintain a small house?	YES 1 NO 2 DON'T KNOW 8	→ 610
608	How many other wives or partners does your husband live with now?	NUMBER OF OTHER WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
609	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
611	CHECK 610: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 613
612	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604: NOT ASKED OR NOT WIDOWED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	617
615	CHECK 610. MARRIED MORE THAN ONCE <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/>	619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE/SEPARATION 2	619
617	To whom did most of your late husband's property go?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 5 (SPECIFY) NO PROPERTY 6	619
618	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	622 622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	647
622	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		627
623	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER 8	627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ... 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	
627	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	629 641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this (second or third) person?		DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>
629	The last time you had sexual intercourse with this (second/ third) person, was a condom used?	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←
630	What was the main reason you used a condom on that occasion?	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER (SPECIFY) 6 DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER (SPECIFY) 6 DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER (SPECIFY) 6 DON'T KNOW 8
631	The last time you had sexual intercourse with this (second/ third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←
632	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
633	What was your relationship to this person with whom you had sexual intercourse? IF RESPONDENT IS GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER (SPECIFY) .96	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER (SPECIFY) .96	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER (SPECIFY) .96
634	For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>
635	CHECK 107:	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓
636	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98
637	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←
638	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
639	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	YES 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
641	<p>In total, how many different people have you had sexual intercourse with in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
642	<p>CHECK 629 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/></p>		647
643	<p>You told me you used a condom the last time you had sexual intercourse.</p> <p>What brand of condom did you use that time?</p>	<p>MALE CONDOMS</p> <p>CHOICE ASSORTED 1</p> <p>DUREX 2</p> <p>ECSTASY 3</p> <p>PROTECTA 4</p> <p>PUBLIC SECTOR DIST. (BLUE CONDOM OR KAREX... 5</p> <p>ROUGH RIDER 6</p> <p>OTHER 7</p> <p>(SPECIFY)</p> <p>MALE CONDOM, DK ... 8</p> <p>FEMALE CONDOMS</p> <p>CARE 9</p> <p>OTHER 10</p> <p>(SPECIFY)</p> <p>FEMALE CONDOM, DK 12</p>	
644	<p>How many condoms did you (your spouse/partner) get that time?</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
645	<p>How much did the condom(s) cost?</p>	<p>COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DONT KNOW 998</p>	
646	<p>From where was the condom obtained?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC ... 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 15</p> <p>ZNFPC CBD/DEPOT HOLDER ... 16</p> <p>VILLAGE/FARM</p> <p>HEALTH WORKER 17</p> <p>OTHER PUBLIC 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE</p> <p>DOCTOR 35</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL 45</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 46</p> <p>FRIEND/RELATIVE 47</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DONT KNOW/NOT SURE 98</p>	651 647

