

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LOCALITY NAME _____ | <table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | | | | | | | | | | | |
| RURAL/URBAN (RURAL = 1, URBAN = 2) | | | | | | | | | | | | | | | | | | | |
| LUSAKA = 1/ OTHER CITY = 2/TOWN = 3/VILLAGE = 4 | | | | | | | | | | | | | | | | | | | |

| 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><td></td><td></td></tr> <tr><td></td><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><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | INT. NUMBER <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> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| TIME | _____ | _____ | | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| *RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right;">(SPECIFY)</div> | | | | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 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> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | | | |
| | | | | | | | | | | | | |
| **LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>1</td></tr> </table> | | | | 0 | 1 | TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | |
| 0 | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA | | | | | | | | | | | | |
| SUPERVISOR | FIELD EDITOR | | OFFICE EDITOR | KEYED BY | | | | | | | | |
| NAME _____ | NAME _____ | | NAME _____ | NAME _____ | | | | | | | | |
| DATE _____ | DATE _____ | | DATE _____ | DATE _____ | | | | | | | | |

Introduction and Consent

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | IF AGE 15 OR OLDER | ELIGIBILITY | | |
|----------|---|---|----------------------------------|---------------------------------------|---|--|--|--|--|---|
| | | | | | | | MARITAL STATUS | | | |
| | <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 THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p> | <p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> | <p>Is (NAME) male or female?</p> | <p>Does (NAME) usually live here?</p> | <p>Did (NAME) stay here last night?</p> | <p>How old is (NAME)?</p> <p>IF 95 OR MORE RECORD 95</p> | <p>What is (NAME'S) current marital status?</p> <p>1 = MARRIED/ COHABITING/ LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED</p> | <p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p> | <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p> | <p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p> |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 01 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 01 | 01 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 02 | 02 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 03 | 03 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 04 | 04 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 05 | 05 | 05 |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 06 | 06 | 06 |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 07 | 07 | 07 |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 08 | 08 | 08 |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 09 | 09 | 09 |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 10 | 10 | 10 |

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?

YES ☐ → ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → ADD TO TABLE NO ☐

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = CO-WIFE
- 04 = SON OR DAUGHTER
- 05 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 06 = GRANDCHILD
- 07 = PARENT

- 08 = PARENT-IN-LAW
- 09 = BROTHER OR SISTER
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

| | IF AGE 0-17 YEARS | | | | IF AGE 5 YEARS OR OLDER | | IF AGE 5-24 YEARS | | IF AGE 0-4 YEARS |
|----------|--|--|-----------------------------------|---|----------------------------------|---|---|---|--|
| LINE NO. | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT/RECENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION |
| | Is (NAME)'s natural mother alive? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s natural father alive? | Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) attend school at any time during the 2013 school year? | During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW |
| | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) |
| 01 | Y N DK 1 2 8 ↓ GO TO 14 | <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 16 | <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | <input type="text"/> |
| 02 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 03 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 04 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 05 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 06 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 07 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 08 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 09 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 10 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = NURSERY/

KINDERGARTEN

1 = PRIMARY

2 = SECONDARY

3 = HIGHER

8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED

(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

98 = DON'T KNOW

| | | | | | | IF AGE 15 OR OLDER | | | | |
|-------------|--|--|---------------------------|--------------------------------|----------------------------------|--|---|-----|------|------|
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | AGE | MARITAL STATUS | ELIGIBILITY | | | |
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| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| 11 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | IN YEARS <input type="text"/> | <input type="text"/> | 11 | 11 | 11 |
| 12 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 12 | 12 | 12 |
| 13 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 13 | 13 | 13 |
| 14 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 14 | 14 | 14 |
| 15 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 15 | 15 | 15 |
| 16 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 16 | 16 | 16 |
| 17 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 17 | 17 | 17 |
| 18 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 18 | 18 | 18 |
| 19 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 19 | 19 | 19 |
| 20 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 20 | 20 | 20 |

