

TANZANIA HIV/AIDS AND MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION							
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER							
HOUSEHOLD NUMBER							

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
				MONTH								
				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	2	0						
2	0											
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								

SUPERVISOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Bureau of Statistics. We are conducting a survey about health all over Tanzania. 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 15 to 20 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 INTERVIEWED . . . 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9A	9B	9C
1	2	3	4	5	6	7	8	9A	9B	9C
	<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 5-18 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 OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = CO-WIFE
03 = SON OR DAUGHTER	10 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	12 = NOT RELATED
06 = PARENT	98 = DON'T KNOW
07 = PARENT-IN-LAW	

	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 REGIS-TRATION
	10	11	12	13	14	15	16	17	18
	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 2011 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 or has a birth notification been obtained? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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. 15 AND 17: EDUCATION

LEVEL

0 = PRE-PRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY 'O'-LEVEL
4 = SECONDARY 'A'-LEVEL
5 = POST-SECONDARY TRAINING 'O' LEVEL
6 = POST-SECONDARY TRAINING 'A' LEVEL
7 = UNIVERSITY
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 15 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 17)
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		7	8	9A	9B
1	2	3	4	5	6	7	8	9A	9B	9C
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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 ☐

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 | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = CO-WIFE |
| 03 = SON OR DAUGHTER | 10 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 12 = NOT RELATED |
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	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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11	Y N DK 1 2 8 ↓ GO TO 12	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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 12	<input type="text"/>	1 2 8 ↓ GO TO 14	<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. 15 AND 17: EDUCATION

LEVEL	GRADE
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 15 ONLY.)
2 = POST PRIMARY TRAINING	THIS CODE IS NOT ALLOWED FOR Q. 17)
3 = SECONDARY 'O'-LEVEL	
4 = SECONDARY 'A'-LEVEL	98 = DON'T KNOW
5 = POST-SECONDARY TRAINING 'O' LEVEL	
6 = POST-SECONDARY TRAINING 'A' LEVEL	
7 = UNIVERSITY	
8 = DON'T KNOW	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	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 NEIGHBOR'S TAP 14 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)	<pre> graph LR 101[101] --> 103[103] 101 --> 102_1[102] 101 --> 104_1[104] 101 --> 102_2[102] </pre>
101A	Who is providing water at your main source?	AUTHORITY 1 CBO/NGO 2 PRIVATE OPERATOR 3 DON'T KNOW 8	
101B	CHECK 101: CODE 13 <input type="checkbox"/> CIRCLED (SKIP TO 103) CODE 11 OR 12 <input type="checkbox"/> CIRCLED		→ 104
102	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 104
103	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
104	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 ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB (WASHABLE) 22 PIT LATRINE WITH SLAB (NOT WASHABLE) 23 PIT LATRINE WITHOUT SLAB/ OPEN PIT 24 COMPOSTING TOILET/ECOSAN 31 BUCKET 41 NO FACILITY/BUSH/FIELD 51 OTHER _____ 96 (SPECIFY)	→ 107
105	Do you share this toilet facility with other households?	YES 1 NO 2	→ 107

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																															
107	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr> <td>BATTERY/GENERATOR</td><td>1</td><td>2</td></tr> <tr> <td>PARAFFIN LAMP</td><td>1</td><td>2</td></tr> <tr> <td>RADIO</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr> <td>NON-MOBILE TELEPHONE ...</td><td>1</td><td>2</td></tr> <tr> <td>IRON</td><td>1</td><td>2</td></tr> <tr> <td>REFRIGERATOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	BATTERY/GENERATOR	1	2	PARAFFIN LAMP	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE ...	1	2	IRON	1	2	REFRIGERATOR	1	2	
	YES	NO																															
ELECTRICITY	1	2																															
BATTERY/GENERATOR	1	2																															
PARAFFIN LAMP	1	2																															
RADIO	1	2																															
TELEVISION	1	2																															
MOBILE TELEPHONE	1	2																															
NON-MOBILE TELEPHONE ...	1	2																															
IRON	1	2																															
REFRIGERATOR	1	2																															
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 BOTTLED GAS 02 BIOGAS 03 PARAFFIN/KEROSENE 04 CHARCOAL 05 FIREWOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)																															
108A	What is the main source of energy for lighting in the household?	ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 FIREWOOD 07 CANDLES 08 OTHER 96 (SPECIFY)																															
109	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS/TIMBER 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES, TERRAZZO 33 CONCRETE/CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)																															
110	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING GRASS/THATCH/MUD 11 FINISHED ROOFING IRON SHEETS 21 TILES 22 CONCRETE/CEMENT 23 ASBESTOS SHEETS 24 OTHER 96 (SPECIFY)																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	<p>How many of the following animals does this household own?</p> <p>IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses or donkeys?</p> <p>Goats?</p> <p>Sheep?</p> <p>Pigs?</p> <p>Chickens or other poultry?</p>	<p>CATTLE <input type="text"/> <input type="text"/></p> <p>COWS/BULLS <input type="text"/> <input type="text"/></p> <p>HORSES/DONKEYS <input type="text"/> <input type="text"/></p> <p>GOATS <input type="text"/> <input type="text"/></p> <p>SHEEP <input type="text"/> <input type="text"/></p> <p>PIGS <input type="text"/> <input type="text"/></p> <p>CHICKENS/POULTRY <input type="text"/> <input type="text"/></p>	
118	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>	
119	<p>How far is it to the nearest marketplace?</p> <p>IF LESS THAN ONE KM, ENTER '00'. IF MORE THAN 95 KM, ENTER '95'.</p>	<p>KILOMETRES <input type="text"/> <input type="text"/></p>	
120	<p>Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?</p>	<p>MEALS <input type="text"/> <input type="text"/></p>	
121	In the past week, on how many days did the household eat meat or fish?	<p>DAYS <input type="text"/></p>	
122	How often in the last year did you have problems in satisfying the food needs of the household?	<p>NEVER 1</p> <p>SELDOM 2</p> <p>SOMETIMES 3</p> <p>OFTEN 4</p> <p>ALWAYS 5</p>	
123	<p>How far is it to the nearest health facility?</p> <p>IF LESS THAN ONE KM, ENTER '00'. IF MORE THAN 95 KM, ENTER '95'.</p>	<p>KILOMETRES <input type="text"/> <input type="text"/></p>	
123A	If you were to go to (NAME OF HOSPITAL/HEALTH CENTRE/HEALTH POST), how would you go there?	<p>CAR/MOTORCYCLE 1</p> <p>PUBLIC TRANSPORT (BUS, TAXI) 2</p> <p>ANIMAL/ANIMAL CART 3</p> <p>WALKING 4</p> <p>BICYCLE 5</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 126
125	Who sprayed the dwelling?	<p>GOVERNMENT WORKER/PROGRAM A</p> <p>PRIVATE COMPANY B</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) C</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
126	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 201
127	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2
128A	IF NET OBSERVED, RECORD ITS COLOR(S). IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6
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
129A	Where did you get the mosquito net from?	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98
129B	LOCATION OF INTERVIEW: MAINLAND TANZANIA <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> → SKIP TO 130			
129C	Did you get the mosquito net under the Hati Punguzo programme, that is a subsidy for pregnant women and children under age five?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98
132	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 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	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

		NET #1	NET #2	NET #3
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.
135A	Why not? RECORD ALL MENTIONED	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 128 IN FIRST COLUMN OF NEXT PAGE FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.

		NET #4	NET #5	NET #6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2
128A	IF NET OBSERVED, RECORD ITS COLOR(S). IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6	SOLID BLUE 1 SOLID WHITE 2 BLUE AND WHITE STRIPED..... 3 OTHER 6
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
129A	Where did you get the mosquito net from?	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98	SHOP 01 MACHINGA 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 GIFT 05 FREE/CAMPAIGN 06 SHEHA 07 OTHER 96 DON'T KNOW 98
129B	LOCATION OF INTERVIEW: MAINLAND TANZANIA <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> → SKIP TO 130			
129C	Did you get the mosquito net under the Hati Punguzo programme, that is a subsidy for pregnant women and children under age five?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 INTERCEPTOF... 12 OTHER LLIN/DK BRAND 16 (SKIP TO 134) ← CONVENTIONAL POLYESTER NET 21 DK BRAND 98
132	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 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8
133	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

		NET #4	NET #5	NET #6
134	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←	YES 1 NO 2 (SKIP TO 135A) ← NOT SURE 8 (SKIP TO 136) ←
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.
135A	Why not? RECORD ALL MENTIONED	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z	NO MOSQUITOES A NO MALARIA NOW B TOO HOT C DON'T LIKE SMELL D FEEL CLOSED IN/ AFRAID E NET TOO OLD/TORN F NET TOO DIRTY ... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ... I NET TOO SMALL ... J SAVING NET FOR LATER K NO LONGER KILLS/ REPELS MOSQ. L OTHER _____ X (SPECIFY) DON'T KNOW Z
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 9C IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 9C 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 SEPTEMBER 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in September 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. 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.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6

		CHILD 1	CHILD 2	CHILD 3
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in September 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. 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. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</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 CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BARCODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BARCODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6	G/DL <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6	G/DL <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←
216	CLASSIFICATION OF POSITIVE MALARIA TEST.	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←
217	CHECK 213 HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←
218	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child must be taken to a health facility right away. SKIP TO 228		

		CHILD 1	CHILD 2	CHILD 3
219	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness? Inability to drink or breastfeed? Vomiting everything? Loss of consciousness? Deep and laboured breathing? Multiple convulsions? Abnormal spontaneous bleeding? Yellow skin/jaundice? IF NO SYMPTOMS, CIRCLE CODE Y.	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y
220	CHECK 219 ANY CODE CIRCLED?	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ←	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ←	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ←
221	CHECK 213 HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
222	In the past two weeks has (NAME) taken or is taking ALu given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 224) ← NO 2 (SKIP TO 225) ←	YES 1 (SKIP TO 224) ← NO 2 (SKIP TO 225) ←	YES 1 (SKIP TO 224) ← NO 2 (SKIP TO 225) ←
223	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. (NAME OF CHILD) also has symptoms of severe malaria. Your child must be taken to a health facility right away. We can give you free medicine called ALu, however, it may not help your child. You do not have to give the (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not. SKIP TO 227		
224	<u>ALREADY TAKING ACT REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received ALu for malaria. Therefore, I cannot give you additional ALu. However, the test shows that he/she is positive for malaria. If your child has a fever for four days after the last dose of ALu, you should take him/her to the nearest health facility for further examination. SKIP TO 227		
225	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that (NAME OF CHILD) has malaria. We can give you free medicine. The medicine is called ALu. ALu is very effective and in a few days it should get rid of the fever and other symptoms. ALu is also very safe. However all medicines can have unwanted effects. Sometimes ALu can cause dizziness, weakness, lack of appetite for eating, and rapid heartbeats. You do not have to give (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
226	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6
227	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT AND REFERRAL</u>	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6
228	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9C 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 SEPTEMBER 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in September 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. 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.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6

		CHILD 4	CHILD 5	CHILD 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in September 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. 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. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</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 CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BARCODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BARCODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BARCODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6	G/DL NOT PRESENT ... 99.4 REFUSED 99.5 OTHER 99.6
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 217) ←
216	CLASSIFICATION OF POSITIVE MALARIA TEST.	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←	P.F. 1 PAN 2 P.F. AND PAN 3 (SKIP TO 219) ←
217	CHECK 213 HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 228) ←
218	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	<p>The anemia test shows that (NAME OF CHILD) has severe anemia. Your child must be taken to a health facility right away.</p> <p>SKIP TO 228</p>		

		CHILD 4	CHILD 5	CHILD 6
219	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness? Inability to drink or breastfeed? Vomiting everything? Loss of consciousness? Deep and laboured breathing? Multiple convulsions? Abnormal spontaneous bleeding? Yellow skin/jaundice? IF NO SYMPTOMS, CIRCLE CODE Y.	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y	EXTREME WEAKNESS A FAILURE TO FEED ... B VOMITING C LOSS OF CONSCIOUSNESS D DEEP BREATHING ... E CONVULSIONS F BLEEDING G JAUNDICE H NO SYMPTOMS Y
220	CHECK 219 ANY CODE CIRCLED?	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ↙	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ↙	CODE Y CIRCLED ... 1 ANY CODE A-H CIRCLED 2 (SKIP TO 223) ↙
221	CHECK 213 HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ↙ 7.0 G/DL OR ABOVE 2 NOT PRESENT..... 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ↙ 7.0 G/DL OR ABOVE 2 NOT PRESENT..... 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 223) ↙ 7.0 G/DL OR ABOVE 2 NOT PRESENT..... 4 REFUSED 5 OTHER 6
222	In the past two weeks has (NAME) taken or is taking ALu given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 224) ↙ NO 2 (SKIP TO 225) ↙	YES 1 (SKIP TO 224) ↙ NO 2 (SKIP TO 225) ↙	YES 1 (SKIP TO 224) ↙ NO 2 (SKIP TO 225) ↙
223	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. (NAME OF CHILD) also has symptoms of severe malaria. Your child must be taken to a health facility right away. We can give you free medicine called ALu, however, it may not help your child. You do not have to give the (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not. SKIP TO 227		
224	<u>ALREADY TAKING ACT REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received ALu for malaria. Therefore, I cannot give you additional ALu. However, the test shows that he/she is positive for malaria. If your child has a fever for four days after the last dose of ALu, you should take him/her to the nearest health facility for further examination. SKIP TO 227		
225	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that (NAME OF CHILD) has malaria. We can give you free medicine. The medicine is called ALu. ALu is very effective and in a few days it should get rid of the fever and other symptoms. ALu is also very safe. However all medicines can have unwanted effects. Sometimes ALu can cause dizziness, weakness, lack of appetite for eating, and rapid heartbeats. You do not have to give (NAME OF CHILD) the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
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228	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

TREATMENT WITH ALU (COARTEM)	
Weight (in Kg) – Approximate age	Dosage *
5 kgs. to less than 15 kgs. (under 3 years)	1 tablet twice daily for 3 days
15 kgs. to less than 25 kgs. (3-8 years)	2 tablets twice daily for 3 days
25 kgs. to less than 35 kgs.	3 tablets twice daily for 3 days
Children 35 kg. and above	4 tablets twice daily for 3 days

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (for children, put the tablet in a little water, mix water and tablet well, and give to the child) with fatty food or drinks like milk or breast milk. **Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return.** If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets.

ALSO TELL THE PARENT/GUARDIAN:

If (NAME OF CHILD) has any of the following symptoms, you should take him/her to a health professional for treatment immediately:

- High fever
- Fast or difficult breathing
- Not able to drink or breastfeed
- Gets sicker or does not get better in 2 days

TANZANIA HIV AND MALARIA INDICATOR SURVEY
INDIVIDUAL QUESTIONNAIRE FOR MEN AND WOMEN AGE 15-49

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION																														
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER NAME AND LINE NUMBER OF RESPONDENT _____ SEX OF RESPONDENT (MALE = 1 FEMALE = 2)	<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> </table>																													
INTERVIEWER VISITS																														
	1	2	3	FINAL VISIT																										
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TIME	_____	_____																												
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>																														
SUPERVISOR		OFFICE EDITOR		KEYED BY																										
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the National Bureau of Statistics. We are conducting a survey about health all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The survey usually takes about 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 the card that has already been given to your household.

Do you have any questions?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> MORNING 1 AFTERNOON 2 EVENING/NIGHT 3	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest level of school you attended?	PRE-PRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 'O'-LEVEL 3 SECONDARY 'A'-LEVEL 4 POST-SECOND TRAINING 'O' LEVEL 5 POST-SECOND TRAINING 'A' LEVEL 6 UNIVERSITY 7	
106	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 CANNOT READ 8	
108	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
109	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
109A	Do you have a mobile phone?	YES 1 NO 2	
110	<div style="display: flex; justify-content: space-around; align-items: center;"> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> </div>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 116 → 114
113	Have you done any work in the last seven days?	YES 1 NO 2	→ 116
114	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES 1 NO 2	→ 116
115	Have you done any work in the last 12 months?	YES 1 NO 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER 96 (SPECIFY)	
118	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> NONE 00	→ 201
119	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<div> <div>MALE <input type="checkbox"/></div> <div>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.</div> <div>Have you ever fathered any children with any women?</div> </div> <div> <div>FEMALE <input type="checkbox"/></div> <div>Now I would like to ask about all the births you have had during your life.</div> <div>Have you ever given birth?</div> </div>	<div>YES 1</div> <div>NO 2</div>	→ 206
202	<div>Do you have any sons or daughters that you have fathered who are now living with you?</div> <div>Do you have any sons or daughters to whom you have given birth who are now living with you?</div>	<div>YES 1</div> <div>NO 2</div>	→ 204
203	<div>How many sons live with you?</div> <div>And how many daughters live with you?</div> <div>IF NONE, RECORD '00'.</div>	<div>SONS AT HOME <input type="text"/></div> <div>DAUGHTERS AT HOME <input type="text"/></div>	
204	<div>MALE <input type="checkbox"/></div> <div>Do you have any sons or daughters that you have fathered who are alive but do not live with you?</div> <div>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</div>	<div>YES 1</div> <div>NO 2</div>	→ 206
205	<div>How many sons are alive but do not live with you?</div> <div>And how many daughters are alive but do not live with you?</div> <div>IF NONE, RECORD '00'.</div>	<div>SONS ELSEWHERE <input type="text"/></div> <div>DAUGHTERS ELSEWHERE ... <input type="text"/></div>	
206	<div>MALE <input type="checkbox"/></div> <div>Have you ever fathered a son or daughter who was born alive but later died?</div> <div>PROBE: Any baby who cried or showed signs of life but did not survive?</div> <div>FEMALE <input type="checkbox"/></div> <div>Have you ever given birth to a son or daughter who was born alive but later died?</div> <div>PROBE: Any baby who cried or showed signs of life but did not survive?</div>	<div>YES 1</div> <div>NO 2</div>	→ 208
207	<div>How many boys have died?</div> <div>And how many girls have died?</div> <div>IF NONE, RECORD '00'.</div>	<div>BOYS DEAD <input type="text"/></div> <div>GIRLS DEAD <input type="text"/></div>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life.</p> <p>Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life.</p> <p>Is that correct?</p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>		
210	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>		→ 401
210A	<p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p>		→ 225
210B	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 208:</p> <p>ONE BIRTH <input type="checkbox"/></p> <p>Was this child born in the last six years?</p> <p>IF NO, CIRCLE '00'.</p> </div> <div style="width: 45%;"> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>How many of these children were born in the last six years?</p> <p>IF NONE, CIRCLE '00'.</p> </div> </div>	<p>NONE 00</p> <p>TOTAL BIRTHS IN LAST SIX YEARS <input type="text"/></p>	→ 225

211 Now I would like to record the names of all your births in the last six years, whether still alive or not, starting with the most recent one you had.

RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212	213	214	215	216	217	218	219	220
What name was given to your (most recent/previous) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT BIRTH) ↓	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES 1 NO 2	
223	COMPARE 210B WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.) </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> ↓ 301 </div> <div style="text-align: center;"> NO BIRTHS IN 2006 OR LATER OR BLANK <input type="checkbox"/> → 401 </div> </div>		

SECTION 3. ANTENATAL CARE AND CHILDREN'S FEVER TREATMENT

301	<p>CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES.</p> <p>Now I would like to ask you some questions about the health of all your children born since January 2006. We will talk about each separately.</p>			
302	LINE NUMBER FROM 212	<p>LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NO. <input type="text"/> <input type="text"/></p>
303	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO NEXT COLUMN)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 355)</p>
304	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 307) ←</p>		
305	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/AMO . . . A</p> <p>CLINICAL OFFICER B</p> <p>ASST. CLINICAL OFFICER C</p> <p>NURSE/MIDWIFE . . D</p> <p>MCH AIDE E</p> <p>OTHER PERSON</p> <p>VILLAGE HEALTH WORKER F</p> <p>TRAINED TBA/TBA G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
306	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND RECORD ALL MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL C</p> <p>REGIONAL HOSP. D</p> <p>DISTRICT HOSP. E</p> <p>HEALTH CENTRE F</p> <p>DISPENSARY G</p> <p>VILLAGE HEALTH POST H</p> <p>CBD WORKER I</p> <p>OTHER PUBLIC SECTOR _____ J</p> <p>(SPECIFY)</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL K</p> <p>DISTRICT HOSP. L</p> <p>HEALTH CENTRE M</p> <p>DISPENSARY N</p> <p>PRIVATE MED. SECTOR</p> <p>SPECIALISED</p> <p>HOSPITAL O</p> <p>HEALTH CENTRE. P</p> <p>DISPENSARY Q</p> <p>OTHER PRIVATE MED. SECTOR R</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
306A	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
307	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 312A) ← DON'T KNOW 8		
308	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z		
309	CHECK 308: SP / FANSIDAR TAKEN FOR MALARIA PREVENTION?	CODE 'A' CODE <input type="text"/> CIRCLED 'A' NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 312A) ←		
310	How many times did you take SP during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
311	CHECK 305: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B', OTHER <input type="text"/> 'C', 'D' OR 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 313) ←		
312	Did you get the SP during an antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE ... 6		
312A	CHECK 304: ANC RECEIVED?	ANC NO ANC <input type="text"/> RECEIVED <input type="checkbox"/> ↓ (SKIP TO 313) ←		
312B	Do you have an ANC card for the time you were pregnant with (NAME)? IF YES: May I please see it?	YES, SEEN 1 YES, NOT SEEN ... 2 SKIP TO 313 ← NO CARD 3		
312C	CHECK ANC CARD AND RECORD NUMBER OF DOSES OF SP/FANSIDAR GIVEN.	DOSES <input type="text"/> NONE 0		
313	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR/AMO . A CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED TBA/TBA G RELATIVE/FRIEND H OTHER _____ X (SPECIFY) NO ONE ASSISTED Y		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
314	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>GOV. PARASTATAL</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 21</p> <p>REGIONAL HOSP. 22</p> <p>DISTRICT HOSP. 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY ... 25</p> <p>VILLAGE HEALTH POST 26</p> <p>CBD WORKER ... 27</p> <p>OTHER PUBLIC SECTOR _____ 28</p> <p>(SPECIFY)</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ... 31</p> <p>DISTRICT HOSP. 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY ... 34</p> <p>PRIVATE MED. SECTOR</p> <p>SPECIALISED</p> <p>HOSPITAL ... 41</p> <p>HEALTH CENT ... 42</p> <p>DISPENSARY ... 43</p> <p>OTHER PRIVATE MED. SECTOR _____ 44</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
315	Did you ever breastfeed (NAME)?	<p>YES 1</p> <p>NO 2</p>		
315A	CHECK 303: IS CHILD LIVING?	<p>LIVING DEAD <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 316) <input type="checkbox"/></p>		
315B	Are you still breastfeeding (NAME)?	<p>YES 1</p> <p>(SKIP TO 318) <input type="checkbox"/></p> <p>NO 2</p>		
316	For how many months did you breastfeed (NAME)?	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 98</p>		
317	CHECK 303: IS CHILD LIVING?	<p>LIVING DEAD <input type="checkbox"/></p> <p><input type="checkbox"/> (GO BACK TO 303 <input type="checkbox"/></p> <p>IN NEXT COLUMN</p> <p>OR, IF NO MORE BIRTHS, GO TO 401.)</p>		
318	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 355) <input type="checkbox"/></p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 355) <input type="checkbox"/></p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 355) <input type="checkbox"/></p> <p>DON'T KNOW 8</p>
318A	How many days ago did the fever start?	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>


NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
321	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 325) ←	YES 1 NO 2 (SKIP TO 325) ←	YES 1 NO 2 (SKIP TO 325) ←
322	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP. C HEALTH CENTRE D DISPENSARY ... E VILLAGE HEALTH POST F OTHER PUBLIC SECTOR _____ G (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENTRE J DISPENSARY ... K PRIVATE MED. SECTOR SPECIALISED HOSPITAL ... L HEALTH CENTRE M DISPENSARY . N OTHER PRIVATE MED. SECTOR _____ O (SPECIFY) OTHER PHARMACY P NGO..... Q OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP. C HEALTH CENTRE D DISPENSARY ... E VILLAGE HEALTH POST F OTHER PUBLIC SECTOR _____ G (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENTRE J DISPENSARY ... K PRIVATE MED. SECTOR SPECIALISED HOSPITAL ... L HEALTH CENTRE M DISPENSARY . N OTHER PRIVATE MED. SECTOR _____ O (SPECIFY) OTHER PHARMACY P NGO..... Q OTHER _____ X (SPECIFY)	GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP. C HEALTH CENTRE D DISPENSARY ... E VILLAGE HEALTH POST F OTHER PUBLIC SECTOR _____ G (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENTRE J DISPENSARY ... K PRIVATE MED. SECTOR SPECIALISED HOSPITAL ... L HEALTH CENTRE M DISPENSARY . N OTHER PRIVATE MED. SECTOR _____ O (SPECIFY) OTHER PHARMACY P NGO..... Q OTHER _____ X (SPECIFY)
323	CHECK 322:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 325) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 325) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 325) ←
324	Where did you first seek advice or treatment? USE LETTER CODE FROM 322.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
325	At any time during the illness did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 (SKIP TO 327) ← DON'T KNOW ... 8	YES 1 NO 2 (SKIP TO 327) ← DON'T KNOW ... 8	YES 1 NO 2 (SKIP TO 327) ← DON'T KNOW ... 8
325A	Were you told the results of the test?	YES 1 NO 2 (SKIP TO 327) ←	YES 1 NO 2 (SKIP TO 327) ←	YES 1 NO 2 (SKIP TO 327) ←
325B	Were you told (NAME) had malaria?	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
327	At any time during the illness, did (NAME) take any drugs for the fever?	YES 1 NO 2 (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8	YES 1 NO 2 (GO TO 303 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
328	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p> <p>ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p> <p>IF RESPONDENT SAYS "DAWA MSETO" RECORD CODE F (ZANZIBAR) OR CODE G (MAINLAND TANZANIA).</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTESUNATE ... E</p> <p>ARTESUNATE AND AMODIAQUINE F</p> <p>ALU/COARTEM G</p> <p>OTHER ANTI-MALARIAL _____ H</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... I</p> <p>INJECTION J</p> <p>OTHER DRUGS</p> <p>ASPIRIN K</p> <p>PANADOL/PARA-CETAMOL ... L</p> <p>IBUPROFEN..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTESUNATE ... E</p> <p>ARTESUNATE AND AMODIAQUINE F</p> <p>ALU/COARTEM G</p> <p>OTHER ANTI-MALARIAL _____ H</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... I</p> <p>INJECTION J</p> <p>OTHER DRUGS</p> <p>ASPIRIN K</p> <p>PANADOL/PARA-CETAMOL ... L</p> <p>IBUPROFEN..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>AMODIAQUINE C</p> <p>QUININE D</p> <p>ARTESUNATE ... E</p> <p>ARTESUNATE AND AMODIAQUINE F</p> <p>ALU/COARTEM G</p> <p>OTHER ANTI-MALARIAL _____ H</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... I</p> <p>INJECTION J</p> <p>OTHER DRUGS</p> <p>ASPIRIN K</p> <p>PANADOL/PARA-CETAMOL ... L</p> <p>IBUPROFEN..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>
329	CHECK 328: ANY CODE A-H CIRCLED?	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(GO TO 303 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401)</p>
331	CHECK 328: SP/FANSIDAR ('A') GIVEN	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334) ←</p>	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334) ←</p>	<p>CODE 'A' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334) ←</p>
332	How long after the fever started did (NAME) first take SP/Fansidar?	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>
334	CHECK 328: CHLOROQUINE ('B') GIVEN	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337) ←</p>	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337) ←</p>	<p>CODE 'B' CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337) ←</p>
335	How long after the fever started did (NAME) first take chloroquine?	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE DAYS AFTER FEVER 3</p> <p>FOUR OR MORE DAYS AFTER FEVER .. 4</p> <p>DON'T KNOW ... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
337	CHECK 328: AMODIAQUINE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 340) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 340) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 340) ←
338	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
340	CHECK 328: QUININE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←
341	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
343	CHECK 328: ARTESUNATE ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 346) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 346) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 346) ←
344	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
346	CHECK 328: ARTESUNATE AND AMODIAQUINE ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 349) ←	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 349) ←	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 349) ←
347	How long after the fever started did (NAME) first take artesunate and amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____															
349	CHECK 328: ALU/COARTEM ('G') GIVEN	CODE 'G' CODE 'G' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 352) ←	CODE 'G' CODE 'G' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 352) ←	CODE 'G' CODE 'G' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 352) ←															
350	How long after the fever started did (NAME) first take (ALu/Coartem)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8															
351	Did you purchase the (ALu/Coartem)?	YES 1 NO 2 (SKIP TO 352) ←	YES 1 NO 2 (SKIP TO 352) ←	YES 1 NO 2 (SKIP TO 352) ←															
351A	How much did you pay for the (ALu/Coartem)? RECORD IN TSH.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> INSURANCE PAID 99995						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> INSURANCE PAID 99995						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> INSURANCE PAID 99995					
352	CHECK 328: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED ↓ (GO TO 303 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401)															
353	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8															
355		GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO TO 303 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401.															

SECTION 4. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	In your opinion, what is the most serious health problem in your community?	HIV/AIDS 01 TUBERCULOSIS 02 MALARIA 03 MALNUTRITION 04 DIABETES 05 CANCER 06 FLU 07 ROAD TRAFFIC ACCIDENTS 08 DIARRHEA 09 HEART DISEASE 10 OTHER 96 (SPECIFY) DON'T KNOW 98	
402	Can you tell me the signs or symptoms of malaria in a young child? RECORD ALL MENTIONED.	FEVER A FEELING COLD B CHILLS C PERSPIRATION/SWEATING D HEADACHE E BODY ACHES F POOR APPETITE G VOMITING H DIARRHEA I WEAKNESS J COUGHING K CONVULSIONS L OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
403	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 405
404	What are the ways to avoid getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B USE INSECTICIDE SPRAY C INDOOR RESIDUAL SPRAYING (IRS) D KEEP DOORS/WINDOWS CLOSED ... E USE INSECT REPELLANT F KEEP SURROUNDINGS CLEAN G CUT THE GRASS H REMOVE STANDING WATER I INTERMITTENT PREVENTIVE TREAT- MENT (IPTP) J HOUSE SCREENING K OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
405	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa)?	YES 1 NO 2 DON'T KNOW 8	
406A	In the past year, have you seen or heard any messages about malaria <u>prevention</u> ?	YES 1 NO 2	
406B	In the past year, have you seen or heard any messages about malaria <u>treatment</u> ?	YES 1 NO 2	
407	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA 		→ 408B
408A	In the past year, have you ever heard or seen the phrase "Malaria Haikubaliki"?	YES 1 NO 2	→ 409 → 410

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408B	In the past year, have you ever heard or seen the phrase "Maliza Malaria"?	YES 1 NO 2	→ 410
409	Where did you hear or see this phrase? RECORD ALL MENTIONED.	RADIO A BILLBOARD B POSTER C T-SHIRT D LEAFLET/FACT SHEET/ BROCHURE E TELEVISION F MOBILE VIDEO UNIT G SCHOOL H HEALTH CARE WORKER I COMMUNITY EVENT/PRESENTATION J FRIEND/NEIGHBOR/FAMILY MEMBER K OTHER X (SPECIFY) DON'T KNOW Z	
410	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES 1 NO 2	
411	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA ↓		→ 414
412	Have you heard of Hati Punguzo, the voucher programme for buying mosquito nets at a discount?	YES 1 NO 2	→ 414
413	Where did you hear about Hati Punguzo? RECORD ALL MENTIONED.	RADIO A POSTER/BROCHURE B NEWSPAPER C TELEVISION D MOBILE VIDEO UNIT E COMMUNITY VOLUNTEER F VILLAGE GOVERNMENT G SHOP H RCH/HEALTH FACILITY I FRIEND/NEIGHBOR/FAMILY MEMBER J OTHER X (SPECIFY) DON'T KNOW Z	
414	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ↓		→ 501
415	CHECK 224: ONE OR MORE <input type="checkbox"/> NO BIRTHS SINCE 2006 BIRTH SINCE 2006 ↓ OR BLANK <input type="checkbox"/>		→ 501
416	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> TANZANIA ↓		→ 420
417	CHECK 304: ANC RECEIVED <input type="checkbox"/> NO ANC <input type="checkbox"/> 304 = 1 ↓ 304 = 2		→ 420

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	When you received antenatal care for the pregnancy of (NAME OF YOUNGEST CHILD), did a health care provider give you a Hati Punguzo voucher for buying a mosquito net?	YES 1 NO 2	→ 420
419	Did you get the Hati Punguzo for this pregnancy at your first antenatal care visit or a later visit?	FIRST VISIT 1 SECOND VISIT OR LATER 2 DON'T KNOW/DON'T REMEMBER ... 8	
420	Now I am going to read some statements and I would like you to tell me how much you agree or disagree with them. After I read each statement, please tell me whether you strongly agree with it, somewhat agree with it, somewhat disagree with it or strongly disagree with it.		
421	I can easily protect myself and my children from malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
422	I can ensure that my children sleep under a treated net every single night of the year. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4 CHILDREN HAVE NO NETS 5	
423	I can easily hang my children's mosquito nets. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4 CHILDREN HAVE NO NETS 5	
424	It is important to sleep under a net every single night. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
425	Pregnant women are at high risk of getting malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
426	Women should attend antenatal care early in their pregnancy. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP															
501	<p>MALE <input type="checkbox"/></p> <p>Are you currently married or living together with a woman as if married?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Are you currently married or living together with a man as if married?</p>	<p>YES, CURRENTLY MARRIED 1</p> <p>YES, LIVING WITH A MAN/WOMAN... 2</p> <p>NO, NOT IN UNION 3</p>	→ 504															
502	<p>Have you ever been married or lived together with a woman as if married?</p>	<p>Have you ever been married or lived together with a man as if married?</p>	<p>YES, FORMERLY MARRIED 1</p> <p>YES, LIVED WITH A MAN/WOMAN ... 2</p> <p>NO 3</p>	→ 513															
503	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>WIDOWED 1</p> <p>DIVORCED 2</p> <p>SEPARATED 3</p>	→ 510															
504	<p>Is your (wife/partner) living with you now or is she staying elsewhere?</p>	<p>Is your (husband/partner) living with you now or is he staying elsewhere?</p>	<p>LIVING TOGETHER 1</p> <p>STAYING ELSEWHERE 2</p>																
505	<p>Do you have other wives or do you live with other women as if married?</p>	<p>Does your (husband/partner) have other wives or does he live with other women as if married?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 507															
506	<p>Altogether, how many wives or live-in partners do you have?</p>	<p>Including yourself, in total, how many wives or live-in partners does he have?</p>	<p>NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																
507	<p>MALE <input type="checkbox"/></p> <p>CHECK 505: IF ONE WIFE/PARTNER: <input type="checkbox"/></p> <p>Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>IF MORE THAN ONE WIFE/PARTNER: <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER.</p> <p>IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>FEMALE <input type="checkbox"/></p> <p>Please tell me the name of (your husband/the man you are living together with as if married).</p>	<table border="1"> <thead> <tr> <th>NAME</th><th>LINE NUMBER</th><th>AGE</th></tr> </thead> <tbody> <tr> <td>_____</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>_____</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>_____</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>_____</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p>508 How old was (NAME) on (her/his) last birthday?</p>
NAME	LINE NUMBER	AGE																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
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_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
508	ASK 508 FOR EACH PERSON.																		
509	<p>CHECK 507:</p> <p>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p> <p>ONE WIFE</p>		<p>MALE MORE THAN ONE WIFE <input type="checkbox"/></p>	→ 511A															
510	<p>MALE <input type="checkbox"/></p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you been married or lived with a man only once or more than once?</p>	<p>ONLY ONCE 1</p> <p>MORE THAN ONCE 2</p>	→ 511A															

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
511	<p>MALE <input type="checkbox"/></p> <p>In what month and year did you start living with your (wife/partner)?</p>	<p>FEMALE <input type="checkbox"/></p> <p>In what month and year did you start living with your (husband/partner)?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p>	
511A	<p>Now I would like to ask about your first (wife/partner).</p> <p>In what month and year did you start living with her?</p>	<p>Now I would like to ask about your first (husband/partner).</p> <p>In what month and year did you start living with him?</p>	<p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 513
512	<p>How old were you when you first started living with her?</p>	<p>How old were you when you first started living with him?</p>	<p>AGE <input type="text"/> <input type="text"/></p>	
513	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
514	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>		<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/HUSBAND/PARTNER 95</p>	→ 537
515	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>			
516	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>		<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 519
517	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>			<p>→ 532</p> <p>→ 536</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																								
518	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table>							DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table>																		
519	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 521) ←	YES 1 NO 2 (SKIP TO 521) ←	YES 1 NO 2 (SKIP TO 521) ←																								
520	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																								
521	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND/BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	WIFE/HUSBAND 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE/CLIENT 5 OTHER 6 (SPECIFY) (SKIP TO 524) ←	WIFE/HUSBAND 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE/CLIENT 5 OTHER 6 (SPECIFY) (SKIP TO 524) ←	WIFE/HUSBAND 1 LIVE-IN PARTNER 2 GIRLFRIEND/BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 PROSTITUTE/CLIENT 5 OTHER 6 (SPECIFY) (SKIP TO 524) ←																								
522	CHECK 510:	MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 524) ←		MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 524) ←		MARRIED ONLY ONCE <table border="1"><tr><td></td></tr></table> ↓ MARRIED MORE THAN ONCE OR BLANK (SKIP TO 524) ←																						
523	CHECK 514:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND ↓ (SKIP TO 525) OTHER <table border="1"><tr><td></td></tr></table> ↓		FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND ↓ (SKIP TO 525) OTHER <table border="1"><tr><td></td></tr></table> ↓		FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE/HUSBAND ↓ (SKIP TO 525) OTHER <table border="1"><tr><td></td></tr></table> ↓																						
524	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr></table>								
525	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>																				

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
526	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
527	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 518 ↩ IN NEXT COLUMN) NO 2 (SKIP TO 529) ↩	YES 1 (GO BACK TO 518 ↩ IN NEXT COLUMN) NO 2 (SKIP TO 529) ↩	
528	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE ' 95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
529	<div>MALE <input type="checkbox"/></div> <div>FEMALE <input type="checkbox"/></div>		→ 536												
530	CHECK 521 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 532												
531	CHECK 521 AND 519 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 535 → 536												
532	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 534												
533	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 536												
534	The last time you paid someone in exchange for sexual intercourse, was a condom used?	YES 1 NO 2	→ 536												
535	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8													
536	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98													
537	PRESENCE OF OTHERS DURING THIS SECTION	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN <10</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE ADULTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
538	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 541												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPECIAL HOSPITAL A</p> <p>REGIONAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTRE D</p> <p>DISPENSARY E</p> <p>VILLAGE HEALTH POST (WORKER) F</p> <p>CBD WORKER G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPECIAL HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE MED. SECTOR</p> <p>SPECIALISED HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER PRIVATE SECTOR _____ P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY Q</p> <p>NGO R</p> <p>VCT CENTRE S</p> <p>SHOP/KIOSK T</p> <p>BAR U</p> <p>GUEST HOUSE/HOTEL V</p> <p>FRIENDS/RELATIVES/NEIGHBOURS W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
540	If you wanted to, could you yourself get a male condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
541	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p> <p>↓</p>		→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
542	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 601
543	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPECIAL HOSPITAL A</p> <p>REGIONAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTRE D</p> <p>DISPENSARY E</p> <p>VILLAGE HEALTH POST (WORKER) F</p> <p>CBD WORKER G</p> <p>OTHER PUBLIC SECTOR H</p> <p>(SPECIFY)</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPECIAL HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE MED. SECTOR</p> <p>SPECIALISED HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER PRIVATE SECTOR P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY Q</p> <p>NGO R</p> <p>VCT CENTRE S</p> <p>SHOP/KIOSK T</p> <p>BAR U</p> <p>GUEST HOUSE/HOTEL V</p> <p>FRIENDS/RELATIVES/NEIGHBOURS W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
544	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 6. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 637																
602	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
603	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
604	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
606	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
607A	Do you think AIDS can be cured?	YES 1 NO 2 DON'T KNOW 8																	
608	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
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609	CHECK 608: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 611																
610	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
611	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 626																
611A	CHECK 208 AND 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2009 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2009	NO BIRTHS <input type="checkbox"/>	→ 626 → 626																
612	CHECK 304: HAD <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 620																
613	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
614	During any of the antenatal visits for your last birth, were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR AIDS</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
616	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 620
617	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERAL/SPECIAL HOSPITAL ... 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTRE 14 DISPENSARY 15 VILLAGE HEALTH POST (WORKER) 16 CBD WORKER 17 OTHER PUBLIC SECTOR 18 (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPECIAL HOSPITAL ... 21 DISTRICT HOSPITAL 22 HEALTH CENTRE 23 DISPENSARY 24 PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL 25 HEALTH CENTRE 26 DISPENSARY 27 OTHER PRIVATE SECTOR 28 (SPECIFY) OTHER PRIVATE PHARMACY 31 NGO 32 VCT CENTRE 33 HOME 34 CORRECTIONAL FACILITY 35 OTHER 96 (SPECIFY)	
618	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 624
619	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 624
620	CHECK 314 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ 21-44 CIRCLED ↓		→ 626
621	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
622	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 626
623	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
624	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 627

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 632
626	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 630
627	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
628	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
629	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	GOVERNMENT/PARASTATAL REFERAL/SPECIAL HOSPITAL ... 11 REGIONAL HOSPITAL 12 DISTRICT HOSPITAL 13 HEALTH CENTRE 14 DISPENSARY 15 VILLAGE HEALTH POST (WORKER) 16 CBD WORKER 17 OTHER PUBLIC SECTOR 18 (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPECIAL HOSPITAL ... 21 DISTRICT HOSPITAL 22 HEALTH CENTRE 23 DISPENSARY 24 PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL 25 HEALTH CENTRE 26 DISPENSARY 27 OTHER PRIVATE SECTOR 28 (SPECIFY) OTHER SOURCE PRIVATE PHARMACY 31 NGO 32 VCT CENTRE 33 HOME 34 CORRECTIONAL FACILITY 35 OTHER 96 (SPECIFY)	→ 632
630	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 632

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
631	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPECIAL HOSPITAL ... A</p> <p>REGIONAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>HEALTH CENTRE D</p> <p>DISPENSARY E</p> <p>VILLAGE HEALTH POST (WORKER) F</p> <p>CBD WORKER G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPECIAL HOSPITAL ... I</p> <p>DISTRICT HOSPITAL J</p> <p>HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER PRIVATE SECTOR _____ P</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRIVATE PHARMACY Q</p> <p>NGO R</p> <p>VCT CENTRE S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
632	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
633	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
634	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
635	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
635A	In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
636	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
636A	In the past 12 months, did you see or hear an HIV education programme on television, the radio, or in a magazine?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div> <div></div> <div>637</div> </div>
636B	<p>What is the name of the programme?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMINA/FEMA A</p> <p>SI MCHEZO B</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
637	<p>CHECK 601:</p> <p><input type="checkbox"/> HEARD ABOUT AIDS</p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p><input type="checkbox"/> NOT HEARD ABOUT AIDS</p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>			
638	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 701		
639	<p>CHECK 637: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 641		
640	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
641	<table border="0"> <tr> <td> <p>MALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes men experience an abnormal discharge from their penis.</p> <p>During the last 12 months, have you had an abnormal discharge from your penis?</p> </td> <td> <p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes women experience a bad-smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p> </td> </tr> </table>	<p>MALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes men experience an abnormal discharge from their penis.</p> <p>During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes women experience a bad-smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
<p>MALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes men experience an abnormal discharge from their penis.</p> <p>During the last 12 months, have you had an abnormal discharge from your penis?</p>	<p>FEMALE <input type="checkbox"/></p> <p>↓</p> <p>Sometimes women experience a bad-smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>				
642	<table border="0"> <tr> <td> <p>Sometimes men have a sore or ulcer on or near their penis.</p> <p>During the last 12 months, have you had an ulcer or sore on or near your penis?</p> </td> <td> <p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p> </td> </tr> </table>	<p>Sometimes men have a sore or ulcer on or near their penis.</p> <p>During the last 12 months, have you had an ulcer or sore on or near your penis?</p>	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
<p>Sometimes men have a sore or ulcer on or near their penis.</p> <p>During the last 12 months, have you had an ulcer or sore on or near your penis?</p>	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
643	CHECK 640, 641, AND 642: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		701
644	The last time you had (PROBLEM FROM 640/641/642), did you seek any kind of advice or treatment?	YES 1 NO 2	701
645	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVERNMENT/PARASTATAL REFERAL/SPECIAL HOSPITAL ... A REGIONAL HOSPITAL B DISTRICT HOSPITAL C HEALTH CENTRE D DISPENSARY E VILLAGE HEALTH POST (WORKER) F CBD WORKER G OTHER PUBLIC SECTOR H (SPECIFY) RELIGIOUS/VOLUNTARY REFERAL/SPECIAL HOSPITAL ... I DISTRICT HOSPITAL J HEALTH CENTRE K DISPENSARY L PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL M HEALTH CENTRE N DISPENSARY O OTHER PRIVATE SECTOR P (SPECIFY) OTHER SOURCE PRIVATE PHARMACY Q NGO R VCT CENTRE S OTHER X (SPECIFY)	

SECTION 7. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>FEMALE <input type="checkbox"/></p> <p>MALE <input type="checkbox"/></p>		→ 705A
702	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 706
703	How old were you when you got circumcised?	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DURING CHILDHOOD (<5 YEARS) ... 95</p> <p>DON'T KNOW 98</p>	
704	Who did the circumcision?	<p>TRADITIONAL PRACTITIONER/ FAMILY/FRIEND 1</p> <p>HEALTH WORKER/PROFESSIONAL 2</p> <p>OTHER 3</p> <p>DON'T KNOW 8</p>	
705	Where was it done?	<p>HEALTH FACILITY 1</p> <p>HOME OF A HEALTH WORKER/ PROFESSIONAL 2</p> <p>CIRCUMCISION DONE AT HOME ... 3</p> <p>RITUAL SITE 4</p> <p>OTHER HOME/PLACE 5</p> <p>DON'T KNOW 8</p>	→ 706
705A	Cervical cancer is a disease that is characterized by an uncontrolled growth of cells and tissues in and around the opening of the womb, the cervix. Have you ever heard about a disease called cervical cancer?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 706
705B	During any of your visits to a health facility during the past six months, did anyone talk to you about cervical cancer?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
706	<p>Now I would like to ask you some other questions related to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 709
707	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 709
708	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
710	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
711	CHECK 501: FEMALE, <input type="checkbox"/> FEMALE, NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED/ <input type="checkbox"/> MALE <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/>	 	→ 714 → 714
712	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
713	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	
714	Are you covered by any health insurance?	YES 1 NO 2	→ 716
715	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY)	
716	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> MORNING 1 AFTERNOON 2 EVENING/NIGHT 3	

SECTION 8. HIV TESTING

THIS PAGE TO BE DESTROYED BEFORE MERGING

801	AGE: CHECK 103.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 806) ←			
802	MARITAL STATUS: CHECK 501 AND 502.	CODE 1 OR 2 (YES) 1 (GO TO 806) ← OTHER 2			
803	RECORD LINE NUMBER FROM HOUSEHOLD SCHEDULE OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADO- LESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>			
804	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 803 AS RESPONSIBLE FOR NEVER IN UNION MAN/ WOMAN 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 Tanzania.</p> <p>For the HIV test, we need a few drops of blood from a finger. 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. If (NAME OF ADOLESCENT) wants to know (his/her) HIV status, I can provide a list of [nearby] facilities offering free counseling and testing for HIV.</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 take the HIV test?</p>			
805	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT 5 OTHER 6 (IF REFUSED, GO TO 816)			
806	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 Tanzania.</p> <p>For the HIV test, we need a few drops of blood from a finger. 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. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering free counseling and testing for HIV.</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 take the HIV test?</p>			
807	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 _____ (SIGN) RESPONDENT REFUSED 2 NOT PRESENT 5 OTHER 6 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> (IF REFUSED, GO TO 816)			

808	AGE: CHECK 103.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 812) ←
809	MARITAL STATUS: CHECK 501 AND 502.	CODE 1 OR 2 (YES) 1 (GO TO 812) ← OTHER 2
810	ASK CONSENT FOR ADDITIONAL TEST- ING FROM PARENT/ OTHER ADULT IDENTIFIED IN 803 AS RESPONSIBLE FOR NEVER IN UNION MAN/ WOMAN AGE 15-17.	<p>We ask you to allow Muhimbili University of Health and Allied Sciences 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>
811	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT 5 OTHER 6 (IF REFUSED, GO TO 814)
812	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow Muhimbili University of Health and Allied Sciences 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>
813	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) RESPONDENT REFUSED 2 NOT PRESENT 5 OTHER 6
814	ADDITIONAL TESTS	CHECK 811 AND 813: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
815	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
816	BAR CODE LABEL PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____