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Do you know of any place where a person can get a female condom?	YES 1 NO 2	→ 701
653	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC ... B RURAL HEALTH CENTRE C ZNFCP CLINIC D MOH MOBILE CLINIC E ZNFCP CBD/DEPOT F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC H (SPECIFY)</p> <p>MISSION FACILITY I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... J PHARMACY K PRIVATE DOCTOR L CBD M OTHER PRIVATE DOCTOR N (SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER O SUPERMARKET P TUCK SHOP Q SERVICE STATION R OTHER RETAIL S (SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH T FRIEND/RELATIVE U OTHER X (SPECIFY)</p>	
654	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DONT KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		709
705	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 722
717	CHECK 311/311A: NEITHER CODE B, G, NOR L CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, G, OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 719 → 721
718	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DONT KNOW 8	→ 720
719	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 8 OTHER 6 (SPECIFY)	
720	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 722
721	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DONT KNOW 8	
722	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	YES NO DK HAS STD 1 2 8 OTHER WOMEN 1 2 8 TIRED/NOT IN MOOD 1 2 8	
723	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES 1 NO 2 DONT KNOW 8	
724	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 801
725	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
726	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	→ 806
805	What was the highest (grade/form/year) he completed at that level?	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p>	
812	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
815	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 823
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESNT BRING IN ANY MONEY 4 DONT KNOW 8	→ 823
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
823	Who usually makes the following decisions: mainly you, mainly your husband/partner, you and you husband/partner jointly, or someone else? Who usually makes decisions about health care for yourself? Who usually makes decisions about making major household purchases? Who usually makes decisions about making purchases for daily household needs? Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
825	Now I would like your opinion about married couples. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of HIV or an illness called AIDS?	YES 1 NO 2	→ 1001																
902	Can people reduce their chances of getting HIV, the virus that causes AIDS, by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																	
907	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
908	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV?	YES 1 NO 2 DON'T KNOW 8	↳ 910																
909	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 H AVOID BLOOD TRANSFUSIONS ... I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z																	
910	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 DON'T KNOW 8																	
911	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
912	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
913	CHECK 912: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> → 915																	
914	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
915	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
916	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 ↓	NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 → 926																	
917	CHECK 407: YES, <input type="checkbox"/> PERSON SEEN ↓	NO ONE <input type="checkbox"/> → 926																	
918	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR HIV	1	2	8																
919	Were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 925																
920	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
921	Did you get the results of the test?	YES 1 NO 2																	
922	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)																	
923	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 933																
924	When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 928																
925	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2																	
926	Have you ever been tested to see if you have been infected with HIV?	YES 1 NO 2	→ 933																
927	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
929	Did you get the results of the test?	YES 1 NO 2	
930	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)	
931	CHECK 921 AND 929: GOT THE RESULTS OF HIV TEST YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 936
932	Did you tell your husband/partner the result of your test?	YES 1 NO 2 NO HUSBAND/PARTNER 3	→ 936
933	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT 01 DON'T KNOW WHERE TO GO 02 TESTING SITE DIFFICULT TO GET TO 03 AFRAID OF TEST RESULT 04 FATALISTIC/NOTHING CAN BE DONE 05 CONCERNED ABOUT CONFIDENTIALITY 06 NO RISK/NOT SEXUALLY ACTIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 936
934	Do you know of a place where people can go to get tested for HIV, the virus that causes AIDS?	YES 1 NO 2	→ 936
935	Where is that? RECORD ALL SOURCES MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S)) Any other place?	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL C RURAL HEALTH CENTRE D MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H NEW START CENTRE I OTHER PRIVATE VCT CENTRE J (SPECIFY) OTHER PRIVATE DOCTOR K (SPECIFY) OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	CHECK 601: CURRENTLY MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 939
937	Did your husband/partner ever have a test for HIV?	YES 1 NO 2 DON'T KNOW 8	→ 939
938	Did he tell you the result of his test?	YES 1 NO 2	
939	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
940	If a member of your family got infected with HIV, would you want others to know about it?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
942	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
942A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
943	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 948
944	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
945	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
946	CHECK 943, 944, AND 945 OTHER <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 948
947	Do you personally know someone who is suspected to have HIV or who has AIDS?	YES 1 NO 2	
948	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
949	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
950	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
951	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
952	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH CARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
1002	<p>CHECK 620:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1010
1003	<p>CHECK 1001:</p> <p>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p> <p>HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p>		→ 1005
1004	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1005	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling, abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1006	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1007	<p>CHECK 1004, 1005, AND 1006</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 1010
1008	<p>The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1010
1009	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT/RURAL HOSPITAL C</p> <p>RURAL HEALTH CENTRE D</p> <p>RURAL/MUNICIPAL CLINIC E</p> <p>VILLAGE/FARM HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>RELATIVE/FRIEND M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
1010	CHECK 901 AND 1001 KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>		→ 1015																																	
1011	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1013																																	
1012	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8																																		
1013	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1015																																	
1014	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8																																		
1015	Now I would like to ask some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. Concern that there may not be any health provider. Concern that there may not be drugs available.	<table border="0"> <tr> <td></td> <td>BIG</td> <td>NOT A BIG</td> </tr> <tr> <td></td> <td>PROB-</td> <td>PROB-</td> </tr> <tr> <td></td> <td>LEM</td> <td>LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROVIDER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO HEALTH PROVIDER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS AVAILABLE .</td> <td>1</td> <td>2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT ...	1	2	GO ALONE	1	2	NO FEMALE PROVIDER .	1	2	NO HEALTH PROVIDER .	1	2	NO DRUGS AVAILABLE .	1	2	
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NO FEMALE PROVIDER .	1	2																																		
NO HEALTH PROVIDER .	1	2																																		
NO DRUGS AVAILABLE .	1	2																																		
1016	Do you have medical aid?	YES 1 NO 2	→ 1018																																	
1017	What type of medical aid do you have?	PRIVATELY PURCHASED BY INDIVIDUAL 1 THROUGH EMPLOYER ONLY 2 PARTIALLY THROUGH EMPLOYER . 3 NONE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW/UNSURE 8																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	<p>Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1019	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1020	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT/RURAL HOSPITAL 13</p> <p>RURAL HEALTH CENTRE 14</p> <p>MUNICIPAL CLINIC 15</p> <p>OTHER PUBLIC 16</p> <p>_____ (SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>NEW START CENTRE 32</p> <p>OTHER PRIVATE</p> <p>VCT CENTRE .. _____ 33</p> <p>_____ (SPECIFY)</p> <p>OTHER PRIVATE</p> <p>DOCTOR _____ 34</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>	
1021	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1022	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 1024</p>	
1023	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1024	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1026</p>	
1025	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
1026	<p>Now I would like to ask you some questions about tuberculosis.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2 → 1101</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1028	Can tuberculosis be cured?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
1029	If a member of your family got tuberculosis, would you want others to know about it?	<p>YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8</p>	