TICK HERE IF CONTINUATION SHEET USED ☐

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| | 12 | 13 | 14 | 15 | (16) | (17) | (18) | (19) | (20) |
| 11 | Y N DK 1 2 8 ↓ GO TO 14 | <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 16 | <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | <input type="text"/> |
| 12 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 13 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 14 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 15 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 16 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 17 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 18 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 19 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 20 | 1 2 8 ↓ GO TO 14 | <input type="text"/> | 1 2 8 ↓ GO TO 16 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |

CODES FOR Qs. 17 AND 19: EDUCATION

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0 = NURSERY/
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GRADE
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(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
98 = DON'T KNOW

Q21.

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

| LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER | TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 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 |

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

| | |
|--|--|
| | |
|--|--|

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-----------------------------------|
| 101 | How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never? | DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 | |
| 102 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY) | <div>→ 105</div> <div>→ 105</div> |
| 103 | Where is that water source located? | IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3 | <div>→ 105</div> |
| 104 | How long does it take to go there, get water, and come back? | MINUTES <div><div></div><div></div><div></div></div> ON PREMISES 996 DON'T KNOW 998 | |
| 105 | Do you do anything to the water to make it safer to drink? | YES 1 NO 2 DON'T KNOW 8 | <div>→ 106A</div> |
| 106 | What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED. | BOIL A ADD BLEACH/CHLORINE/CLORIN 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 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-------|-----|----|--------------|-------------------------|---|----------|-------------------|---|---------------|------------------------|---|---------------------|------------------------------|---|-------------------------|----------------------------------|---|-----------------|--------------------------|---|--------|-----------------|---|----------|-------------------|---|----------|-------------------|---|-------------|----------------------|---|---------|------------------|---|----------|-------------------|---|--------|-----------------|---|-------------------|----------------------------|---|--------------------|-----------------------------|---|-----------|--------------------|---|------------------|---------------------------|---|------------|---------------------|---|------------|---------------------|---|----------------|-------------------------|---|-------------|----------------------|---|-----------|----------------------|---|--------------|-----------------------|---|--|
| 106A | How do you store your drinking water? | CLOSED CONTAINER/JERRY CAN 1 OPEN CONTAINER/BUCKET 2 DOES NOT STORE WATER 3 OTHER _____ 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELS. 14 FLUSH, DON'T KNOW WHERE! 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY) | → 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | Do you share this toilet facility with other households? | YES 1 NO 2 | → 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | How many households use this toilet facility? | NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | Does your household have: | <table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>Electricity?</td><td>ELECTRICITY 1</td><td>2</td></tr><tr><td>A radio?</td><td>RADIO 1</td><td>2</td></tr><tr><td>A television?</td><td>TELEVISION 1</td><td>2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE 1</td><td>2</td></tr><tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE 1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR 1</td><td>2</td></tr><tr><td>A bed?</td><td>BED 1</td><td>2</td></tr><tr><td>A Chair?</td><td>CHAIR 1</td><td>2</td></tr><tr><td>A Table?</td><td>TABLE 1</td><td>2</td></tr><tr><td>A Cupboard?</td><td>CUPBOARD 1</td><td>2</td></tr><tr><td>A Sofa?</td><td>SOFA 1</td><td>2</td></tr><tr><td>A Clock?</td><td>CLOCK 1</td><td>2</td></tr><tr><td>A fan?</td><td>FAN 1</td><td>2</td></tr><tr><td>A sewing machine?</td><td>SEWING MACHINE 1</td><td>2</td></tr><tr><td>A Cassette player?