

Household (HH) Information Panel				HH
#	Question		Options	
HH0	District No.		<input type="text"/>	<input type="text"/>
HH1	Cluster No.		<input type="text"/>	<input type="text"/>
HH2	HH No.		<input type="text"/>	<input type="text"/>
HH3	Enumerator Name & No.		<input type="text"/>	<input type="text"/>
HH4	Supervisor Name & No.		<input type="text"/>	<input type="text"/>
HH5	Day/Month/Year of Interview		<input type="text"/>	<input type="text"/>
HH6	Urban/Rural (Urban=1, Rural=2)		<input type="text"/>	<input type="text"/>
HH7	Name of the Head of the HH (To be filled-in after completing HL Module)		<input type="text"/>	
HH8 to HH15C be filled-in after all questions for the HH have been completed				
HH8	Result of HH interview		Completed <input type="text"/>	1
			Not at home <input type="text"/>	2
			Refused <input type="text"/>	3
			Other (specify) <input type="text"/>	6
HH9	Respondent to HH Form: Name <input type="text"/>		Line No.:	<input type="text"/>
HH10	Total No. of HH members		<input type="text"/>	<input type="text"/>
HH11	No. of women 15–49 for interview	<input type="text"/>	HH12	No. of women 15–49 Forms completed
HH13	No. of children < 5 for interview	<input type="text"/>	HH14	No. of children < 5 Forms completed
HH15	No. of men 15–49 for interview	<input type="text"/>	HH16	Is this HH selected for the male interview?
				Yes.....1 No.....2
HH17	No. of men 15–49 Forms completed	<input type="text"/>	HH18	Data Entry Clerk Name & No.
				<input type="text"/>

1) HH Listing Module

HL

First, please tell me the name of each person who usually lives here, starting with the head of the HH. List the head of the HH in line 01. List all HH members (HL2), their relationship to the HH head (HL3), and their sex (HL4)

Then ask: Are there any others who live here, even if they are not at home now? (These may include children in school or at work). If yes, complete listing. ☐ Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Line	HL1 Line No.	HL2 Name	HL3 What is the relationship of (Name) to the head of the HH?	HL4 Is (Name) male or female? 1 Male 2 Female	HL5 How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	Eligible for :			If age 18-59	For children age 0-17 year ask HL9 to HL12A									
						Women Interview	Child Labor Module	Under-5 Interview		Men Interview	HL9	HL10	HL10A	HL11	HL12	HL12A			
01			0 1	1 2			15-49	Mother	HL8 For each child < 5 Who is the mother or primary caretaker of this child? Record Line No. of mother/ caretaker	HL8B Circle Line No. if man is age 15-49	Y N DK	Y N DK	Mother	Y N DK	HL10A If mother does not live in HH: (for 00 in HL10) Has (Name's) mother been very sick for at least 3 months during the past 12 months?	HL10 If alive: Does (Name's) natural mother live in this HH? Record line no. of mother or 'No'	HL11 Is (Name's) natural father alive? 1 Yes 2 No 8 DK next line next line	HL12 If alive: Does (Name's) natural father live in this HH? Record line no. of father or 'No'	HL12A If father does not live in HH: (for 00 in HL12) Has (Name's) father been very sick for at least 3 months in the past 12 months
02				1 2			01				1 2 8	1 2 8							1 2 8
03				1 2			02				1 2 8	1 2 8							1 2 8
04				1 2			03				1 2 8	1 2 8							1 2 8
05				1 2			04				1 2 8	1 2 8							1 2 8
06				1 2			05				1 2 8	1 2 8							1 2 8
07				1 2			06				1 2 8	1 2 8							1 2 8
							07				1 2 8	1 2 8							1 2 8

1) HH Listing Module....Contd.

HL

Eligible for :										For children age 0-17 year ask HL9 to HL12A																	
Women Interview					Child Labor Module					Under-5 Interview					Men Interview					If age 18-59							
HL1 Line No.	HL2 Name	HL3 What is the relationship of (Name) to the head of the HH?	HL4 Is (Name) male or female? 1 Male 2 Female	HL5 How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	HL6 Circle Line No. if woman is age 15-49	HL7 For each child age 5-14 Who is the mother or primary caretaker of this child? Record Line No. of mother/ caretaker	HL8 For each child under 5 Who is the mother or primary caretaker of this child? Record Line No. of mother/ caretaker	HL8B Circle Line No. if man is age 15-49	HL8A Has (Name) been very sick for at least 3 months during the past 12 months?	HL9 Is (Name's) natural mother alive? 1 Yes 2 No 8 DK HL11	HL10 If alive: Does (Name's) natural mother live in this HH? Record line no. of mother or 'No'	HL10A If mother does not live in HH: (for 00 in HL10) Has (Name's) mother been very sick for at least 3 months in the past 12 months	HL11 Is (Name's) natural father alive? 1 Yes 2 No 8 DK next line	HL12 If alive: Does (Name's) natural father live in this HH? Record line no. of father or 'No'	HL12A If father does not live in HH: (for 00 in HL12) Has (Name's) father been very sick for at least 3 months in the past 12 months												
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	15-49	Y	N	DK	Y	N	DK	Mother	Y	N	DK	Y	N	DK	Father	Y	N	DK	
09			1	2		10			10	1	2	8															
10			1	2		11			11	1	2	8															
11			1	2		12			12	1	2	8															
Are there any other persons living here - even if they are not members of your family or do not have parents living in this HH? Including children at school or work? It yes, insert child's name and complete the form. Fill in the totals below:																											
* : See instructions: To be used for only for elderly HH members (code meaning "do not know/over age 50")																											
TOTALS																											

Codes for HL3 : Relationship to the Head of HH:

- 01 - Head
- 02 - Wife or Husband
- 03 - Son or Daughter
- 04 - Son-in-law or Daughter-in-law
- 05 - Grand child
- 06 - Parent
- 07 - Parent-in-law
- 08 - Brother or Sister
- 09 - Brother-in-law or Sister-in-law
- 10 - Uncle/Aunt
- 11 - Niece/Nephew by blood
- 12 - Niece/Nephew by marriage
- 13 - Other relative
- 14 - Adopted/Foster/Step child
- 15 - Not related
- 98 - Don't know

2) Education Module

ED

For HH members age 5 and above										For HH members age 5–24 years									
ED1 Line No.	ED1A Name	ED1B How old is (Name)? How old was (Name) on his/her last birthday? Record in completed years 98=DK*	ED2 Has (Name) ever attended school or pre-school? 1 Yes⇒ED3 2 No⇒Next Line	ED3 What is the highest level of school (Name) attended? What is the highest class (Name) completed at this level? <u>Level:</u> 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non standard Curriculum 8 DK <u>Class:</u> 98 DK If < 1 grade, enter 00	ED4 During 2006 school year, did (Name) attend school or pre-school any time? 1 Yes 2 No ⇒ED7	ED5 Since last (day of the week), how many days did (Name) attend school? Insert no. of days	ED6 During this school year 2006, which level and class is (Name) attending? <u>Level:</u> 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non-standard Curriculum 8 DK <u>Class:</u> 98 DK	ED7 Did (Name) attend school or preschool at any time during the previous school year 2005? 1 Yes 2 No ⇒Next Line 8 DK ⇒Next Line	ED8 During that previous school year 2005, which level and class did (Name) attend? <u>Level:</u> 0 Pre-school 1 Primary 2 Secondary 3 Higher 6 Non standard Curriculum 8 DK <u>Class:</u> 98 DK										
Line	Name	Age	Y	N	Level	Class	Y	N	DK	Level	Class	Y	N	DK	Level	Class			
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				
			1	2⇒NL	0 1 2 3 6 8		1	2		0 1 2 3 6 8		1	2	8	0 1 2 3 6 8				

3) Water & Sanitation Module			WS
#	Question	Options	Skip
WS1	What is the main source of drinking water for members of your HH?	<u>Piped water</u> Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole with hand-pump.....21 Tubewell/borehole with powered pump ...22 <u>Dug well</u> Protected well.....31 Unprotected well.....32 <u>Water from spring</u> Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Bottled water.....91 Other (specify) <input type="text"/> 96	11⇒WS4A 12⇒WS4A ⇒WS3 91⇒WS2 96⇒WS3
WS2	What is the main source of water used by your HH for other purposes such as cooking & hand washing?	<u>Piped water</u> Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole with hand-pump.....21 Tubewell/borehole with powered pump ...22 <u>Dug well</u> Protected well.....31 Unprotected well32 <u>Water from spring</u> Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Other (specify) <input type="text"/> 96	11⇒WS5 12⇒WS5
WS3	How long does it take to go there, get water and come back?	No. of minute..... <input type="text"/> <input type="text"/> <input type="text"/> Water on premises995 DK998	995⇒WS4A
WS4	Who usually goes to this source to fetch the water for your HH? Probe: Is this person under age 15? What sex?	Adult woman.....1 Adult man2 Female child (under 15).....3 Male child (under 15).....4 DK8	
WS4A	How do you store the water in the HH?	Jerry can/Narrow neck container with lid.....1 Jerry can/Narrow neck container without lid.....2 Open container with lid.....3 Open container without lid.....4 Others (specify) <input type="text"/> 6	
WS5	Do you treat your water in any way to make it safer to drink?	Yes1 No2 DK8	2⇒WS7 8⇒WS7

3) Water & Sanitation Module			WS
#	Question	Options	Skip
WS6	What do you usually do to the water to make it safer to drink? Anything else? (Record all items mentioned)	Boil.....A Add bleach/chlorine.....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.).....D Solar disinfection.....E Let it stand and settle.....F Other (specify) <input type="text"/> X DK.....Z	
WS7	What kind of toilet facility do members of your HH usually use? If "flush" or "pour flush": probe where does it flush to? Ask for permission & observe the facility.	<u>Flush / pour flush</u> Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK where to flush.....15 <u>Pit latrine</u> Ventilated Improved Pit latrine (VIP).....21 Pit latrine with slab.....22 Pit latrine without slab/open pit.....23 Pit latrine with slab & cover.....24 Pit latrine with slab & foot rest.....25 Pit latrine with slab, cover & foot rest.....26 Composting toilet.....31 Bucket.....41 Hanging toilet/hanging latrine.....51 No facilities or bush or field.....95 Other (specify) <input type="text"/> 96	95⇒ WS11
WS8	Do you share this facility with other HHs?	Yes.....1 No.....2	2⇒ WS10
WS9	How many HHs in total use this toilet facility?	No. of HHs (if less than 10) <input type="text"/> Ten or more HHs.....10 DK.....98	
WS10	Do you have a hand-washing facility outside the toilet? Ask for permission & observe the facility.	Seen the facility filled with water.....1 Seen the facility but no water.....2 Not seen.....3 No facility.....4	
WS11	Does your HH have soap (or washing powder/ liquid) at present?	Yes.....1 No.....2	2⇒ NM
WS12	Can I see it? Ask them to show you	Seen.....1 Not seen.....2	

4) HH Characteristics Module			HC
#	Question	Options	Skip
HC1A	What is the religion of the Head of this HH?	Catholic.....01 CCAP02 Anglican.....03 Seventh Day Advent/Baptist.....04 Other Christian.....05 Muslim06 Hindu07 No Religion.....08 Others (<i>Specify</i>) <input type="text"/> 96	
HC1B	What is your (HH) tribe or ethnic group?	Chewa01 Tumbuka02 Lomwe.....03 Tonga.....04 Yao05 Sena06 Nkonde.....07 Ngoni.....08 Others (<i>Specify</i>) <input type="text"/> 96	
HC2	How many rooms in this HH are used for sleeping?	No. of rooms..... <input type="text"/> <input type="text"/>	
HC3	Main material of the dwelling floor: Record observation	<u>Natural floor</u> Earth/sand.....11 Dung.....12 <u>Rudimentary floor</u> Wood planks.....21 Palm/bamboo22 <u>Finished floor</u> Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement34 Carpet.....35 Other (<i>specify</i>) <input type="text"/> 96	
HC4	Main material of the roof: Record observation	<u>Natural roofing</u> No Roof.....11 Thatch/palm leaf.....12 Sod13 <u>Rudimentary Roofing</u> Rustic mat.....21 Palm/bamboo22 Wood planks.....23 <u>Finished roofing</u> Metal.....31 Wood32 Calamine/cement fiber33 Ceramic tiles.....34 Cement35 Roofing shingles36 Other (<i>specify</i>) <input type="text"/> 96	

4) HH Characteristics Module			HC
#	Question	Options	Skip
HC5	Main material of the walls: Record observation	<u>Natural walls</u> No walls11 Cane/palm/trunks12 Dirt.....13 <u>Rudimentary walls</u> Bamboo with mud.....21 Stone with mud22 Uncovered adobe23 Plywood.....24 Carton25 Reused wood.....26 <u>Finished walls</u> Cement31 Stone with lime/cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks/shingles36 <div>Other (specify) <input type="text"/></div> 96	
HC6	What type of fuel does your HH mainly use for cooking?	Electricity.....01 Liquid Propane Gas (LPG).....02 Natural gas.....03 Biogas04 Kerosene05 Coal / Lignite06 Charcoal07 Wood08 Straw/shrubs/grass09 Animal dung10 Agricultural crop residue.....11 <div>Other (specify) <input type="text"/></div> 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8
HC7	In this HH, is food cooked on an open fire, an open stove or a closed stove? Probe for type	Open fire1 Open stove2 Closed stove.....3 <div>Other (specify) <input type="text"/></div> 6	3⇒HC8 6⇒HC8
HC7A	Does the fire/stove have a chimney or a hood?	Yes1 No2	
HC8	Is the cooking usually done in the house, in a separate building or outdoors?	In the house1 In a separate building.....2 Outdoors3 <div>Other (specify) <input type="text"/></div> 6	
HC9	Does your HH have: Electricity? Radio? Television? Mobile Telephone? Telephone (Landline)? Refrigerator? Computer? An Internet Connection?	<div>YesNo</div> <div>Electricity.....12</div> <div>Radio12</div> <div>Television.....12</div> <div>Mobile Telephone12</div> <div>Telephone (Landline)12</div> <div>Refrigerator.....12</div> <div>Computer12</div> <div>Internet Connection.....12</div>	2⇒HC10
HC10	Does any member of your HH own: A. Watch? B. Bicycle? C. Motorcycle or Scooter? D. An animal-drawn Cart? E. A Car or Truck? F. A Boat with a Motor?	<div>YesNo</div> <div>Watch.....12</div> <div>Bicycle12</div> <div>Motorcycle/Scooter12</div> <div>Animal drawn-cart.....12</div> <div>Car/Truck12</div> <div>Boat with motor.....12</div>	
HC11	Does any member of this household own any land that can be used for agriculture?	Yes1 No2	2⇒HC13

4) HH Characteristics Module			HC
#	Question	Options	Skip
HC12	How many hectares of agricultural land do members of this household own? If more than 97, record '97'. If unknown, record '98'.	Acres 1 <input type="text"/> <input type="text"/> <input type="text"/> (Or) Hectares 2 <input type="text"/> <input type="text"/> <input type="text"/>	
HC13	Does this HH own any livestock, herds, or farm animals?	Yes 1 No 2	2⇒NM
HC14	How many of the following animals does this HH have? Cattle? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? If none, record '00'. If more than 97, record '97'. If unknown, record '98'.	Cattle <input type="text"/> <input type="text"/> Horses, donkeys, or mules <input type="text"/> <input type="text"/> Goats <input type="text"/> <input type="text"/> Sheep <input type="text"/> <input type="text"/> Pigs <input type="text"/> <input type="text"/> Chickens <input type="text"/> <input type="text"/>	

5) ITN Module			TN
#	Question	Options	Skip
TN1	Does your HH have any mosquito net that can be used while sleeping?	Yes1 No2	2⇒NM
TN2	How many mosquito nets does your HH have? If 7 or more nets, record '7'.	Number of nets..... <input type="text"/>	
TN2A	Where did you get the mosquito net? If there is more than one net in the HH, ask question referring to the most recently obtained net.	<u>Public sector</u> Govt. hospital.....11 Govt. health centre.....12 Govt. health post.....13 Village health worker(HSA)14 Mobile/outreach clinic15 Other public (<i>specify</i>) <input type="text"/>16 Village Health Committee17 <u>Private medical sector</u> Private hospital/clinic21 Private physician22 Private pharmacy23 Mobile clinic24 Other private medical (<i>specify</i>) <input type="text"/>26 <u>Other source</u> Relative or friend31 Shop32 Traditional practitioner33 Other (<i>specify</i>) <input type="text"/>96 DK98	
TN5	When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes1 No2 DK/Not sure.....8	
TN6	How many months ago was the (most recent) net obtained? If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago.....95 Not sure98	
TN7	Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?	Yes1 No2 DK8	2⇒NM 8⇒NM
TN8	How long ago was the most recent soaking/dipping done? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago.....95 Not sure98	

6) Orphan-hood Module				OV	
#	Question	Options		Skip	
OV1	Check HL5: Any children 0–17? <input type="checkbox"/> Yes ⇒ Continue to OV2 <input type="checkbox"/> No ⇒ Next Module				
OV2	I would like you to think back over the past 12 months. Has any usual member of your HH died in the last 12 months?	Yes1 No2	2⇒ OV5		
OV3	(Of those who died in the past 12 months) were any of these people between the ages of 18 and 59 Yrs.?	Yes1 No2	2⇒ OV5		
OV4	(Of those who died in the past 12 months and were between the ages of 18 and 59 Yrs.) were any of these people seriously ill for 3 of the 12 months before he/she died?	Yes1 No2	1⇒ OV8		
OV5	Return to the HH Listing and check the following <input type="checkbox"/> Check totals for HL9 and HL11 At least one mother or father dead ⇒ OV8 <input type="checkbox"/> No mother or father dead <input type="checkbox"/> Check totals for HL8A At least one adult aged 18–59 very sick 3 of last 12 months ⇒ OV8 <input type="checkbox"/> No adult aged 18–59 very sick 3 of last 12 months <input type="checkbox"/> Check totals for HL10A and HL12A At least one mother or father ill 3 of last 12 months ⇒ OV8 <input type="checkbox"/> No mother or father ill 3 of last 12 months ⇒ Go to Next Module				
OV8	List all children aged 0-17 Yrs. below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the HH Listing Module. Use a continuation sheet if there are more than 4 children age 0–17 in the HH. Ask all questions for one child before moving to the next child.				
		1 st child	2 nd child	3 rd child	4 th child
	Name (from HL2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Line number (from HL1)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Age (from HL5)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
OV9	I would like to ask you about any formal, organized help or support that your HH may have received for (Name) 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. Remember this should be support for which you did not pay.				
OV10	Now I would like to ask you about the support your HH received for (Name). In the last 12 months, has your HH received any medical support for (Name), such as medical care, supplies or medicine?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV11	In the last 12 months, has your HH received any emotional or psychological support for (Name), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home?	Yes1 No2 2⇒ OV13 DK8	Yes1 No2 2⇒ OV13 DK8	Yes1 No2 2⇒ OV13 DK8	Yes1 No2 2⇒ OV13 DK8
OV12	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV13	In the last 12 months, has your HH received any material support for (Name), such as clothing, food or financial support?	Yes1 No2 2⇒ OV15 DK8	Yes1 No2 2⇒ OV15 DK8	Yes1 No2 2⇒ OV15 DK8	Yes1 No2 2⇒ OV15 DK8
OV14	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8

6) Orphan-hood Module		OV			
OV15	In the last 12 months, has your HH received any social support for (Name), such as help in HH work, training for a caregiver, or legal services?	Yes1 No2 2⇒ OV17 DK8	Yes1 No2 2⇒ OV17 DK8	Yes1 No2 2⇒ OV17 DK8	Yes1 No2 2⇒ OV17 DK8
OV16	Did your HH receive any of this support in the past 3 months?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV17	Check OV8: Age of the child 5–17 Yr?	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19	Yes ⇒ OV18 No ⇒ OV19
OV18	In the last 12 months, has your HH received any support for (name's) schooling, such as allowance, free admission, books or supplies?	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8	Yes1 No2 DK8
OV19	Check HL3: Is code 15?	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child	Yes ⇒ OV20 No ⇒ Next Child
OV20	Length of stay of the child in this HH (Record in months)	<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"/>
OV20A	No. of previous homes/institutes where the child stayed before coming to this HH (Exclude his/her parents' home)	<input type="text"/> DK8	<input type="text"/> DK8	<input type="text"/> DK8	<input type="text"/> DK8

7) Child Labour Module

CL

To be administered to mother/caretaker of each child in the HH age 5 through 14 years. For HH members below age 5 or above age 14, leave rows blank. Now I would like to ask about any work children in this HH may do.

CL1 Line no.	CL2 Name	CL3 During the past week, did (Name) do any kind of work for someone who is not a member of this HH? If Yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4 If Yes: Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this HH? If more than one job, include all hours at all jobs. Record response then ⇒ CL6	CL5 At any time during the past year, did (Name) do any kind of work for someone who is not a member of this HH? If Yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No			CL6 During the past week, did (Name) help with HH chores such as shopping, collecting firewood, cleaning, fetching water or caring for children? 1 Yes 2 No ⇒ CL8		CL7 If Yes: Since last (day of the week), about how many hours did he/she spend doing these chores?	CL8 During the past week, did (Name) do any other family work (on the farm or in a business or selling goods in the street?) 1 Yes 2 No ⇒ Next Line		CL9 If Yes: Since last (day of the week), about how many hours did he/she do this work?
Line No.	Name	Yes		No	No. of hours	Yes		No	Yes	No	No. of hours	Yes	No	No. of hours
		Paid	Un paid			Paid	Un paid							
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>
		1	2	3	<input type="text"/> <input type="text"/>	1	2	3	1	2	<input type="text"/> <input type="text"/>	1	2	<input type="text"/> <input type="text"/>

8) Salt Iodisation Module			SI
#	Question	Options	Skip
SI1A	Did you hear about iodised salt?	Yes1 No2	2⇒ SI1
SI1B	Where did you hear about iodised salt? A. On the radio? B. On the television? C. News paper? D. On a poster? E. On salt packet itself? F. On clothing (ie., Cap, Chitenji, T-Shirt)? G. In a drama H. Somewhere else? (Specify)	<div> <div>Yes</div> <div>No</div> </div> Radio12 Television.....12 News paper.....12 Poster12 Salt packet itself.....12 Clothing.....12 Drama.....12 Others (Specify) <input type="text"/> 12	
SI1C	Where do you store the salt at home?	Container with lid1 Container without lid2 Same packet in which salt was bought.....3 Lying on a surface (open).....4 Lying on a surface (covered)5 Other (Specify) <input type="text"/> 6	
SI1	We would like to check whether the salt used in your HH is iodised. May I see a sample of the salt used to cook the main meal eaten by members of your HH last night? Once you have examined the salt, circle number that corresponds to test outcome.	Not iodised1 Less than 15 ppm.....2 15 ppm and more.....3 No salt at home6 Salt not tested.....7	2⇒ SI2 3⇒ SI2 6⇒ SI2 7⇒ SI2
SI4	Check SI1A and SI1: <input type="checkbox"/> If 1 in both SI1A and SI1 ⇒ Continue to SI5 <input type="checkbox"/> Otherwise ⇒ SI2		
SI5	Test showed that this salt is not iodised. What is the <u>main</u> reason for not using the iodised salt by your HH?	Too expensive1 Not available in the market2 Doesn't taste good3 Not considered necessary4 Did not know that salt is not iodised.....5 Others <input type="text"/> 6	
SI2	Does any eligible woman age 15-49 reside in the HH? Check HL6 of HH Listing Module. You should have a Form with the Woman Information Panel filled in for each eligible woman. <input type="checkbox"/> Yes ⇒ Go to WOMAN 15–49 FORM to administer the questions to the first eligible woman. <input type="checkbox"/> No ⇒ Continue to SI3.		
SI3	Does any child under the age of 5 reside in the HH? Check HL8 of HH Listing Module. You should have a Form with the Under-Five Information Panel filled in for each eligible child. <input type="checkbox"/> Yes ⇒ Go to CHILD < 5 FORM to administer the Form to mother or caretaker of the first eligible child. <input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all Forms for this household and tally the number of interviews completed on the cover page.		

Under-Five Child Information Panel		UF
This Form is to be administered to all mothers or caretakers (See Column HL8 of HH Listing Module) who care for a child that lives with them and is under the age of 5 years (See Column HL5 of HH Listing Module). Use a separate Form for each eligible child.		
UF0	District No.	<input type="text"/> <input type="text"/>
UF1	Cluster No.	<input type="text"/> <input type="text"/> <input type="text"/>
UF2	HH No.	<input type="text"/> <input type="text"/>
UF3	Child Name	<input type="text"/>
UF4	Child Line No.	<input type="text"/> <input type="text"/>
UF5	Mother/Caretaker Name	<input type="text"/>
UF6	Mother/Caretaker Line No.	<input type="text"/> <input type="text"/>
UF7	Enumerator Name & No.	<input type="text"/> <input type="text"/> <input type="text"/>
UF8	Day/Month/Year of interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UF9	Result of interview for children under 5 (Codes refer to mother/caretaker)	Completed 1 Not at home..... 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (Specify)..... 6
UF10	Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (Name). In what month and year was (Name) born? Probe: What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	<u>Date of birth:</u> Day <input type="text"/> <input type="text"/> DK day 98 Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UF11	How old was (Name) at his/her last birthday? Record age in completed years.	Age in completed years <input type="text"/>

9) Vitamin A Module			VA
#	Question	Options	Skip
VA1	Has (Name) ever received a Vitamin A capsule (supplement) like this one? <u>Show capsule or dispenser for different doses:</u> 100,000 IU for those 6–11 months old (Blue) 200,000 IU for those 12–59 months old (Red)	Yes 1 No 2 DK 8	2⇒NM 8⇒NM
VA2	How many months ago did (Name) take the last dose?	Months..... <input type="text"/> <input type="text"/> DK 98	
VA3	Where did (Name) get this last dose?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunisation/Vit. A Campaign 3 Other (Specify)..... 6 DK 8	

10) Breastfeeding Module					BF
#	Question	Options			Skip
BF1	Has (Name) ever been breastfed?	Yes1 No2 DK8	2⇒ BF3 8⇒ BF3		
BF2	Is he/she still being breastfed?	Yes1 No2 DK8			
BF3	Since this time yesterday, did he/she receive any of the following: Read each item aloud and record response before proceeding to the next item.				
	Item	Yes	No	DK	
BF3A	Vitamin, mineral supplements or medicine?	1	2	8	
BF3B	Plain water?	1	2	8	
BF3C	Sweetened, flavoured water or fruit juice or tea or infusion?	1	2	8	
BF3D	Oral rehydration solution (ORS)?	1	2	8	
BF3E	Infant formula?	1	2	8	
BF3F	Tinned, powdered or fresh milk?	1	2	8	
BF3G	Any other liquids?	1	2	8	
BF3H	Solid or semi-solid (mushy) food?	1	2	8	
BF4	Check BF3H. Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes ⇒ Continue to BF5 <input type="checkbox"/> No or DK ⇒ Next Module				
BF5	Since this time yesterday, how many times did (Name) eat solid, semisolid or soft foods other than liquids? If 7 or more times, record 7	No. of times <input type="text"/> DK8			

11) Care of Illness Module					CA
#	Question	Options			Skip
CA1	Has (Name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes1 No2 DK8	2⇒CA5 8⇒CA5		
CA2	During this last episode of diarrhoea, did (Name) drink any of the following: Read each item aloud and record response before proceeding to the next item.				
	Item	Yes	No	DK	
CA2A	A fluid made from a special packet called Thanzi (local name for ORS packet solution)?	1	2	8	
CA2B	Government recommended homemade fluid:				
CA2C	Fresh Juice?	1	2	8	
CA2D	Tea?	1	2	8	
CA2E	Porridge?	1	2	8	
CA3	Fresh Thobwa?	1	2	8	
CA4	During (name's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none1 About the same (or somewhat less)2 More3 DK8			
CA5	During (name's) illness, did he/she eat less, about the same, or more food than usual? If "less", probe: much less or a little less?	None1 Much less2 Somewhat less3 About the same4 More5 DK8			
CA6	Has (Name) had an illness with a cough at any time in the last two weeks, that is, since (day of the week) of the week before last?	Yes1 No2 DK8	2⇒CA12 8⇒CA12		
CA7	When (Name) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes1 No2 DK8	2⇒CA12 8⇒CA12		
CA8	Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest1 Blocked nose2 Both3 Other (specify)6 DK8			2⇒CA12 6⇒CA12
CA9	Did you seek advice or treatment for the illness outside the home?	Yes1 No2 DK8	2⇒CA10 8⇒CA10		
	From where did you seek care? Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. (Name of place) <input type="text"/>	<u>Public sector</u> Govt. hospitalA Govt. health centreB Govt. health postC Village health workerD Mobile/outreach clinicE Other public (specify)H <u>Private medical sector</u> Private hospital/clinicI Private physicianJ Private pharmacyK Mobile clinicL Other private medical (specify)O <u>Other source</u> Relative or friendP ShopQ Traditional practitionerR Other (specify)X			

11) Care of Illness Module		CA
CA10	Was (Name) given medicine to treat this illness?	Yes 1 No 2 DK 8 2⇒CA12 8⇒CA12
CA11	What medicine was (Name) given? Circle all medicines given.	Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z
CA12	Check UF11: Child age under 3? <input type="checkbox"/> Yes ⇒ Continue to CA13 <input type="checkbox"/> No ⇒ CA14	
CA13	The last time (Name) passed stools, what was done to dispose of the stools?	Child used toilet/latrine 01 Put/rinsed into toilet or latrine 02 Put/rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98
CA14	Ask this question ONLY ONCE for each mother/ caretaker (even if she has more children). Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned. DO NOT PROMPT WITH ANY SUGGESTIONS	Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z

12) Malaria for Under-Fives Module			ML
#	Question	Options	Skip
ML1	In the last two weeks, that is, since (day of the week) of the week before last, has (Name) been ill with a fever?	Yes 1 No 2 DK 8	2⇒ ML10 8⇒ ML10
ML2	Was (Name) taken to a health facility during this illness?	Yes 1 No 2 DK 8	2⇒ ML6 8⇒ ML6
ML3	Did (Name) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes 1 No 2 DK 8	2⇒ ML5 8⇒ ML5
ML4	What medicine did (Name) take that was provided or prescribed at the health facility? Circle all medicines mentioned.	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML5	Was (Name) given medicine for the fever or malaria before being taken to the health facility?	Yes 1 No 2 DK 8	1⇒ ML7 2⇒ ML8 8⇒ ML8
ML6	Was (Name) given medicine for fever or malaria during this illness?	Yes 1 No 2 DK 8	2⇒ ML8 8⇒ ML8
ML7	What medicine was (Name) given? Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML8	Check ML4 and ML7: Anti-malarial mentioned (Codes A-H)? <input type="checkbox"/> Yes ⇒ Continue to ML9 <input type="checkbox"/> No ⇒ ML10		
ML9	How long after the fever started did (Name) first take (name of anti-malarial from ML4 or ML7)? If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned. Record the code for the day on which the first anti-malarial was given.	Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4 DK 8	
ML10	Did (Name) sleep under a mosquito net last night?	Yes 1 No 2 DK 8	2⇒ NM 8⇒ NM

12) Malaria for Under-Fives Module			ML
ML11	How long ago did your household obtain the mosquito net? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 Not sure 98	
ML13	When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes 1 No 2 DK/not sure 8	
ML14	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes?	Yes 1 No 2 DK 8	2⇒ NM 8⇒ NM
ML15	How long ago was the net last soaked or dipped? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 DK 98	

13) Immunisation Module

IM

#	Question	Options	Skip
If an immunisation card is available, copy the dates in IM2-IM8B for each type of immunisation or vitamin A dose recorded on the card. IM9 is for recording vaccinations that are not recorded on the card. IM10-IM17 will only be asked when a card is not available.			
IM1	Is there a vaccination card for (Name)?	Yes, seen..... 1 Yes, not seen..... 2 No 3	2⇒IM10 3⇒IM10
	(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunisation Day Month Year	
IM2	BCG BCG		
IM3A	Polio 0 OPV 0		
IM3B	Polio 1 OPV 1		
IM3C	Polio 2 OPV 2		
IM3D	Polio 3 OPV 3		
IM5A	DPT - HepB + Hib: 1 (Pentavalent 1) DPT 1		
IM5B	DPT - HepB + Hib: 2 (Pentavalent 2) DPT 2		
IM5C	DPT - HepB + Hib: 3 (Pentavalent 3) DPT 3		
IM6	Measles (or MMR) Measles		
IM8A	Vitamin A (1) Vit A1		
IM8B	Vitamin A (2) Vit A2		
IM9	In addition to the vaccinations and vitamin A capsules shown on this card, did (Name) receive any other vaccinations – including vaccinations received in campaigns or immunisation days? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Measles or Vitamin A supplements.	Yes 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No 2 DK 8	1⇒IM19 2⇒IM19 8⇒IM19
IM10	Has (Name) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunisation day?	Yes 1 No 2 DK 8	2⇒IM19 8⇒IM19
IM11	Has (Name) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes 1 No 2 DK 8	
IM12	Has (Name) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes 1 No 2 DK 8	2⇒IM15 8⇒IM15
IM13	How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks) 1 Later 2	
IM14	How many times has he/she been given these drops?	No. of times <input type="text"/> <input type="text"/>	
IM15	Has (Name) ever been given "DPT 1-3" – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria, Hepatitis & influenza ?	Yes 1 No 2 DK 8	2⇒IM17 8⇒IM17
IM16	How many times?	No. of times <input type="text"/> <input type="text"/>	

13) Immunisation Module					IM
IM17	Has (Name) ever been given "Measles vaccination injections" or MMR – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	Yes 1 No 2 DK 8			
IM19	Please tell me if (Name) has participated in any of the following campaigns, national immunisation days and/or vitamin A or child health days:		Yes	No	DK
IM19A	Child Health Days (May 2005) - Vit. A campaign	Campaign A	1	2	8
IM19B	Measles & Vitamin A Campaign (Sept. 2005)	Campaign B	1	2	8
IM19C	Child Health Days (5–9 June 2006) - Vit. A & Deworming campaign	Campaign C	1	2	8
IM19D	Has (Name) taken any drug for intestinal worms in the last 6 months?	Yes 1 No 2 DK 8	2⇒ IM20 8⇒ IM20		
IM19E	Where did (Name) get this last dose?	On routine visit to health facility 1 Sick child visit to health facility 2 National Campaign 3 Other (Specify) 6 DK 8			
IM20	<p>Does another eligible child reside in the HH for whom this respondent is mother/caretaker? Check HH listing, column HL8.</p> <p><input type="checkbox"/> Yes ⇒ End the current Form and go for another 'Child < 5 Form' to administer the Form for the next eligible child.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him/her cooperation.</p> <p>If this the last eligible child in the HH, go on to Anthropometry Module.</p>				

14) Anthropometry Module			AN
#	Question	Options	Skip
After Forms for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct Form for each child. Check the child's name and line number on the HH Listing Module before recording measurements.			
AN1	Child's Weight	Kilograms (Kg) <input type="text"/> <input type="text"/> <input type="text"/>	
AN2	Child's length or height. Check age of child in UF11:		
	<input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).	Length (cm) Lying down 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> Child age 2 or more years ⇒ Measure height (standing up).	Height (cm) Standing up 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AN3	Measurer's identification code	Measurer Code <input type="text"/> <input type="text"/> <input type="text"/>	
AN4	Result of Measurement	Measured 1 Not present 2 Refused 3 Others (Specify) 6	
AN5	Is there another child in the HH who is eligible for measurement? <input type="checkbox"/> Yes ⇒ Record measurements for next child. <input type="checkbox"/> No ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all Forms for this HH and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.		

Woman Information Panel		WM	
This module is to be administered to all women age 15 through 49 (See Column HL6 of HH Listing Module). Fill in one form for each eligible woman.			
WM0	District No.	<input type="text"/> <input type="text"/>	
WM1	Cluster No.	<input type="text"/> <input type="text"/> <input type="text"/>	
WM2	HH No.	<input type="text"/> <input type="text"/>	
WM3	Woman Name	<input type="text"/>	
WM4	Woman Line No.	<input type="text"/> <input type="text"/>	
WM5	Enumerator Name & No.	<input type="text"/> <input type="text"/> <input type="text"/>	
WM6	Day/Month/Year of interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
WM7	Result of interview for woman	Completed 1 Not at home..... 2 Refused..... 3 Partly completed..... 4 Incapacitated..... 5 Other (Specify) <input type="text"/> 6	
#	Question	Options	Skip
WM8	In what month and year were you born?	Date of birth: Month <input type="text"/> <input type="text"/> DK Month.....98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK Year9998	
WM9	How old were you at your last birthday?	Age in completed years <input type="text"/> <input type="text"/>	
WM10	Have you ever attended school?	Yes 1 No 2	2⇒WM14
WM11	What is the highest level of school you attended: primary, secondary, or higher?	Primary..... 1 Secondary..... 2 Higher..... 3 Non-standard curriculum 6	
WM12	What is the highest Class/Form you completed at that level?	Class/Form..... <input type="text"/> <input type="text"/>	
WM13	Check WM11: <input type="checkbox"/> Secondary or higher ⇒ Next Module. <input type="checkbox"/> Primary or non-standard curriculum ⇒ Continue to WM14		
WM14	Now I would like you to read this sentence to me. Show sentences the following to respondent.	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language 4 (specify language) Blind/mute, visually/speech impaired 5	

CHICHEWA

1. Mwana akuwerenga bukhu.
2. Chaka chino mvula inabwera mochedwa.
3. Makolo ayenera kusamalira ana awo.

TUMBUKA

1. Mwana wakuberenga buku
2. Chaka chino vula yangwiza mwakuchedwa
3. Bapapi bakwenera kupwelera banabawo

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must take for their children.

15) Child Mortality Module			CM
#	Question	Options	Skip
To be administered to all women age 15–49. All questions refer only to LIVE births.			
CM1	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	2⇒CM7
CM3	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No 2	2⇒CM5
CM4	How many sons live with you? How many daughters live with you?	Sons at home <input type="text"/> <input type="text"/> Daughters at home <input type="text"/> <input type="text"/>	
CM5	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	2⇒CM7
CM6	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere..... <input type="text"/> <input type="text"/> Daughters elsewhere..... <input type="text"/> <input type="text"/>	
CM7	Have you ever given birth to a boy or girl who was born alive but later died? If "No" probe by asking: Any baby who ever breathed or cried or showed other signs of life but did not survive – even if he or she lived only a few minutes or hours?	Yes 1 No 2	2⇒CM9
CM8	How many boys have died? How many girls have died?	Boys dead..... <input type="text"/> <input type="text"/> Girls dead <input type="text"/> <input type="text"/>	
CM9	Sum answers to CM4, CM6, and CM8.	Sum..... <input type="text"/> <input type="text"/>	
CM10	Just to make sure that I have this right, you have had in total _____ births during you life. Is this correct? <input type="checkbox"/> Yes ⇒ Continue to CM11. <input type="checkbox"/> No ⇒ Check responses and make corrections before proceeding to CM11.		
CM11	Check CM9 <input type="checkbox"/> One or more births ⇒ BH1 of Birth History Module. <input type="checkbox"/> No births ⇒ BH13 of Birth History Module.		

16) Birth History Module

16) Birth History Module										BH
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 BH1. Record twins and triplets on separate lines.										
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10	
What name was given to your (First/next) baby?	Were any of these births twins?	Is (name) a boy or girl?	In what month and year was (Name) born? Probe: What is his/her birthday?	Is (Name) still alive?	If Alive: How old was (Name) at his/her last birthday? (Record age in completed years)	If Alive: Is (Name) living with you?	If Alive: Record HH line number of child (Record '00' if child not listed in HH)	If Dead: How old was (Name) when he/she died? How many months old was (Name)? Record days if less than 1 month; months if less than 2 years; or years	Were there any other live births between (Name of previous birth) and (Name)	
01	Sing.....1 Mult2	Boy.....1 Girl2 Boy.....1 Girl2	Month <input type="text"/> Year <input type="text"/>	Yes1 No2 ⇒ BH9	<input type="text"/> <input type="text"/>	Yes1 No2	<input type="text"/> <input type="text"/> ⇒ next line	Days.....1 <input type="text"/> Months.....2 <input type="text"/> Year3 <input type="text"/>		
02	Sing.....1 Mult2	Boy.....1 Girl2	Month <input type="text"/> Year <input type="text"/>	Yes1 No2 ⇒ BH9	<input type="text"/> <input type="text"/>	Yes1 No2	<input type="text"/> <input type="text"/> ⇒ BH 10	Days.....1 <input type="text"/> Months.....2 <input type="text"/> Year3 <input type="text"/>	Yes1 No2	

16) Birth History Module

BH

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 BH1. Record twins and triplets on separate lines.

BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
03	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes1</div> <div>No2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes1</div> <div>No2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes1</div> <div>No2</div>
04	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes1</div> <div>No2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes1</div> <div>No2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes1</div> <div>No2</div>
05	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes1</div> <div>No2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes1</div> <div>No2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes1</div> <div>No2</div>
06	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes1</div> <div>No2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes1</div> <div>No2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes1</div> <div>No2</div>

16) Birth History Module

BH									
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
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 BH1. Record twins and triplets on separate lines.									
07	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes1 No2 ⇒ BH9	<div> <div></div> <div></div> </div>	Yes1 No2	<div> <div></div> <div></div> </div> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes1 No2
08	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes1 No2 ⇒ BH9	<div> <div></div> <div></div> </div>	Yes1 No2	<div> <div></div> <div></div> </div> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes1 No2
09	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes1 No2 ⇒ BH9	<div> <div></div> <div></div> </div>	Yes1 No2	<div> <div></div> <div></div> </div> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes1 No2
10	Sing.....1 Mult.....2	Boy.....1 Girl.....2	Month Year	Yes1 No2 ⇒ BH9	<div> <div></div> <div></div> </div>	Yes1 No2	<div> <div></div> <div></div> </div> ⇒ BH 10	Days.....1 Months.....2 Year.....3	Yes1 No2

16) Birth History Module										BH	
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 BH1. Record twins and triplets on separate lines.											
BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10		
11	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes.....1</div> <div>No.....2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes.....1</div> <div>No.....2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes.....1</div> <div>No.....2</div>		
12	<div>Sing.....1</div> <div>Mult.....2</div>	<div>Boy.....1</div> <div>Girl.....2</div>	<div>Month</div> <div>Year</div>	<div>Yes.....1</div> <div>No.....2</div> <div>⇒ BH9</div>	<div></div>	<div>Yes.....1</div> <div>No.....2</div>	<div></div> <div>⇒ BH 10</div>	<div>Days.....1</div> <div>Months.....2</div> <div>Year.....3</div>	<div>Yes.....1</div> <div>No.....2</div>		

16) Birth History Module		BH	
BH11	Have you had any live births since the birth of (Name of last birth)?	Yes 1 No 2	
BH12	Compare CM9 with number of births in history above and mark: <input type="checkbox"/> Numbers are different ⇒ Probe and reconcile <input type="checkbox"/> Numbers are same <u>For each birth, Check:</u> Year of birth is recorded <input type="checkbox"/> For each living child: Current age is recorded <input type="checkbox"/> For each dead child: Age of death is recorded <input type="checkbox"/> For age at death 12 months or 1 year: <input type="checkbox"/> Probe to determine exact number of months		
BH13	Some pregnancies end before full term as a miscarriage or an abortion, while others may result in a stillbirth. Have you had a miscarriage or abortion?	Yes 1 No 2	2⇒ BH15
BH14	In all how many pregnancies did you have that ended in a miscarriage or an abortion	Miscarriages/abortions <input type="text"/> <input type="text"/> DK 98	
BH15	Have you had a stillbirth?	Yes 1 No 2	2⇒ CM12
BH16	In all how many pregnancies did you have that ended in a stillbirth?	Stillbirths..... <input type="text"/> <input type="text"/> DK 98	
BH17	Check BH4 of last birth: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)? If child has died, take special care when referring to this child by name in the following modules. <input type="checkbox"/> No live birth in last 2 years. ⇒ MARRIAGE/UNION module. <input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue to CM13 Name of child _____		
BH18	At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then..... 1 Later 2 No more 3	

17) Tetanus Toxoid (TT) Module			TT
#	Question	Options	Skip
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.			
TT1	Do you have a card or other document with your own immunisations listed? If a card is presented, use it to assist with answers to the following questions.	Yes (card seen).....1 Yes (card not seen).....2 No3 DK8	
TT2	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, which is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes1 No2 DK8	2⇒TT5 8⇒TT5
TT3	If yes: How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times DK98	98⇒TT5
TT4	How many TT doses during last pregnancy were reported in TT3?	At least 2 TT inj. during last preg.....1 Fewer than 2 TT inj. during last preg.....2	1 ⇒ NM
TT5	Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes1 No2 DK8	2⇒NM 8⇒NM
TT6	How many times did you receive it?	No. of times DK98	
TT7	In what month and year did you receive the last anti-tetanus injection before that last pregnancy? Skip to next module only if year of injection is given. Otherwise, continue with TT8.	Month..... DK month98 Year..... DK year9998	⇒ NM ⇒ TT8
TT8	How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago..... DK9998	

18) Maternal and Newborn Health (MNH) Module				MN
#	Question	Options		Skip
This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.				
MN1	In the first two months after your last birth [the birth of Name], did you receive a Vitamin A dose like this? Show 200,000 IU capsule or dispenser (Red).	Yes1 No2 DK8		
MN2	Did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person seen and circle all answers given.	Health professional: Doctor/Clinical Officer.....A Nurse/Midwife.....B Other person: Traditional birth attendant.....F Community health worker.....G Relative/friendH Other (specify)X No one.....Y		Y⇒MN6A
MN2A	How many times did you receive antenatal care during this pregnancy?	No. of times DK98		
MN2B	During this pregnancy, were you given or did you buy any iron tablets? Show Tablets.	Yes1 No2 DK8		2⇒MN3 8⇒MN3
MN2C	During the whole pregnancy, for how many days did you take the tablets? If the answer is not numeric, probe for approximate number of days.	No. of days DK998		
MN3	As part of your antenatal care, were any of the following done at least once?		Y N	
MN3A	Were you weighted?	Weight	1 2	
MN3B	Was your blood pressure measured?	Blood pressure	1 2	
MN3C	Did you give a urine sample?	Urine sample	1 2	
MN3D	Did you give a blood sample?	Blood sample	1 2	
MN4	During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	Yes1 No2 DK8		
MN5	I don't want to know the results, but were you tested for HIV and AIDS as part of your antenatal care?	Yes1 No2 DK8		2⇒MN6A 8⇒MN6A
MN6	I don't want to know the results, but did you get the results of the test?	Yes1 No2 DK8		
MN6A	During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes1 No2 DK8		2⇒MN6E 8⇒MN6E
MN6B	Which medicines did you take to prevent malaria? Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to the respondent.	SP/Fansidar.....A Chloroquine.....B Others (Specify)X DKZ		
MN6C	Check MN6B for medicine taken: <input type="checkbox"/> SP/Fansidar taken ⇒ Continue to MN6D. <input type="checkbox"/> SP/Fansidar not taken ⇒ MN6E.			
MN6D	How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times.....		

18) Maternal and Newborn Health (MNH) Module			MN
MN6E	Did you sleep under a mosquito net last night?	Yes 1 No 2 DK 8	2⇒ MN7 8⇒ MN7
MN6F	How long ago did your household obtain the mosquito net? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 Not sure 98	
MN6G	When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes 1 No 2 DK/not sure 8	
MN6H	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes?	Yes 1 No 2 DK 8	2⇒ MN7 8⇒ MN7
MN6I	How long ago was the net last soaked or dipped? If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.	Months ago <input type="text"/> <input type="text"/> More than 24 months ago 95 DK 98	
MN7	Who assisted with the delivery of your last child (Name)? Anyone else? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor/Clinical Officer A Nurse/Midwife B Other person: Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y	
MN8	Where did you give birth to (Name)? If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. (Name of place) <input type="text"/>	<u>Home</u> Your home 11 Other home 12 <u>Public sector</u> Govt. hospital 21 Govt. clinic/health center 22 CHAM 23 Other public (<i>specify</i>) <input type="text"/> 26 <u>Private Medical Sector</u> Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) <input type="text"/> 36 Other (<i>specify</i>) <input type="text"/> 96	
MN8A	After (Name) was born, did a health professional or a traditional birth attendant check on your health?	Yes 1 No 2 DK 8	2⇒ MN8D8 ⇒ MN8D
MN8B	How many days or weeks after delivery did the first check take place? Record '00' days if same day.	Days after delivery 1 <input type="text"/> <input type="text"/> Weeks after delivery 2 <input type="text"/> <input type="text"/> Don't Know 998	

18) Maternal and Newborn Health (MNH) Module			MN
MN8C	Who checked on your health at that time? Probe for most qualified person	<u>Health professional:</u> Doctor/Clinical Officer..... 11 Nurse/Midwife..... 12 <u>Other person:</u> Traditional birth attendant.....21 Community health worker.....22 Other (<i>specify</i>) <input type="text"/> 96	
MN8D	Check MN8 for place of birth: <input type="checkbox"/> <input type="checkbox"/> Place of birth is home (Code 11 or 12) ⇒ Continue to MN8E. <input type="checkbox"/> <input type="checkbox"/> Otherwise ⇒ MN9		
MN8E	In the two months after (Name) was born, did any health care provider or a traditional birth attendant check on his/her health?	Yes1 No2 DK8	2⇒ MN9 8⇒ MN9
MN8F	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 than on week, record days.	Hours after birth 1 <input type="text"/> <input type="text"/> Days after birth..... 2 <input type="text"/> <input type="text"/> Weeks after birth 3 <input type="text"/> <input type="text"/> Don't Know998	
MN8G	Who checked on (Name)'s health at that time? Probe for most qualified person.	<u>Health professional:</u> Doctor/Clinical Officer..... 11 Nurse/Midwife..... 12 <u>Other person:</u> Traditional birth attendant.....21 Community health worker.....22 Other (<i>specify</i>) <input type="text"/> 96	
MN8H	Where did this first check of (Name) take place? Probe to identify the type of source and circle the appropriate code. If unable to determine if a hospital, health centre or clinic is public or private medical, write the name of the place. (Name of place) <input type="text"/>	<u>Home</u> Your home.....11 Other home..... 12 <u>Public sector</u> Govt. hospital.....21 Govt. clinic/health center22 CHAM.....23 Other public (<i>specify</i>) <input type="text"/> 26 <u>Private Medical Sector</u> Private hospital.....31 Private clinic32 Private maternity home.....33 Other private medical (<i>specify</i>) <input type="text"/> 36 Other (<i>specify</i>) <input type="text"/> 96	
MN9	When your last child (Name) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large1 Larger than average.....2 Average3 Smaller than average4 Very small.....5 DK8	
MN10	Was (Name) weighed at birth?	Yes1 No2 DK8	2⇒ MN12 8⇒ MN12
MN11	How much did (Name) weigh? Record weight from health card, if available.	Card1 (Kg.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Recall2 (Kg.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK99998	

18) Maternal and Newborn Health (MNH) Module			MN
MN12	Did you ever breastfeed (Name)?	Yes1 No2	2⇒ MN14
MN13	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"/> or Days.....2 <input type="text"/> <input type="text"/> Don't know/remember.....998	
MN14	Have you used soap yesterday or today?	Yes1 No2 Do not have soap3	2⇒ NM 3⇒ NM
MN15	When you used soap today or yesterday, what did you use it for? If for washing my hands are mentioned, probe what was the occasion, but do not read the answers. (Do not read the answers, ask to be specific, encourage "what else" until nothing further is mentioned and check all that apply)	Washing cloths.....A Washing my body.....B Washing my children.....C Washing child's bottoms.....D Washing my children's hands.....E Washing hands after defecating.....F Washing hands after cleaning child.....G Washing hands before feeding child.....H Washing hands before preparing foodI Washing hands before eating.....J Other (<i>Specify</i>).....X	

19) Marriage/Union Module - Woman			MA
#	Question	Options	Skip
MA1	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	3⇒MA3
MA2	How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	⇒MA5 98⇒MA5
MA3	Have you ever been married or lived together with a man?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3⇒NM
MA4	What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA5	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	
MA6	In what month and year did you first marry or start living with a man as if married?	Month <input type="text"/> <input type="text"/> DK month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	
MA7	Check MA6: <input type="checkbox"/> Both Month and year of marriage known? ⇒ Next Module. <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue to MA8.		
MA8	How old were you when you started living with your first husband/partner?	Age in years <input type="text"/> <input type="text"/>	

20) Contraception Module - Woman			CP
#	Question	Options	Skip
CP1	I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8	1⇒ NM
CP2	Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2	2⇒ NM
CP3	Which method are you using? DO NOT PROMPT. If more than one method is mentioned, circle each one.	Female sterilization..... A Male sterilization..... B Pill C IUD D Injections..... E Implants F Condom..... G Female condom H Diaphragm..... I Foam/jelly J Lactational amenorrhoea method (LAM)..... K Periodic abstinence..... L Withdrawal..... M Other (<i>specify</i>) <input type="text"/> X	

21) Sexual Behaviour Module - Woman			SB
#	Question	Options	Skip
Check for the presence of others. Before continuing, ensure privacy.			
Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential.			
SB1	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse00 Age in years First time when started living with(first) husband/partner.....95	00⇒NM
SB2	When was the last time you had sexual intercourse? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago.....1 Weeks ago2 Months ago3 Years ago.....4	4⇒ NM
SB3	The last time you had sexual intercourse, was a condom used?	Yes1 No2	
SB4	What is your relationship to the man with whom you last had sexual intercourse? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1 ; 'no', circle 2.	Spouse/Cohabiting partner1 Man is boyfriend/fiancée.....2 Other friend3 Casual acquaintance.....4 Other (<i>specify</i>)6	1⇒SB6
SB5	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner..... DK98	
SB6	Have you had sex with any other man in the last 12 months?	Yes1 No2	2⇒ NM
SB7	The last time you had sexual intercourse with this other man, was a condom used?	Yes1 No2	
SB8	What is your relationship to this man? If man is 'boyfriend' or 'fiancée', ask: Was your boyfriend/fiancée living with you when you last had sex? If 'yes', circle 1. If 'no', circle 2.	Spouse/Cohabiting partner1 Man is boyfriend/fiancée.....2 Other friend3 Casual acquaintance.....4 Other (<i>specify</i>)6	1⇒SB10
SB9	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner..... DK98	
SB10	Other than these two men, have you had sex with any other man in the last 12 months?	Yes1 No2	2⇒ NM
SB11	In total, with how many different men have you had sex in the last 12 months?	No. of partners.....	

22) HIV and AIDS Module - Woman						HA
#	Question	Options				Skip
HA1	Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes 1 No 2				2⇒ NM
HA2	Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes 1 No 2 DK 8				
HA3	Can people get infected with the AIDS virus because of witchcraft or other supernatural means?	Yes 1 No 2 DK 8				
HA4	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes 1 No 2 DK 8				
HA5	Can people get the AIDS virus from mosquito bites?	Yes 1 No 2 DK 8				
HA6	Can people reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes 1 No 2 DK 8				
HA7	Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes 1 No 2 DK 8				
HA7A	Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes 1 No 2 DK 8				
HA8	Is it possible for a healthy-looking person to have the AIDS virus?	Yes 1 No 2 DK 8				
HA9	Can the AIDS virus be transmitted from a mother to a baby?		Yes	No	DK	
HA9A	During pregnancy?	During pregnancy	1	2	8	
HA9B	During delivery?	During delivery	1	2	8	
HA9C	By breastfeeding?	By breastfeeding	1	2	8	
HA10	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes 1 No 2 DK/not sure/depends..... 8				
HA11	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes 1 No 2 DK/not sure/depends..... 8				
HA12	If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes 1 No 2 DK/not sure/depends..... 8				
HA13	If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your HH?	Yes 1 No 2 DK/not sure/depends..... 8				
HA14	Check MN5: Tested for HIV during antenatal care? <input type="checkbox"/> Yes ⇒ HA18A. <input type="checkbox"/> No ⇒ Continue to HA15.					

22) HIV and AIDS Module - Woman			HA
HA15	I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes 1 No 2	2⇒HA18
HA16	I do not want you to tell me the results of the test, but have you been told the results?	Yes 1 No 2	
HA17	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	1⇒NM 2⇒NM 3⇒NM
HA18	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes 1 No 2	1⇒NM 2⇒NM
HA18A	If tested for HIV during antenatal care: Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the AIDS virus?	Yes 1 No 2	

23) MATERNAL MORTALITY MODULE

MM

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.

#	Question										Options				Skip
	How many children did your mother give birth to, including you?										<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Check MM1: <input type="text"/> Two or more births ⇒ Continue to MM3. <input type="text"/> Only one birth (Respondent only) ⇒ End														
	How many of these births did your mother have before you were born?										<input type="text"/> <input type="text"/> <input type="text"/>				
Sl. No.	MM4 What was the name given to your older (next oldest) brother or sister?	MM5 Is (Name) male or female? 1.Male 2.Female	MM6 Is (Name) still alive? 1.Yes 2.No⇒MM8 8.DK⇒Next Line	MM7 How old is (Name)? Record age & Go to Next Line	MM8 How many years ago did (Name) die?	MM9 How old was (Name) when he/she died? If male or died before age 12 years, Go to Next Line		MM10 Was (Name) pregnant when she died? 1.Yes⇒MM13 2.No	MM11 Did (Name) die during child birth? 1.Yes⇒MM13 2.No	MM12 Did (Name) die within two months after the end of a pregnancy or childbirth? 1.Yes 2.No	MM13 How many live born children did (Name) give birth to during her lifetime (before this pregnancy)?				
#	Name	M	F	Y	N	DK	Age	Years	Age	Y	N	Y	N	Live Births	
1		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
2		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
3		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
4		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
5		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
6		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
7		1	2	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	1	2	<input type="text"/> <input type="text"/>	
MM14	Check MM10, MM11 and MM12 for all sisters: Just to make sure I have this right, you told me that your sister(s) <input type="text"/> (Name) died when she was (pregnant/delivering/just delivered). Is that correct? <input type="text"/> Yes ⇒ End. <input type="text"/> No ⇒ Correct the MMR Module														

Man Information Panel		MP
This module is to be administered to all men age 15 through 49 (See HH Listing Module). Fill in one form for each eligible man.		
MP0	District No.	<input type="text"/> <input type="text"/>
MP1	Cluster No.	<input type="text"/> <input type="text"/> <input type="text"/>
MP2	HH No.	<input type="text"/> <input type="text"/>
MP3	Man Name	<input type="text"/>
MP4	Man Line No.	<input type="text"/> <input type="text"/>
MP5	Enumerator Name & No.	<input type="text"/> <input type="text"/> <input type="text"/>
MP6	Day/Month/Year of interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
MP7	Result of interview for man	Completed1 Not at home.....2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (Specify) <input type="text"/> 6

#	Question	Options	Skip
MP8	In what month and year were you born?	Date of birth: Month..... <input type="text"/> <input type="text"/> DK Month.....98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK Year9998	
MP9	How old were you at your last birthday?	Age in completed years..... <input type="text"/> <input type="text"/>	
MP10	Have you ever attended school?	Yes1 No2	2⇒ MP14
MP11	What is the highest level of school you attended: primary, secondary, or higher?	Primary.....1 Secondary.....2 Higher.....3 Non-standard curriculum.....6	
MP12	What is the highest Class/Grade you completed at that level?	Class/Grade..... <input type="text"/> <input type="text"/>	
MP13	Check MP11: <input type="checkbox"/> Secondary or higher ⇒ Next Module. <input type="checkbox"/> Primary or non-standard curriculum ⇒ Continue to MP14		
MP14	Now I would like you to read this sentence to me. Show the following sentences to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?	Cannot read at all.....1 Able to read only parts of sentence2 Able to read whole sentence.....3 No sentence in required language4 (specify language) <input type="text"/> Blind/mute, visually/speech impaired5	

CHICHEWA

1. Mwana akuwerenga bukhu.
2. Chaka chino mvula inabwera mochedwa.
3. Makolo ayenera kusamalira ana awo.

TUMBUKA

1. Mwana wakuberenga buku
2. Chaka chino vula yangwiza mwakuchedwa
3. Bapapi bakwenera kupwelera banabawo

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must take for their children.

24) Marriage/Union Module - Man			MU
#	Question	Options	Skip
MU1	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	3⇒ MU3
MU2	How old was your wife/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	⇒ MU5 98⇒ MU5
MU3	Have you ever been married or lived together with a woman?	Yes, formerly married 1 Yes, formerly lived with a woman..... 2 No 3	3⇒ NM
MU4	What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MU5	Have you been married or lived with a woman only once or more than once?	Only once..... 1 More than once..... 2	
MU6	In what month and year did you first marry or start living with a woman as if married?	Month..... <input type="text"/> DK month 98 Year..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998	
MU7	Check MU6: <input type="checkbox"/> Both month and year of marriage known? ⇒ Next Module. <input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue to MU8.		
MU8	How old were you when you started living with your first wife/partner?	Age in years <input type="text"/> <input type="text"/>	

25) Contraception Module - Man			MC
#	Question	Options	Skip
MC1	<p>I would like to talk with you about another subject – family planning.</p> <p>Some people use various ways or methods to delay or avoid a pregnancy.</p> <p>Are you currently doing something or using any method to delay or avoid getting your wife/partner pregnant?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒ NM
MC2	<p>Which method are you using?</p> <p>DO NOT PROMPT.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization..... A</p> <p>Male sterilization..... B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections..... E</p> <p>Implants F</p> <p>Condom..... G</p> <p>Female condom H</p> <p>Diaphragm..... I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal..... M</p> <p>Other (<i>specify</i>)..... X</p>	

21) Sexual Behaviour Module - Man			SB
#	Question	Options	Skip
Check for the presence of others. Before continuing, ensure privacy.			
Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. The information you supply will remain strictly confidential.			
SM1	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse00 Age in years First time when started living with(first) Wife/partner.....95	00⇒ NM
SM2	When was the last time you had sexual intercourse? Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.	Days ago.....1 Weeks ago2 Months ago3 Years ago.....4	4⇒ NM
SM3	The last time you had sexual intercourse, was a condom used?	Yes1 No2	
SM4	What is your relationship to the woman with whom you last had sexual intercourse? If man is 'girlfriend' or 'fiancée', ask: Was your girlfriend/fiancée living with you when you last had sex? If 'yes', circle 1 ; 'no', circle 2.	Spouse /Cohabiting partner1 Woman is girlfriend/fiancée.....2 Other friend3 Casual acquaintance.....4 Other (specify)6	1⇒ SM6
SM5	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner..... DK98	
SM6	Have you had sex with any other woman in the last 12 months?	Yes1 No2	2⇒ NM
SM7	The last time you had sexual intercourse with this other woman, was a condom used?	Yes1 No2	
SM8	What is your relationship to this woman? If woman is 'girlfriend' or 'fiancée', ask: Was your girlfriend/fiancée living with you when you last had sex? If 'yes', circle 1. If 'no', circle 2.	Spouse/Cohabiting partner1 Woman is girlfriend/fiancée.....2 Other friend3 Casual acquaintance.....4 Other (specify).....6	1⇒ SM10
SM9	How old is this person (at the time of sexual encounter)? If response is DK, probe: About how old is this person?	Age of sexual partner..... DK98	
SM10	Other than these two women, have you had sex with any other woman in the last 12 months?	Yes1 No2	2⇒ NM
SM11	In total, with how many different women have you had sex in the last 12 months?	No. of partners.....	

27) HIV and AIDS Module - Man					HM
#	Question	Options			Skip
HM1	Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes 1 No 2			2⇒ NM
HM2	Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes 1 No 2 DK 8			
HM3	Can people get infected with the AIDS virus because of witchcraft or other supernatural means?	Yes 1 No 2 DK 8			
HM4	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes 1 No 2 DK 8			
HM5	Can people get the AIDS virus from mosquito bites?	Yes 1 No 2 DK 8			
HM6	Can people reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes 1 No 2 DK 8			
HM7	Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes 1 No 2 DK 8			
HM7A	Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes 1 No 2 DK 8			
HM8	Is it possible for a healthy-looking person to have the AIDS virus?	Yes 1 No 2 DK 8			
HM9	Can the AIDS virus be transmitted from a mother to a baby:		Yes	No	DK
HM9A	During pregnancy?	During pregnancy	1	2	8
HM9B	During delivery?	During delivery	1	2	8
HM9C	By breastfeeding?	By breastfeeding	1	2	8
HM10	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes 1 No 2 DK/not sure/depends..... 8			
HM11	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes 1 No 2 DK/not sure/depends..... 8			
HM12	If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes 1 No 2 DK/not sure/depends..... 8			
HM13	If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your HH?	Yes 1 No 2 DK/not sure/depends..... 8			
HM14	I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes 1 No 2			2⇒ HM17
HM15	I do not want you to tell me the results of the test, but have you been told the results?	Yes 1 No 2			
HM16	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			1⇒ End 2⇒ End 3⇒ End
HM17	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes 1 No 2			