Section 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> → WOMAN NOT SELECTED <input type="checkbox"/> →		GO TO 1201																												
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 → ABSOLUTELY NOT POSSIBLE 2 →		1138																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1103	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> → NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →		1117																												
1104	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>JEALOUS 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) He frequently (accuses/accused) you of being unfaithful?</td> <td>ACCUSES 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>NOT MEET FRIENDS 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>NO FAMILY 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>WHERE YOU ARE 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) He (does/did) not trust you with any money?</td> <td>MONEY 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS 1	2	8	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES 1	2	8	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS 1	2	8	d) He (tries/tried) to limit your contact with your family?	NO FAMILY 1	2	8	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE 1	2	8	f) He (does/did) not trust you with any money?	MONEY 1	2	8	
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f) He (does/did) not trust you with any money?	MONEY 1	2	8																												
1105	A (Does/did) your (last) husband/partner ever:	<table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2 3	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2 3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2 3	<p>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN, SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>												
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a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2 3																												
b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2 3																												
c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2 3																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1106A	(Does/did) your (last) husband/partner ever do any of the following things to you: a) push you, shake you, throw something at you, or twist your arm or pull your hair? b) slap you? c) punch you with his fist or with something that could hurt you, kick you, drag you, or beat you up? d) try to choke you or burn you on purpose? e) threaten you with a knife, gun, or any other weapon? f) attack you with a knife, gun, or any other weapon? g) physically force you to have sexual intercourse with him? h) force you to perform any other sexual acts?	1106B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN SOME-TIMES NOT AT ALL YES 1 → 1 2 3 NO 2 ↓ ↓ YES 1 → 1 2 3 NO 2 ↓ ↓ YES 1 → 1 2 3 NO 2 ↓ ↓ YES 1 → 1 2 3 NO 2 → ↓ ↓ YES 1 → 1 2 3 NO 2 ↓ ↓ YES 1 → 1 2 3 NO 2 ↓ ↓	
1107	CHECK 1106A (a-h): AT LEAST ONE 'YES' <input type="checkbox"/> ALL ANSWERS ARE 'NO' <input type="checkbox"/>		1114A
1108	How long after you first got married to/started living with your (last) husband/partner did this (any of these things) first happen to you? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	→ 1110
1109	How long before you got married to/started living with your (last) husband/partner did this (any of these things) first happen to you?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW 98	
1110	Does (did) your husband/partner drink alcohol or use other intoxicating substances?	YES 1 NO 2	→ 1113
1111	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1112	When he has (had) been drinking or using other intoxicating substances, how often do (did) these things happen to you?	OFTEN 1 SOMETIMES 2 NEVER 3	
1113	Did the following ever happen as a result of what your (last) husband/partner did to you: a) You had cuts, bruises or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You were late or unable to go to work?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114A	Have you ever done any of the following to your husband/partner at times when he was not already emotionally or physically hurting you?	1114B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? YES 1 → 1 2 3 NO 2 YES 1 → 1 2 3 NO 2 YES 1 → 1 2 3 NO 2 YES 1 → 1 2 3 NO 2	
1115	CHECK 1114A a, b, c and d: AT LEAST ONE 'YES' FOR ANY OF a, b, c, or d <input type="checkbox"/> ALL ANSWERS ARE 'NO' FOR EACH OF a, b, c, and d <input type="checkbox"/>		1117
1116	Have you done any of these things to your husband/partner in the last 12 months?	YES 1 NO 2	
1117	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN NEVER MARRIED/ NEVER LIVED WITH A MAN From the time you were 15 years old has anyone other than your (current/last) husband/partner ever: 1117a. slapped, hit, kicked, or done anything to physically hurt you? 1117b. insulted, humiliated, or done anything to emotionally hurt you?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	1117b 1120A
1118	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/PARTNER .. F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK . M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	Who was the person who forced you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . 02 CURRENT/FORMER BOYFRIEND . . 03 FATHER 04 STEP FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE . . 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK . . 13 POLICE/SOLDIER 11 PRIEST/RELIGIOUS LEADER 12 STRANGER 14 OTHER _____ . 96 (SPECIFY)	
1131	CHECK1106A (a-h), 1117a-b, 1125 AND 1128: AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES' →		1136
1132	Have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 1134
1133	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . . . K OTHER _____ X (SPECIFY)	→ 1136
1134	What is the main reason you did not seek help?	DON'T KNOW WHO TO GO TO 01 NO USE/FATALISTIC 02 PART OF LIFE 03 AFRAID OF DIVORCE/DESERTION . . 04 AFRAID OF FURTHER ABUSE 05 AFRAID OF GETTING PERSON ABUSING HER IN TROUBLE 06 EMBARASSED 07 DON'T WANT TO DISGRACE FAMILY . 08 OTHER _____ 96 (SPECIFY)	
1135	Have you ever told any one else about this?	YES 1 NO 2	
1136	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1137	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																
1138	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		