</td><td>CASSETTE PLAYER 1</td><td>2</td></tr><tr><td>A plough?</td><td>PLOUGH 1</td><td>2</td></tr><tr><td>A grain grinder?</td><td>GRAIN GRINDER 1</td><td>2</td></tr><tr><td>A VCR/DVD?</td><td>VCR/DVD 1</td><td>2</td></tr><tr><td>A tractor?</td><td>TRACTOR 1</td><td>2</td></tr><tr><td>A Hammer mill?</td><td>HAMMER MILL 1</td><td>2</td></tr><tr><td>A computer?</td><td>COMPUTER 1</td><td>2</td></tr><tr><td>Internet?</td><td>INTERNET 1</td><td>2</td></tr><tr><td>A Microwave?</td><td>MICROWAVE 1</td><td>2</td></tr></tbody></table> | | 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 | A bed? | BED 1 | 2 | A Chair? | CHAIR 1 | 2 | A Table? | TABLE 1 | 2 | A Cupboard? | CUPBOARD 1 | 2 | A Sofa? | SOFA 1 | 2 | A Clock? | CLOCK 1 | 2 | A fan? | FAN 1 | 2 | A sewing machine? | SEWING MACHINE 1 | 2 | A Cassette player? | CASSETTE PLAYER 1 | 2 | A plough? | PLOUGH 1 | 2 | A grain grinder? | GRAIN GRINDER 1 | 2 | A VCR/DVD? | VCR/DVD 1 | 2 | A tractor? | TRACTOR 1 | 2 | A Hammer mill? | HAMMER MILL 1 | 2 | A computer? | COMPUTER 1 | 2 | Internet? | INTERNET 1 | 2 | A Microwave? | MICROWAVE 1 | 2 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A bed? | BED 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Chair? | CHAIR 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Table? | TABLE 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Cupboard? | CUPBOARD 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Sofa? | SOFA 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Clock? | CLOCK 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fan? | FAN 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A sewing machine? | SEWING MACHINE 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Cassette player? | CASSETTE PLAYER 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A plough? | PLOUGH 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A grain grinder? | GRAIN GRINDER 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A VCR/DVD? | VCR/DVD 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A tractor? | TRACTOR 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Hammer mill? | HAMMER MILL 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A computer? | COMPUTER 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internet? | INTERNET 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Microwave? | MICROWAVE 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 111 | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 SOLAR POWER 02 LIQUID PROPANE GAS (LPG) 03 NATURAL GAS 04 BIOGAS 05 KEROSENE 06 COAL, LIGNITE 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG 12 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) | → 114 |
| 112 | Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY) | → 114 |
| 113 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| 114 | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO/LEEDS 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL (PVC) OR ASPHALT STRIPS 32 CERAMIC/TERRAZZO TILES 33 CONCRETE CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 115 | MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. | NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL/IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBRE (ASBESTOS) 33 CERAMIC TILES/HARVEY TILES ... 34 CEMENT 35 ROOFING SHINGLES 36 MUD TILES 37 OTHER 96 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 120 | How much lima, acres, or hectares of agricultural land do members of this household own? | LIMA 1 <input type="text"/> <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/> HECTARES 3 <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 995 DON'T KNOW 998 | |
| 121 | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1 NO 2 | → 123 |
| 122 | How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Traditional cattle? Dairy cattle? Beef cattle? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? Rabbits/Other Poultry? Other Livestock? | TRADITIONAL CATTLE <input type="text"/> <input type="text"/> DAIRY <input type="text"/> <input type="text"/> BEEF <input type="text"/> <input type="text"/> HORSES/DONKEYS/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"/> RABBITS/OTHER POULTRY ... <input type="text"/> <input type="text"/> OTHER LIVESTOCK <input type="text"/> <input type="text"/> | |
| 123 | Does any member of this household have a bank account? | YES 1 NO 2 | |
| 124 | At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | YES 1 NO 2 DON'T KNOW 8 | → 126 |
| 125 | Who sprayed the dwelling? | GOVERNMENT WORKER/PROGR/..... A PRIVATE COMPANY B NON GOVERNMENTAL ORGANISATION (NGO) C OTHER X (SPECIFY) DON'T KNOW Y | |
| 126 | Does your household have any mosquito nets that can be used while sleeping? | YES 1 NO 2 | → 136 |
| 127 | How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'. | NUMBER OF NETS <input type="text"/> | |