SECTION 12. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	<p>CHECK 1201:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							1214
1203	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
1205	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2						
1206	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	<p>How many years ago did (NAME) die?</p>	<input type="text"/> <input type="text"/>						
1209	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	
1212	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2						
1213	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2						
<p>IF NO MORE BROTHERS OR SISTERS, GO TO 1214.</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (13)) ←
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS <input type="text"/>					MINUTES: <input type="text"/>

SECTION 13. ANTHROPOMETRY, ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
1301	RECORD WEIGHT IN KILOGRAMS.	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1302	RECORD HEIGHT IN CENTIMETERS.	HEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1303	RECORD RESULT FOR ANTHROPOMETRIC MEASUREMENT. (SPECIFY)	MEASURED 1 REFUSED 2 ABSENT 3 OTHER 6	
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17 ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1304	CHECK 106: AGE AGE 15-17 <input type="checkbox"/> ↓ AGE 18-49 <input type="checkbox"/>	→ 1310	
1305	CHECK 601 AND 602: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A MAN CODE 3 IN BOTH QUESTIONS 601 AND 602 <input type="checkbox"/> ↓ CODE 1 OR CODE 2 IN QUESTION 601 OR IN QUESTION 602 <input type="checkbox"/>	→ 1310	
1306	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED. IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/> <input type="text"/>	
1307	READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD. As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children. To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger. The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test. Do you have any questions? You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia. Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST CONSENTED 1 SIGN REFUSED 2 PARENT/ADULT NOT PRESENT . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	<p>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . . 8</p>	<p>1310</p>
1309	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p>	

<p align="center">RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS</p>			
<p>ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.</p>			
1310	<p>CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	<p>1312</p>	
1311	<p>CHECK 1307: PARENTAL/ADULT CONSENT FOR ANEMIA TEST</p> <p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/></p>	<p>1313</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2</p>	
1313	<p>CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1315</p>		
1314	<p>CHECK 1308: PARENTAL/ADULT CONSENT FOR HIV TEST</p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1317</p>		
1315	<p>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2 → 1317</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2</p>	
1317	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1318	<p>CHECK 1307, 1308, 1312 AND 1315 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1320 AND 1322.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1319	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div data-bbox="862 953 1289 1125" style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1320	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1321	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1322	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1326</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: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTION
- 6 IMPLANT
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM/JELLY
- K LACTATIONAL AMEN. METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL/CLINIC
- 2 RURAL/MUNICIPAL CLINIC
- 3 RURAL HEALTH CENTRE
- 4 ZNFPC CLINIC
- 5 MOH MOBILE CLINIC
- 6 ZNFPC CBD/DEPOT HOLDER
- 7 OTHER PUBLIC _____
(SPECIFY)
- 8 MISSION FACILITY
- A PRIVATE HOSPITAL/CLINIC
- B PHARMACY
- C PRIVATE DOCTOR
- D GENERAL DEALER
- E SUPERMARKET
- F TUCK SHOP
- G SERVICE STATION
- H OTHER RETAIL _____
(SPECIFY)
- J OTHER PRIVATE
MEDICAL _____
(SPECIFY)
- K CHURCH
- L FRIEND/RELATIVE
- X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

		1		2		3		4				
2	04	APR	01							01	APR	2
0	03	MAR	02							02	MAR	0
0	02	FEB	03							03	FEB	0
6	01	JAN	04							04	JAN	6
<hr/>												
12	DEC	05								05	DEC	
11	NOV	06								06	NOV	
10	OCT	07								07	OCT	
09	SEP	08								08	SEP	
2	08	AUG	09							09	AUG	2
0	07	JUL	10							10	JUL	0
0	06	JUN	11							11	JUN	0
5	05	MAY	12							12	MAY	5
04	APR	13								13	APR	
03	MAR	14								14	MAR	
02	FEB	15								15	FEB	
01	JAN	16								16	JAN	
<hr/>												
12	DEC	17								17	DEC	
11	NOV	18								18	NOV	
10	OCT	19								19	OCT	
09	SEP	20								20	SEP	
2	08	AUG	21							21	AUG	2
0	07	JUL	22							22	JUL	0
0	06	JUN	23							23	JUN	0
4	05	MAY	24							24	MAY	4
04	APR	25								25	APR	
03	MAR	26								26	MAR	
02	FEB	27								27	FEB	
01	JAN	28								28	JAN	
<hr/>												
12	DEC	29								29	DEC	
11	NOV	30								30	NOV	
10	OCT	31								31	OCT	
09	SEP	32								32	SEP	
2	08	AUG	33							33	AUG	2
0	07	JUL	34							34	JUL	0
0	06	JUN	35							35	JUN	0
3	05	MAY	36							36	MAY	3
04	APR	37								37	APR	
03	MAR	38								38	MAR	
02	FEB	39								39	FEB	
01	JAN	40								40	JAN	
<hr/>												
12	DEC	41								41	DEC	
11	NOV	42								42	NOV	
10	OCT	43								43	OCT	
09	SEP	44								44	SEP	
2	08	AUG	45							45	AUG	2
0	07	JUL	46							46	JUL	0
0	06	JUN	47							47	JUN	0
2	05	MAY	48							48	MAY	2
04	APR	49								49	APR	
03	MAR	50								50	MAR	
02	FEB	51								51	FEB	
01	JAN	52								52	JAN	
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12	DEC	53								53	DEC	
11	NOV	54								54	NOV	
10	OCT	55								55	OCT	
09	SEP	56								56	SEP	
2	08	AUG	57							57	AUG	2
0	07	JUL	58							58	JUL	0
0	06	JUN	59							59	JUN	0
1	05	MAY	60							60	MAY	1
04	APR	61								61	APR	
03	MAR	62								62	MAR	
02	FEB	63								63	FEB	
01	JAN	64								64	JAN	
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12	DEC	65								65	DEC	
11	NOV	66								66	NOV	
10	OCT	67								67	OCT	
09	SEP	68								68	SEP	
2	08	AUG	69							69	AUG	2
0	07	JUL	70							70	JUL	0
0	06	JUN	71							71	JUN	0
0	05	MAY	72							72	MAY	0
04	APR	73								73	APR	
03	MAR	74								74	MAR	
02	FEB	75								75	FEB	
01	JAN	76								76	JAN	

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION													
PROVINCE _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> </table>												
DISTRICT _____													
NAME OF HOUSEHOLD HEAD _____													
CLUSTER NUMBER													
HOUSEHOLD NUMBER													
HARARE=1; SMALL CITY=2; TOWN=3; RURAL=4													
NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto;"> <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>												

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	0	0						
2	0	0											
NEXT VISIT: DATE	_____	_____		INTER. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>									
<p>*RESULT CODES:</p> <table style="width:100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td>7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONED	6 INCAPACITATED												
<p>LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH</p> <p>LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER</p> <p>TRANSLATOR USED? 1 YES 2 NO</p>													
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY									
NAME _____	NAME _____		NAME _____	NAME _____									
DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you 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 answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

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

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	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS VISITOR 95 VISITOR 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area? _____ NAME OF PLACE	CITY 1 TOWN 2 COMMUNAL LAND 3 RESETTLEMENT AREA 4 OTHER RURAL AREA 5 ABROAD 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 5 DON'T KNOW 8	
110	What is the highest grade (number of years) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	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	
116	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	
117	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	
118	What is your religion?	TRADITIONAL 01 ROMAN CATHOLIC 02 PROTESTANT 03 PENTECOSTAL 04 APOSTOLIC SECT 05 OTHER CHRISTIAN 06 MUSLIM 07 NONE 08 OTHER 96 (SPECIFY)	→ 120
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	
120	Have you done any work in the last seven days?	YES 1 NO 2	→ 123

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Although you did not work in the last seven days, do you have any job or business from which you were absent for, leave illness, vacation, or any other such reason?	YES 1 NO 2	→ 123
122	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
124	CHECK 123: WORKS IN <input type="checkbox"/> AGRICULTURE ↓ DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
126	Are you paid in cash or kind for the work you do, or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 212 <input type="checkbox"/> → 213								
210	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, with how many women have you fathered children?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
214	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
215	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
06	IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2	YES 1 NO 2
12	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302 (02): MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/> →		305A
304	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES 1 NO 2	→ 306
305	Which method are you or your partner using to delay or avoid a pregnancy? Any other method (with any partner)? CIRCLE ALL MENTIONED.	FEMALE STERILISATION A MALE STERILISATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	
305A	CIRCLE 'B' FOR MALE STERILIZATION.		
306	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
307	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↳ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 2 PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	
311	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8 WOMAN SHOULD BE ONE TO USE 1 2 8	
312	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> →		314
313	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
314	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> →		401
315	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	YES 1 NO 2 DON'T KNOW 8	→ 410															
406	Altogether, how many wives do you have or other partners do you live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE WIFE (WIVES) AND LIVE-IN PARTNER(S).</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411B															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411B															
411	In what month and year did you start living with your wife (partner)?	MONTH <input type="text"/> <input type="text"/>																
411B	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413															

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
422	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
423	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←
423A	What was the main reason you used a condom on that occasion?	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)
424	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
425	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE ... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)
426	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
427	CHECK 107:	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←
428	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98
429	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←
432	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
433	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 425: NO PARTNERS ARE COMMERCIAL <input type="checkbox"/> SEX WORKERS ↓	AT LEAST ONE PARTNER A COMMERCIAL SEX WORKER <input type="checkbox"/>	→ 438
436	In the last 12 months, did you pay anyone in exchange for sex?	YES 1 NO 2	→ 439
437	The last time you paid someone in exchange for sex, was a condom used?	YES 1 NO 2	→ 439
438	Was a condom used during every time you paid someone in exchange for sex in the last 12 months?	YES 1 NO 2 DK 8	
439	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
440	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→ 444
441	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED <input type="checkbox"/> PRIVACY NOT POSSIBLE <input type="checkbox"/> ↓ Now I would like to ask about another important issue. The questions are very personal. However, your answers are very crucial for helping to understand the condition of men in Zimbabwe. I assure you that your answers are completely confidential and will not be told to anyone.		→ 444
442	In the last 12 months, has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO RESPONSE 3	→ 444
443	Were you physically forced?	YES 1 NO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
444	CHECK 423, MOST RECENT PARTNER (FIRST COLUMN): YES, CONDOM USED <input type="checkbox"/> NO CONDOM USED/ Q.423 NOT ASKED <input type="checkbox"/>		→ 454
445	The last time you had intercourse you told me you used a condom. Did you or your partner obtain the condom?	MAN HIMSELF 1 PARTNER 2 SOMEONE ELSE 3	
446	What brand of condoms did you use that time?	MALE CONDOMS CHOICE ASSORTED 1 DUREX 2 ECSTASY 3 PROTECTA 4 PUBLIC SECTOR DIST. (BLUE CONDOM OR KAREX) 5 ROUGH RIDER 6 OTHER 7 (SPECIFY) MALE CONDOM, DON'T KNOW 8 FEMALE CONDOMS CARE 9 OTHER 10 (SPECIFY) FEMALE CONDOM, DON'T KNOW ... 12	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
448	How much did the condoms cost?	COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
449	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACES) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 RURAL/MUNICIPAL CLINIC ... 12 RURAL HEALTH CENTRE 13 ZNFPC CLINIC 14 MOH MOBILE CLINIC 15 ZNFPC CBD/DEPOT HOLDER ... 16 OTHER PUBLIC 17 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) RETAIL OUTLET GENERAL DEALER 41 SUPERMARKET 42 TUCK SHOP 43 SERVICE STATION 44 OTHER RETAIL 45 (SPECIFY) OTHER PRIVATE SOURCE CHURCH 46 FRIEND/RELATIVE 47 OTHER 48 (SPECIFY) DON'T KNOW/NOT SURE 98	
450	CHECK 302 (02) USING MALE STERILIZATION NO <input type="checkbox"/> YES <input type="checkbox"/>		453
451	The last time you had sex did you or your partner use any method (other than the condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DK 8	453
452	What method did you (your partner) use? PROBE: Did you use any other method to prevent pregnancy?	FEMALE STERILIZATION A PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
453	CHECK 423 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) NO <input type="checkbox"/> YES <input type="checkbox"/>		458
454	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		458
455	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 458
456	Where is that? Any other place? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC ... B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT HOLDER ... F OTHER PUBLIC G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... I PHARMACY J PRIVATE DOCTOR K CBD L OTHER PRIVATE MEDICAL M (SPECIFY) RETAIL OUTLET GENERAL DEALER N SUPERMARKET O TUCK SHOP P SERVICE STATION Q OTHER RETAIL R (SPECIFY) OTHER PRIVATE SOURCE CHURCH S FRIEND/RELATIVE T OTHER X (SPECIFY)	
457	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
458	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 461
459	Where is that? Any other place? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC ... B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT HOLDER ... F OTHER PUBLIC G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... I PHARMACY J PRIVATE DOCTOR K CBD L OTHER PRIVATE MEDICAL M (SPECIFY) RETAIL OUTLET GENERAL DEALER N SUPERMARKET O TUCK SHOP P SERVICE STATION Q OTHER RETAIL R (SPECIFY) OTHER PRIVATE SOURCE CHURCH S FRIEND/RELATIVE T OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
460	If you wanted to, could you yourself get a female condom?	YES	1			
		NO	2			
461	<p>Now I would like to ask you a few questions regarding relationships between men and women.</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p>			BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
	a) making large household purchases?	HUS- BAND	WIFE			
		a)	1	2	3	8
	b) making small daily household purchases?	b)	1	2	3	8
	c) deciding when to visit family, friends or relatives?	c)	1	2	3	8
	d) deciding what to do with the money she earns for her work?	d)	1	2	3	8
	e) deciding how many children to have and when to have them?	e)	1	2	3	8
462	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) If she goes out without telling him?	a)	1	2		8
	b) If she neglects the children?	b)	1	2		8
	c) If she argues with him?	c)	1	2		8
	d) If she refuses to have sex with him?	d)	1	2		8
	e) If she burns the food?	e)	1	2		8
463	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?	YES	1			
		NO	2			
		DON'T KNOW	8			
464	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) She is tired and not in the mood?	a)	1	2		8
	b) She has recently given birth?	b)	1	2		8
	c) She knows her husband has sex with other women?	c)	1	2		8
	d) She knows her husband has a sexually transmitted disease?	d)	1	2		8
465	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p>		YES	NO	DON'T KNOW, DEPENDS	
	a) Get angry and reprimand her?	a)	1	2		8
	b) Refuse to give her money or other means of financial support?	b)	1	2		8
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2		8
	d) Go and have sex with another woman?	d)	1	2		8

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 405: HAS ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓	QUESTION <input type="checkbox"/> SKIPPED → 601	
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ <input type="checkbox"/> PREGNANT ↓ Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR UNSURE ↓ Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 WIFE/WIVES INFECUND/ STERILIZED 3 UNDECIDED/DON'T KNOW 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW993 AFTER MARRIAGE995 OTHER _____996 (SPECIFY) DON'T KNOW998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 → 601 NUMBER <input type="text"/> <input type="text"/> OTHER _____96 → 601 (SPECIFY)	
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUM- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BER OTHER _____ (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/>	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 701
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2 DON'T KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DON'T KNOW998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'	NAME OF CHILD'S MOTHER _____ LINE NUMBER IN HHQ. QUEST <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 2000 OR LATER <input type="checkbox"/>	(LAST) CHILD BORN IN 1999 OR EARLIER <input type="checkbox"/>	→ 701
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/>	OTHER LINE NUMBER <input type="checkbox"/>	→ 610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER ... 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER ... 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE 08 OTHER96 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
610	<p>ASK QUESTIONS 610A-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.</p> <p>Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).</p>	<p>PREGNANCY</p> <p>610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610B IN NEXT COLUMN) ←</p>	<p>DELIVERY</p> <p>610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610C IN NEXT COLUMN) ←</p>	<p>SIX WEEKS AFTER DELIVERY</p> <p>610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (SKIP TO 613) ←</p>
611	<p>Who mainly provided the money or goods or services to pay for this care?</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (SKIP TO 613) ←</p>
612	<p>What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 613) ←</p>
613	<p>At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?</p>	<p>YES 1 NO 2</p>		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 801
702	Can people reduce their chances of getting HIV by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
708	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8	⌋ 710
709	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 H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
710	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
712	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING ... 1 2 8	
713	CHECK 712: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	715
714	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
715	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8	
716	Have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 723
717	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
718	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED ... 2 REQUIRED 3	
719	Did you get the results of the test?	YES 1 NO 2	
720	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL .. 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)	
721	CHECK 719: YES <input type="checkbox"/> NO <input type="checkbox"/> →	GOT THE RESULTS OF HIV TEST	726
722	Did you tell your wife/partner the result of your test?	YES 1 NO 2 HAD NO WIFE/PARTNER 3	→ 726

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT 01 DON'T KNOW WHERE TO GO 02 TESTING SITE DIFFICULT TO GET TO 03 AFRAID OF TEST RESULT 04 FATALISTIC/NOTHING CAN BE DONE 05 CONCERNED ABOUT CONFIDENTIALITY 06 NO RISK/NOT SEXUALLY ACTIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
724	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 729
725	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ _____ (NAME OF PLACES) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL .. C RURAL HEALTH CENTRE D MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H NEW START CENTRE I OTHER PRIVATE VCT CENTRE J (SPECIFY) OTHER PRIVATE DOCTOR K (SPECIFY) OTHER X (SPECIFY)	
726	CHECK 401: CURRENT MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	NO <input type="checkbox"/>	→ 729
727	Did your wife/partner ever have a test for HIV?	YES 1 NO 2 DON'T KNOW 8	→ 729
728	Did she tell you the result of her test?	YES 1 NO 2	
729	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
730	If a member of your family got infected with HIV, would you want others to know about it?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
731	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS 8	
732A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 738
734	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
735	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
736	CHECK 733, 734, 735: OTHER <input type="checkbox"/> ↓ AT LEAST ONE 'YES' <input type="checkbox"/> →		738
737	Do you personally know someone who is suspected to have HIV or AIDS?	YES 1 NO 2	
738	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
739	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
740	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
741	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
742	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2	
802	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 806
803	CHECK 419: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 811
804	CHECK 802: KNOWS STI <input type="checkbox"/> ↓ DOES NOT KNOW STI <input type="checkbox"/>		→ 806
805	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
806	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
807	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
808	CHECK 805/806/807: AT LEAST ONE YES <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 811
809	The last time you had (PROBLEM(S) FROM 805/806/807), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 811
810	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL .. C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PHARMACY I OTHER PRIVATE MEDICAL J (SPECIFY) OTHER SOURCE SHOP M RELATIVE/FRIEND N TRADITIONAL HEALER O OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	CHECK 701 AND 802 KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>		816
812	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		814
813	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
814	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		816
815	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
816	Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00	820
817	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00	820
818	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . 11 RURAL/MUNICIPAL CLINIC . 12 RURAL HEALTH CENTRE . . . 13 ZNFPC CLINIC 14 MOH MOBILE CLINIC 15 ZNFPC CBD/DEPOT 16 OTHER PUBLIC _____ 17 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC PHARMACY 31 PRIVATE DOCTOR 32 CBD 33 OTHER PRIVATE DOCTOR _____ 34 (SPECIFY) RETAIL OUTLET GENERAL DEALER 35 SUPERMARKET TUCK SHOP SERVICE STATION 96 OTHER RETAIL _____ (SPECIFY) OTHER PRIVATE SOURCE CHURCH FRIEND/RELATIVE OTHER _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
820	Do you currently smoke cigarettes?	YES 1 NO 2	→ 822
821	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
822	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 824
823	What (other) type of tobacco do you currently smoke or use?	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	
824	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 901
825	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT ... E THROUGH MOSQUITO BITES ... F OTHER _____ X (SPECIFY) DON'T KNOW Z	
826	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
827	If a member of your family got tuberculosis, would you want others to know about it?	YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 9. ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914							
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
905	Is (NAME) male or female?	MALE 1 FEMALE 2						
906	Is (NAME) still alive?	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (2)) ↘	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (3)) ↘	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (4)) ↘	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (5)) ↘	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (6)) ↘	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (7)) ↘	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>						
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) ↗ NO... 2						
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) ↗ NO... 2						
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO... 2						
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO... 2						
IF NO MORE BROTHERS OR SISTERS, GO TO 914.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister? _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (8))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (9))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (10))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (11))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (12))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (13))
907	How old is (NAME)? [][]	[][] GO TO (8)	[][] GO TO (9)	[][] GO TO (10)	[][] GO TO (11)	[][] GO TO (12)	[][] GO TO (13)
908	How many years ago did (NAME) die? [][]	[][]	[][]	[][]	[][]	[][]	[][]
909	How old was (NAME) when he/she died? [][]	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 914.							
914	RECORD THE TIME.	HOURS [][]					MINUTES [][]

SECTION 10. ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1001	CHECK 105: AGE AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/>	→ 1007	
1002	CHECK 401 AND 402: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A WOMAN CODE 3 IN BOTH QUESTIONS 401 AND 402 <input type="checkbox"/> CODE 1 OR CODE 2 IN QUESTION 401 OR IN QUESTION 402 <input type="checkbox"/>	→ 1007	
1003	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED. IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/> <input type="text"/>	
1004	READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD. As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children. To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger. The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test. Do you have any questions? You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia. Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST CONSENTED _____ . . . 1 SIGN REFUSED 2 PARENT/ADULT NOT PRESENT . . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	<p>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . . 8</p>	<p>1007</p>

1006	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p>	
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RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1007	CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1009</p>		
1008	CHECK 1004: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1010</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2</p>	
1010	<p>CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1012</p>		
1011	<p>CHECK 1005: PARENTAL/ADULT CONSENT FOR HIV TEST</p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1014</p>		
1012	<p>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2 → 1014</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED 2</p>	
1014	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1015	<p>CHECK 1004, 1005, 1009 AND 1012 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1017 AND 1019.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1016	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div style="border: 2px solid black; width: 100%; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1017	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1018	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1019	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1022</p>
1020	<p>CHECK 1018: THE CUTOFF POINT IS 9 G/DL.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1021.</p> </div> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL AT OR ABOVE CUTOFF</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND PROCEED TO 1022.</p> </div> </div>		
1021	<p>We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anaemia, which is a serious health problem. We would like to inform the clinic at _____ about your condition. This will assist you in obt</p> <p>AGREES TO REFERRAL? YES 1 NO 2</p>		
1022	<p>THANK THE RESPONDENT.</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: _____