| | | NET #1 | NET #2 | NET #3 |
|-----|--|--|--|--|
| 128 | ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED 1 NOT OBSERVED ... 2 | OBSERVED 1 NOT OBSERVED ... 2 | OBSERVED 1 NOT OBSERVED ... 2 |
| 129 | How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 |
| 130 | OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT. | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PermaNET 11 OLICET 12 OTHER/ DK BRAND ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND 98 |
| 131 | Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 133) ← NOT SURE 8 |
| 132 | How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 |
| 133 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8 |

| | | NET #1 | NET #2 | NET #3 |
|-----|---|--|--|---|
| 134 | <p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p> | 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"/> |
| | | 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"/> |
| 135 | | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136. | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 136. | GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 136. |
| 136 | Please show me where members of your household most often wash their hands. | OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 139) ← | | |
| 137 | OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 | | |
| 138 | OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C | | |
| 139 | ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. | IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON) | | |

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

| | | | | |
|-----|---|--|--|--|
| 201 | CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ← | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ← | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ← |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETRES | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 |
| 208 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 209. | | | |

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|-----|---|--|--|--|
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ← | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 209) ← | YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 209) ← |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT..... 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETRES | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED..... 3 |
| 208 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 209. | | | |

WEIGHT, HEIGHT, AND HIV TESTING FOR WOMEN AGE 15-49

| | | | | |
|-----|---|---|--|--|
| 209 | CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 210. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 210 | LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 211 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 212 | HEIGHT IN CENTIMETRES | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 213 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 220) ↙ |
| 214 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 220) ↙ |
| 215 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> |
| 216 | ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. I will provide her with a list of [nearby] facilities offering counselling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood on a paper card for the HIV test?</p> | | |
| 217 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|---|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 218 | ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>If you want (NAME OF ADOLESCENT) to know her HIV status, I can do a rapid test for her and I can tell her the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collected blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell her the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p> | | |
| 219 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) |
| 220 | ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p> | | |
| 221 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> (IF REFUSED, GO TO 252) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> (IF REFUSED, GO TO 252) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> (IF REFUSED, GO TO 252) |
| 222 | CHECK 219 PARENTAL CONSENT FOR RAPID HIV TEST | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227) | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227) | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 227) |
| 223 | ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT | <p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collected blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p> | | |
| 224 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-top: 5px;"></div> |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 225 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 229) ← |
| 226 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 229) ← |
| 227 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 215 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 228 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 231) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 231) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 231) |
| 229 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 230 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 232) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 232) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 232) |
| 231 | ADDITIONAL TESTS | CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 228 AND 230: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. |
| 232 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH VCT AND TEST(S) | | | |
| 233 | BAR CODE LABEL FOR FILTER PAPER | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|------|--|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 234 | RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ← | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ← | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 252) ← |
| 235 | RECORD RESULT OF THE DETERMINE HIV RDT | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE 2 INVALID 3 OTHER 6 | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE 2 INVALID 3 OTHER 6 | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE 2 INVALID 3 OTHER 6 |
| 235A | RECORD RESULT OF THE UNIGOLD HIV RDT | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 |
| 236 | CHECK 235 DETERMINE RESULT | CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2 | CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2 | CODE 1 1 (GO TO 237) ← ANY OTHER CODE 2 |
| 236A | CHECK 235A UNIGOLD RESULT | CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ← | CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ← | CODE 1 1 ANY OTHER CODE 2 (GO TO 252) ← |
| 237 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 241) ← |
| 238 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ← |
| 239 | ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from her arm for the tests?</p> | | |
| 240 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) | GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 241 | ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM RESPONDENT | <p>We would like to collect more blood from your to do additional testing. The additional tests will see how many CD4 cells you have. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from your arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell you the CD4 test results. No one else will be able to know your test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood from your arm for the tests?</p> | | |
| 242 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 252) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 252) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 252) |
| 243 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 247) | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 247) | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 247) |
| 244 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247) | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247) | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 247) |
| 245 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 215 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 246 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 249) |
| 247 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 248 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 250) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 249 | ADDITIONAL TESTS | CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 251 | BAR CODE LABEL FOR BLOOD TUBE | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 251A | RECORD THE DATE OF THE VENOUS BLOOD COLLECTION | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | |
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| 251B | RECORD THE TIME OF THE VENOUS BLOOD COLLECTION | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 252 | GO BACK TO 211 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 253. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HIV TESTING FOR MEN AGE 15-59

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| 253 | CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 254. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | MAN 1 | MAN 2 | MAN 3 |
| 254 | LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 257 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 264) ↙ |
| 258 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 264) ↙ |
| 259 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> |
| 260 | ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. I will provide him with a list of [nearby] facilities offering counselling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood on a paper card for the HIV test?</p> | | |
| 261 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) |

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|---|---|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 262 | ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>If you want (NAME OF ADOLESCENT) to know his HIV status, I can do a rapid test for him and I can tell him the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collected blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell him the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p> | | |
| 263 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) |
| 264 | ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p> | | |
| 265 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296) |
| 266 | CHECK 263 PARENTAL CONSENT FOR RAPID HIV TEST | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ← | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ← | CODE 1 OR BLANK 1 CODE 2 2 (GO TO 271) ← |
| 267 | ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT | <p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collected blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p> | | |
| 268 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> |

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|---|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 269 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 273) ↙ |
| 270 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 273) ↙ |
| 271 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 259 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 272 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 275) |
| 273 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow the Ministry of Health to store part of the blood sample on the card at the laboratory for additional tests or research. It is likely that the samples will be used for additional HIV testing in a laboratory. We are not certain about what other additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 274 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 276) |
| 275 | ADDITIONAL TESTS | CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 272 AND 274: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. |
| 276 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH VCT AND TEST(S) | | | |
| 277 | BAR CODE LABEL FOR FILTER PAPER | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |

| | | MAN 1 | MAN 2 | MAN 3 |
|------|---|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 278 | RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ← | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ← | TESTED 1 NOT PRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ← |
| 279 | RECORD RESULT OF THE DETERMINE HIV RDT | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6 | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6 | DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6 |
| 279A | RECORD RESULT OF THE UNIGOLD HIV RDT | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 | UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6 |
| 280 | CHECK 279 DETERMINE RESULT | CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2 | CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2 | CODE 1 1 (GO TO 281) ← ANY OTHER CODE 2 |
| 280A | CHECK 279A UNIGOLD RESULT | CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ← | CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ← | CODE 1 1 ANY OTHER CODE 2 (GO TO 296) ← |
| 281 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 285) ← |
| 282 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ← | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 285) ← |
| 283 | ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from his arm for the tests?</p> | | |
| 284 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 296) |

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|---|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 285 | ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM RESPONDENT | <p>We would like to collect more blood from your to do additional testing. The additional tests will see how many CD4 cells you have. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from your arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell you the CD4 test results. No one else will be able to know your test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood from your arm for the tests?</p> | | |
| 286 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 296) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 296) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> (IF REFUSED, GO TO 296) |
| 287 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙ | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 291) ↙ |
| 288 | MARITAL STATUS: CHECK COLUMN 8. | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙ | CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙ |
| 289 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 259 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 290 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293) |
| 291 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 292 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294) |

| | | MAN 1 | MAN 2 | MAN 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 293 | ADDITIONAL TESTS | CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 294 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 295 | BAR CODE LABEL FOR BLOOD TUBE | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | <div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 295A | RECORD THE DATE OF THE VENOUS BLOOD COLLECTION | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | 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><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | |
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| 295B | RECORD THE TIME OF THE VENOUS BLOOD COLLECTION | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 296 | GO BACK TO 257 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |