QUESTIONNAIRES

UNITED REPUBLIC OF TANZANIA
TANZANIA HIV/AIDS AND MALARIA INDICATOR SURVEY 2007
NATIONAL BUREAU OF STATISTICS

Last modified: 26 Sept 2007 SP

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

REGION _____

DISTRICT _____

WARD . . . .

ENUMERATION AREA (EA) NUMBER . . . .

NAME OF HEAD OF HOUSEHOLD _____

THIS CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4 . . . .

LARGE CITIES ARE: DAR ES SALAAM, MWANZA, ARUSHA, TANGA, MBEYA. SMALL CITIES ARE: MOROGORO, DODOMA, MOSHI, BUKOBA, SINGIDA, MTWARA, IRINGA, SHINYANGA, TABORA, MUSOMA, SUMBAWANGA, SONGEA, KIGOMA, NA MJINI MAGHARIBI (ZANZIBAR). ALL OTHER URBAN AREAS ARE TOWNS.

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ____
				MONTH ____
				YEAR 2 0 0 ____
INTERVIEWER'S NAME	_____	_____	_____	INTERV. NO. ____
RESULT*	_____	_____	_____	FINAL RESULT* ____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ____
TIME	_____	_____		

*RESULT CODES:
1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT
     HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   OTHER _____
                       (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ____

TOTAL WOMEN 15-49 ____

TOTAL MEN 15-49 ____

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ____

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ __	__	__
DATE _____		

HOUSEHOLD SCHEDULE

Introduction and Consent
Hello, my name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey.
As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential.
Participation in the survey is completely voluntary. If we should come to any questions 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. However, we hope you will participate in the survey since your views are important.
At this time, do you want to aks me anything about the survey? May I begin the interview now?

Signature of interviewer _____ Date _____

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

						IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-27 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER- MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AND MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F	Y N	Y N	IN YEARS			
01			1 2	1 2	1 2			01	01
02			1 2	1 2	1 2			02	02
03			1 2	1 2	1 2			03	03
04			1 2	1 2	1 2			04	04
05			1 2	1 2	1 2			05	05
06			1 2	1 2	1 2			06	06
07			1 2	1 2	1 2			07	07
08			1 2	1 2	1 2			08	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

			IF AGE 0-17 YEARS								
LINE NO.	SICK PERSON	CARE TAKER	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Who is (NAME)'s main care taker? WRITE CARE TAKER'S LINE NUMBER IF NO, WRITE 00'	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? WRITE MOTHER'S LINE NUMBER. IF NO, WRITE '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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? WRITE FATHER'S LINE NUMBER. IF NO, WRITE '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER / FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.11 OR 14 = NO) OR BEEN SICK (Q.13 OR 16 = YES).	BOTH PARENTS ALIVE IF YES TO Q.11 AND Q.14 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	CARE TAKER Who is (NAME)'s main care taker? WRITE LINE NUMBER. IF NO, WRITE 00'
	(10)	(10A)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(18A)
01	Y N DK 1 2 — 8 GO TO 11		Y N DK 1 2 — 8 GO TO 14		Y N DK 1 2 8	Y N DK 1 2 — 8 GO TO 17		Y N DK 1 2 8	01	1 2 GO TO 21	
02	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	02	1 2 GO TO 21	
03	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	03	1 2 GO TO 21	
04	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	04	1 2 GO TO 21	
05	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	05	1 2 GO TO 23	
06	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	06	1 2 GO TO 21	
07	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	07	1 2 GO TO 21	
08	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	08	1 2 GO TO 21	

	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER			IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	BROTHERS AND SISTERS		EDUCATION			BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest grade or form of school (NAME) completed? SEE CODES BELOW.	IF AGE 5-24 YEARS Did (NAME) attend school at any time during the 2007 school year?	Does (NAME) have a blanket?	Does (NAME) have a a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)

LINE	(19) Y N DK	(20) Y N	(21) Y N	(22) GRADE	(23) Y N	(24) Y N DK	(25) Y N DK	(26) Y N DK	(27)
01	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
02	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
03	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
04	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
05	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
06	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
07	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐
08	1 2 — 8 GO TO 21	1 2	1 2 GO TO 24	☐☐	1 2	1 2 8	1 2 8	1 2 8	☐

CODES FOR Q. 22: EDUCATION

00 = LESS THAN 1 YEAR	10 = PRE SECONDARY
01 = STANDARD 1	11 = FORM 1
02 = STANDARD 2	12 = FORM 2
03 = STANDARD 3	13 = FORM 3
04 = STANDARD 4	14 = FORM 4
05 = STANDARD 5	15 = FORM 5
06 = STANDARD 6	16 = FORM 6
07 = STANDARD 7	17 = TRAINING AFTER SECOND.
08 = STANDARD 8	18 = UNIVERSITY
09 = TRAIN.AFTER PRIM.	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

Introduction and Consent

Hello, my name is   and I am working with the National Bureau of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey.
As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any questions 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. However, we hope you will participate in the survey since your views are important.
At this time, do you want to aks me anything about the survey? May I begin the interview now?

Signature of interviewer   Date

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

						IF AGE 15 OR OLDER		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-27 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AND MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)
			M F / 1 2	Y N / 1 2	Y N / 1 2	IN YEARS			
01				1 2	1 2	1 2			01	01
02				1 2	1 2	1 2			02	02
03				1 2	1 2	1 2			03	03
04				1 2	1 2	1 2			04	04
05				1 2	1 2	1 2			05	05
06				1 2	1 2	1 2			06	06
07				1 2	1 2	1 2			07	07
08				1 2	1 2	1 2			08	08

TICK HERE IF CONTINUATION SHEET USED ☐

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 her 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 ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD

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							
LINE NO.	SICK PERSON	CARE TAKER	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS							
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Who is (NAME)'s main care taker? WRITE CARE TAKER'S LINE NUMBER IF NO, WRITE 00'	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? WRITE MOTHER'S LINE NUMBER. IF NO, WRITE '00'.	**IF MOTHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	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? WRITE FATHER'S LINE NUMBER. IF NO, WRITE '00'.	**IF FATHER NOT LISTED IN HOUSEHOLD** Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	**MOTHER / FATHER DEAD/ SICK** CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.11 OR 14 = NO) OR BEEN SICK (Q.13 OR 16 = YES).	**BOTH PARENTS ALIVE** IF YES TO Q.11 AND Q.14 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.	**CARE TAKER** Who is (NAME)'s main care taker? WRITE CARE TAKER'S LINE NUMBER. IF NO, WRITE 00'
	(10)	(10A)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(18A)
01	Y N DK 1 2 — 8 GO TO 11		Y N DK 1 2 — 8 GO TO 14		Y N DK 1 2 8	Y N DK 1 2 — 8 GO TO 17		Y N DK 1 2 8	01	1 2 GO TO 21	
02	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	02	1 2 GO TO 21	
03	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	03	1 2 GO TO 21	
04	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	04	1 2 GO TO 21	
05	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	05	1 2 GO TO 23	
06	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	06	1 2 GO TO 21	
07	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	07	1 2 GO TO 21	
08	1 2 — 8 GO TO 11		1 2 — 8 GO TO 14		1 2 8	1 2 — 8 GO TO 17		1 2 8	08	1 2 GO TO 21	

	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER			IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
LINE NO.	BROTHERS AND SISTERS		EDUCATION			BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest grade or form of school (NAME) com-pleted? SEE CODES BELOW.	IF AGE 5-24 YEARS Did (NAME) attend school at any time during the 2007 school year?	Does (NAME) have a blanket?	Does (NAME) have a a pair of shoes?	Does (NAME) have at least two sets of clothes?	Does (NAME) have a a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
	Y　N　DK	Y　N	Y　N	GRADE	Y　N	Y　N　DK	Y　N　DK	Y　N　DK	
01	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
02	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
03	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
04	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
05	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
06	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
07	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐
08	1　2 ── 8 ↓ GO TO 21	1　2	1　2 ↓ GO TO 24	☐☐	1　2	1　2　8	1　2　8	1　2　8	☐

CODES FOR Q. 22: EDUCATION

00 = LESS THAN 1 YEAR	10 = PRE SECONDARY
01 = STANDARD 1	11 = FORM 1
02 = STANDARD 2	12 = FORM 2
03 = STANDARD 3	13 = FORM 3
04 = STANDARD 4	14 = FORM 4
05 = STANDARD 5	15 = FORM 5
06 = STANDARD 6	16 = FORM 6
07 = STANDARD 7	17 = TRAINING AFTER SECOND.
08 = STANDARD 8	18 = UNIVERSITY
09 = TRAIN.AFTER PRIM.	98 = 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 INTO YARD/PLOT 12
		   PUBLIC TAP 13
		   NEIGHBOUR'S TAP 14
		WATER FROM OPEN WELL
		   OPEN WELL IN DWELLING . . . 21
		   OPEN WELL IN YARD/PLOT . . . 22
		   OPEN PUBLIC WELL 23
		   NEIGHBOUR'S OPEN WEL 24
		WATER FROM COVERED WELL OR
		BOREHOLE
		   PROTECTED WELL IN
		      DWELLING 31
		   PROTECTED WELL IN
		      YARD/PLOT 32
		   PROTECTED PUBLIC WELL . . . 33
		   BOREHOLE 34
		SURFACE WATER
		   SPRING 41
		   RIVER/STREAM 42
		   POND/LAKE 43
		   DAM 44
		RAINWATER 51
		TANKER TRUCK 61
		WATER VENDOR 62
		BOTTLED WATER 71
		OTHER _____ 96
		             (SPECIFY)
			→ 101B
			
			→ 101B

101A	Who is providing water at your main source?	AUTHORITY . . . . 1 CBO/NG0 . . . . 2 PRIVATE OPERATOR . . . . 3 DON'T KNOW 8	NEW
101B	How long does it take you to go there, get water, and come back?	MINUTES . . . . [ ][ ][ ] ON PREMISES 996	

102	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET . . . 11
		PIT LATRINE
		   VENTILATED IMPROVED
		      PIT LATRINE (VIP) 21
		   TRADITIONAL
		      PIT LATRINE 22
		NO FACILITY/BUSH/FIELD 31
		OTHER _____ 96
		             (SPECIFY)
			→ 104

103	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	

104	Does your household have:		YES	NO
	Electricity?	ELECTRICITY	1	2
	A paraffin lamp?	PARAFFIN LAMP	1	2
	A radio?	RADIO	1	2
	A television?	TELEVISION	1	2
	A mobile telephone?	MOBILE TELEPHONE	1	2
	A non-mobile telephone (land line)?	NON-MOBILE TELEPHONE .	1	2
	An iron (charcoal or electric)?	IRON	1	2
	A refrigerator?	REFRIGERATOR	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . 01 BOTTLED GAS . . . . 02 PARAFFIN / KEROSENE . . . . 03 CHARCOAL . . . . 04 FIREWOOD . . . . 05 CROP RESIDUALS, STRAW, GRASS 06 ANIMAL DUNG . . . . 07 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
106	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 _____ (SPECIFY) 96	
107	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION. MARK ONLY ONE.	EARTH, SAND, DUNG . . . . 11 WOOD PLANKS, BAMBOO, PALM 21 PARQUET OR POLISHED WOOD . 31 VINYL OR ASPHALT STRIPS . . . . . 32 CERAMIC TILES, TERRAZZO . . . . 33 CEMENT . . . . 34 CARPET . . . . 35 OTHER _____ 96 (SPECIFY)	
108	WALL MATERIAL RECORD OBSERVATION. MARK ONLY ONE.	GRASS . . . . 01 POLES AND MUD . . . . 02 SUN-DRIED BRICKS . . . . 03 BAKED BRICKS . . . . 04 WOOD, TIMBER . . . . 05 CEMENT BLOCKS . . . . 06 STONES . . . . 07 OTHER _____ 96 (SPECIFY)	
109	ROOFING MATERIAL RECORD OBSERVATION. MARK ONLY ONE.	GRASS / THATCH / MUD . . . . 01 IRON SHEETS . . . . 02 TILES . . . . 03 CONCRETE . . . . 04 ASBESTOS . . . . 05 OTHER _____ 96 (SPECIFY)	
110	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS . . . . ☐☐	
111	Does any member of your household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A bank account?	YES NO WATCH . . . . 1 2 BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . 1 2 BANK ACCOUNT 1 2	
112	How many acres of land for farming or grazing does this household own? (PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ACRES FOR ☐☐☐☐.☐ FARMING ACRES FOR ☐☐☐☐.☐ GRAZING	
113	Does the household use land for farming or grazing that it doesn't own? IF YES: Is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED . . . . 1 YES, SHARECROPPED . . . . 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL . . . 4 NO 5	→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
114	How many acres of land are used? (PUT '0000.0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ACRES FOR FARMING ☐☐☐☐.☐ ACRES FOR GRAZING ☐☐☐☐.☐			
115	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRES . . . . ☐☐			
116	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS . . . . ☐			
117	In the past week, on how many days did the household eat meat?	DAYS . . . . ☐			
118	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER . . . . 1 SELDOM . . . . 2 SOMETIMES . . . . 3 OFTEN. . . . . 4 ALWAYS 5			
119	How far is it to the nearest health facility? (WRITE '00' IF LESS THAN ONE KILOMETRE+F244 IF MORE THAN 95 KM, WRITE 95)	KILOMETRES . . . . ☐☐			
120	If you were to go to (NAME OF HOSPITAL, HEALTH CENTRE, or HEALTH POST), how would you go there?	CAR/MOTORCYCLE . . . . 1 PUBLIC TRANSPORT (BUS, TAXI) . . . 2 ANIMAL/ANIMAL CART . . . . 3 WALKING . . . . 4 BICYCLE . . . . 5 OTHER _____ 6 (SPECIFY)			
121	At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8			→122
121A	How many months ago was the house last sprayed? IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO . . . . ☐☐			
121B	Who sprayed the house?	GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY . . . . 2 HOUSEHOLD MEMBER 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8			
122	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2			→ 201
123	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . ☐			

		NET # 1	NET # 2	NET # 3	
124	ASK RESPONDENT TO SHOW YOU THE NET(S). IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . 1 NOT OBSERVED 2	OBSERVED . . . 1 NOT OBSERVED 2	OBSERVED . . . 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	
126	Where did you get the mosquito net from?	SHOP . . . . 01 MACHINGA . . . . . 02 HEALTH FACILITY 03 MARKET (SOKONI)04 OTHER . . . . 05 GIFT . . . . 06 DOES NOT KNOW 98	SHOP . . . . 01 MACHINGA . . . . . 02 HEALTH FACILITY 03 MARKET (SOKONI)04 OTHER . . . . 05 GIFT . . . . 06 DOES NOT KNOW 98	SHOP . . . . 01 MACHINGA . . . . . 02 HEALTH FACILITY 03 MARKET (SOKONI)04 OTHER . . . . 05 GIFT . . . . 06 DOES NOT KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
126A	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	YES .... 1 NO 2	YES .... 1 NO 2	

127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'PERMANENT' NET
		OLYSET ..... 11⌐
		OTHER/
		DK BRAND ..... 16⌐
		   (SKIP TO 131)◄
		
		'PRETREATED' NET
		ONE PACKET ... 21⌐
		TWO PACKETS 22⌐
		OTHER/
		DK BRAND ..... 26⌐
		   (SKIP TO 129)◄
		OTHER 31
		DK TYPE/BRAND . 98
			'PERMANENT' NET
			OLYSET ..... 11⌐
			OTHER/
			DK BRAND ..... 16⌐
			   (SKIP TO 131)◄
			
			'PRETREATED' NET
			ONE PACKET ... 21⌐
			TWO PACKETS 22⌐
			OTHER/
			DK BRAND ..... 26⌐
			   (SKIP TO 129)◄
			OTHER 31
			DK TYPE/BRAND . 98
				'PERMANENT' NET
				OLYSET ..... 11⌐
				OTHER/
				DK BRAND ..... 16⌐
				   (SKIP TO 131)◄
				
				'PRETREATED' NET
				ONE PACKET ... 21⌐
				TWO PACKETS 22⌐
				OTHER/
				DK BRAND ..... 26⌐
				   (SKIP TO 129)◄
				OTHER 31
				DK TYPE/BRAND . 98	

128	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	

129	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1
		NO 2
		  (SKIP TO 131)◄
		NOT SURE 8
			YES 1
			NO 2
			  (SKIP TO 131)◄
			NOT SURE 8
				YES 1
				NO 2
				  (SKIP TO 131)◄
				NOT SURE 8	

130	How many months ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	

131	Did anyone sleep under this mosquito net last night?	YES 1
		NO 2
		  (SKIP TO 133)◄
		NOT SURE 8
			YES 1
			NO 2
			  (SKIP TO 133)◄
			NOT SURE 8
				YES 1
				NO 2
				  (SKIP TO 133)◄
				NOT SURE 8	

132	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 124 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 4	NET # 5	NET # 6	
124	ASK RESPONDENT TO SHOW YOU THE NET(S). IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGO ☐☐ 37 OR MORE MONTHS AGO 95 NOT SURE 98	
126	Where did you get the mosquito net from?	SHOP .... 01 MACHINGA ..... 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 OTHER .... 05 GIFT .... 06 DOES NOT KNOW 98	SHOP .... 01 MACHINGA ..... 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 OTHER .... 05 GIFT .... 06 DOES NOT KNOW 98	SHOP .... 01 MACHINGA ..... 02 HEALTH FACILITY 03 MARKET (SOKONI) 04 OTHER .... 05 GIFT .... 06 DOES NOT KNOW 98	
126A	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	YES .... 1 NO 2	YES .... 1 NO 2	\
127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'PERMANENT' NET OLYSET ..... 11⌐ OTHER/ DK BRAND ..... 16⌐ (SKIP TO 131)◄ 'PRETREATED' NET ONE PACKET ... 21⌐ TWO PACKETS 22 OTHER/ DK BRAND ..... 26 (SKIP TO 129)◄ OTHER .... 31 DK TYPE/BRAND . 98	'PERMANENT' NET OLYSET ..... 11⌐ OTHER/ DK BRAND ..... 16⌐ (SKIP TO 131)◄ 'PRETREATED' NET ONE PACKET ... 21⌐ TWO PACKETS 22 OTHER/ DK BRAND ..... 26 (SKIP TO 129)◄ OTHER .... 31 DK TYPE/BRAND . 98	'PERMANENT' NET OLYSET ..... 11⌐ OTHER/ DK BRAND ..... 16⌐ (SKIP TO 131)◄ 'PRETREATED' NET ONE PACKET ... 21⌐ TWO PACKETS 22 OTHER/ DK BRAND ..... 26 (SKIP TO 129)◄ OTHER .... 31 DK TYPE/BRAND . 98	
128	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	
129	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES .... 1 NO .... 2 (SKIP TO 131) ◄ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 131) ◄ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 131) ◄ NOT SURE 8	
130	How many months ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO... 95 NOT SURE 98	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO... 95 NOT SURE 98	MONTHS AGO ... ☐☐ 25 OR MORE MONTHS AGO... 95 NOT SURE 98	
131	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 133) ◄ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 133) ◄ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 133) ◄ NOT SURE 8	
132	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	

NO.	QUESTIONS AND FILTERS				SKIP
		CODING CATEGORIES			
		NET # 4	NET # 5	NET # 6	
		NAME _____	NAME _____	NAME _____	
		LINE NUMBER ▢▢	LINE NUMBER ▢▢	LINE NUMBER ▢▢	
		NAME _____	NAME _____	NAME _____	
		LINE NUMBER ▢▢	LINE NUMBER ▢▢	LINE NUMBER ▢▢	
		NAME _____	NAME _____	NAME _____	
		LINE NUMBER ▢▢	LINE NUMBER ▢▢	LINE NUMBER ▢▢	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 124 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.	

SUPPORT FOR SICK PEOPLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
201	CHECK QUESTIONS 7 AND 10 IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE ☐	NUMBER OF SICK PEOPLE AGE 18-59 ☐☐ NONE ☐ ————————→ 301		
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH THE FIRST SICK PERSON LISTED IN QUESTION 10 IN THE HOUSEHOLD SCHEDULE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S). READ THE INTRODUCTION THAT FOLLOWS. THEN ASK QUESTIONS 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 18-59 REPORTED AS HAVING BEEN VERY SICK. You told me that in your household one (some) of the members of your household has(ve) been very sick for at least three of the past 12 months. We are interested in learning about the care and support that may have been received for [that/each of those persons]. First I would like to ask you about any formal, organized help or support that your household may have been given for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			
203	NAME AND LINE NUMBER FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1ST SICK PERSON NAME _____ LINE NO. . . . ☐☐	2ND SICK PERSON NAME _____ LINE NO. . . . ☐☐	3RD SICK PERSON NAME _____ LINE NO. . . . ☐☐
204	Now I would like to ask you about any support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 206) ←| DK 8
205	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
206	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 208) ←| DK 8
207	Did your household receive of this any emotional or psychological support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
208	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 210) ←| DK 8
209	Did your household receive any of this material support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
210	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ←| DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 212) ←| DK 8
211	Did your household receive any of this social support in the past 30 days?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
212		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . NO . . . . DON'T KNOW			→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS			
303	ASK 304-322 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
		NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH	
304	What was the name of the person who died (most recently/before him/her)?	_____	_____	_____	
305	Was (NAME) male or female?	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	MALE . . . . 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE . [ ][ ]	AGE . [ ][ ]	AGE . [ ][ ]	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 ↓	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 ↓	<18/60+ [ ] (SKIP TO 318) ↵ 18-59 ↓	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 318) ← DK 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	
318		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.			

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
401	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 ↓ NO CHILD AGE 0-17	→ 501
402	CHECK COLUMN 10 IN THE HOUSEHOLD SCHEDULE: **ANY SICK ADULT AGE 18-59?** NO SICK ADULT AGE 18-59 ↓ AT LEAST ONE SICK ADULT AGE 18-59	GO TO 406. CHECK QUESTION 7 → IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSON(S) AGE 0-17 YEARS.
403	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ↓ AT LEAST ONE ADULT DEATH AGE 18-59 IN 306	GO TO 406. CHECK QUESTION 7 → IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.
404	CHECK COLUMN 17 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ↓ NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK	→ 501
405	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 17 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME (FROM COLUMN 2) LINE NUMBER (FROM COLUMN 1) AGE (FROM COLUMN 7)	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐	NAME _____ LINE NO. ☐☐ AGE ☐☐
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ☐ (SKIP TO 417) ← AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ← AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ← AGE 5-17 ☐ ↓	AGE 0-4 ☐ (SKIP TO 417) ← AGE 5-17 ☐ ↓
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN ⟶ END			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
		5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
406	NAME (FROM COLUMN 2) LINE NUMBER (FROM COLUMN 1) AGE (FROM COLUMN 7)	NAME _____ LINE NO. . . . ▯▯ AGE . ▯▯	NAME _____ LINE NO. . . . ▯▯ AGE . ▯▯	NAME _____ LINE NO. . . . ▯▯ AGE . ▯▯	NAME _____ LINE NO. . . . ▯▯ AGE . ▯▯
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 411) ◄┤ DK 8
410	Did your household receive any emotional or psychological support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 413) ◄┤ DK 8
412	Did your household receive any material support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ◄┤ DK 8
414	Did your household receive any social support in the past 3 months?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 ▯ (SKIP TO 417) ↵ AGE 5-17 ▯	AGE 0-4 ▯ (SKIP TO 417) ↵ AGE 5-17 ▯	AGE 0-4 ▯ (SKIP TO 417) ↵ AGE 5-17 ▯	AGE 0-4 ▯ (SKIP TO 417) ↵ AGE 5-17 ▯
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
417		GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN ⟶ END OF INTERVIEW			

501	CHECK COLUMN 9A:			
	ANY LINE NUMBER CIRCLED ☐ NO LINE NUMBER CIRCLED ☐ ────────────────────────→ END HOUSEHOLD INTERVIEW.			
	WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN Q. 502. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. A FINAL OUTCOME MUST BE RECORDED FOR THE ANAEMIA TEST IN Q. 508 AND FOR THE MALARIA TEST IN Q. 510			

		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 9A NAME FROM COLUMN 2	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____	LINE NUMBER . . . ☐☐ NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO ◄┘ MORE, GO TO 514)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO ◄┘ MORE, GO TO 514)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO ◄┘ MORE, GO TO 514)
505	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO ┐ MORE, GO TO 514) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO ┐ MORE, GO TO 514) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO ┐ MORE, GO TO 514) OLDER 2
506	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED IN HH.	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐	LINE NUMBER . . . ☐☐
507	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE FOR WHICH TESTS ARE GRANTED. SIGN IN ALL CASES.	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 _____ (SIGN)	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 _____ (SIGN)	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 _____ (SIGN)
508	RECORD RESULT CODE OF **ANAEMIA** TEST.	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 510)◄┘	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 510)◄┘	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 510)◄┘
509	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL . ☐☐.☐	G/DL . ☐☐.☐	G/DL . ☐☐.☐
510	RECORD RESULT CODE OF **MALARIA** TEST	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 514)◄┘	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 514)◄┘	TESTED . . . . 1 NOT PRESENT . . . . . 2 ┐ REFUSED . . . . 3 ┤ OTHER . . . . 6 ┤ (SKIP TO 514)◄┘
511	RESULT OF MALARIA TEST	POSITIVE . . . . 1 (SKIP TO 513)◄┘ NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 (SKIP TO 513)◄┘ NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 (SKIP TO 513)◄┘ NEGATIVE . . . . 2 OTHER 6
512	Does (NAME) currently have a fever?	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)◄┘	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)◄┘	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)◄┘
513	READ INFORMATION FOR MALARIA TREATMENT	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 9A NAME FROM COLUMN 2	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514)
505	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 514) OLDER 2
506	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED IN HH.	LINE NUMBER . . .	LINE NUMBER . . .	LINE NUMBER . . .
507	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE FOR WHICH TESTS ARE GRANTED. SIGN IN ALL CASES.	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 (SIGN)	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 (SIGN)	ANAEMIA AND MALARIA BOTH YES 1 ANAEMIA ONLY . . . . . 2 MALARIA ONLY . . . . . 3 NO TO BOTH . . . . 4 NOT ASKED . . . . 6 (SIGN)
508	RECORD RESULT CODE OF **ANAEMIA** TEST.	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 510)	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 510)	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 510)
509	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL . .	G/DL . .	G/DL . .
510	RECORD RESULT CODE OF **MALARIA** TEST	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 514)	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 514)	TESTED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 514)
511	RESULT OF MALARIA TEST	POSITIVE . . . . 1 (SKIP TO 513) NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 (SKIP TO 513) NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 (SKIP TO 513) NEGATIVE . . . . 2 OTHER 6
512	Does (NAME) currently have a fever?	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)	YES . . . . 1 NO, NOT SURE . . . . . 2 (SKIP TO 514)
513	READ INFORMATION FOR MALARIA TREATMENT	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6	ACCEPTED . . . . 1 REFUSED . . . . 2 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

CONSENT STATEMENT FOR ANAEMIA AND MALARIA FOR CHILDREN

As part of this survey, we are asking that children all over the country take an **anaemia** test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will help the government to develop programs to prevent and treat anaemia.

We request that all children born in 2002 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anaemia immediately and the result will be told to you right away. The result will be kept confidential.

We are also doing **malaria** tests for children as part of this survey. Malaria is a serious health problem that is caused by a parasite that is transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We request that all children born in 2002 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking 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 anaemia test.

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the anaemia test or the malaria test?

You can say yes to the test or you can say no. You can say yes to one and no to the other. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the **anemia** test?
Will you allow (NAME(S) OF CHILD(REN) to participate in the **malaria** test?

- -

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS AND THOSE WITH NEGATIVE TESTS BUT WITH FEVER

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child seems to have active malaria. We can provide you with a full course of treatment free of charge.

IF MALARIA TEST IS NEGATIVE AND CHILD HAS FEVER: The malaria test shows that your child does NOT seem to have active malaria. However, since your child has a fever, we can provide you with a full course of treatment for malaria free of charge.

Because the child does not seem to have malaria, this treatment is NOT likely to help him/her, so you should take the child to a health facility to see what is causing the fever.

The medicine is called ALu or Coartem®.
ALu is very effective and should in a few days rid him/her of fever and other symptoms.
ALu is also very safe. However, as with every medicine, this medicine may have undesired effects. The most common are dizziness, fatigue, lack of appetite, palpitations. ALu should not be taken by persons with severe heart problems or severe malaria (e.g., cerebral) or problems regulating their body salts [ASK IF THE CHILD HAS ANY OF THESE PROBLEMS, THAT THEY ARE AWARE OF; IF SO, DO NOT OFFER ALU. EXPLAIN THE RISKS OF MALARIA, AND REFER HIM/HER TO NEAREST HEALTH FACILITY].

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

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 (crushed for smaller children) with high fat food or drinks like 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

515	CHECK 509:

NUMBER OF CHILDREN WITH HAEMOGLOBIN LEVEL BELOW THE CUTOFF POINT*

ONE OR MORE ☐ → NONE ☐ →

GIVE EACH PARENT OR RESPONSIBLE ADULT RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH Q. 516.**	END HOUSEHOLD INTERVIEW.

516	We detected a low level of haemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) has severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of haemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the doctor?

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

* The cutoff point is 7 g/dl for children.

** If more than one child is below the cutoff point, read the statement in Q.516 to each parent or responsible adult of a child who is below the cutoff point.

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: _____

UNITED REPUBLIC OF TANZANIA
TANZANIA HIV/AIDS AND MALARIA INDICATOR SURVEY 2007
NATIONAL BUREAU OF STATISTICS

Last modified: 27 Sept 2007 SP

INDIVIDUAL QUESTIONNAIRE FOR WOMEN AND MEN 15-49

IDENTIFICATION	
REGION _____	☐☐
DISTRICT _____	☐
WARD	☐☐☐
ENUMERATION AREA	
NAME OF HEAD OF HOUSEHOLD _____	
THIS CLUSTER NUMBER	☐☐☐
HOUSEHOLD NUMBER	
LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4	☐
NAME AND LINE NUMBER OF RESPONDENT_____	
SEX OF RESPONDENT (MALE = 1 FEMALE = 2)	☐

LARGE CITIES ARE: DAR ES SALAAM, MWANZA, ARUSHA, TANGA, MBEYA. SMALL CITIES ARE: MOROGORO, DODOMA, MOSHI, BUKOBA, SINGIDA, MTWARA, IRINGA, SHINYANGA, TABORA, MUSOMA, SUMBAWANGA, SONGEA, KIGOMA, NA MJINI MAGHARIBI (ZANZIBAR). ALL OTHER URBAN AREAS ARE TOWNS.

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME	_____	_____	_____	INTERV. NO. ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:
  1 COMPLETED   4 REFUSED
  2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
  3 POSTPONED   6 INCAPACITATED   (SPECIFY)

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	☐☐	☐☐
DATE _____		

SECTION 1 - RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics.

We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete.
Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to 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. However, we hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐ MORNING . . . . 1 AFTERNOON . . . . 2 EVENING/NIGHT 3	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . .98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest standard or form you completed?	PRE-PRIMARY . . . . 00 STANDARD 1 . . . . 01 STANDARD 2 . . . . 02 STANDARD 3 . . . . 03 STANDARD 4 . . . . 04 STANDARD 5 . . . . 05 STANDARD 6 . . . . 06 STANDARD 7 . . . . 07 STANDARD 8 . . . . 08 TRAINING AFTER PRIMARY . . . . 09 PRE-FORM 1 . . . . 10 FORM 1 . . . . 11 FORM 2 . . . . 12 FORM 3 . . . . 13 FORM 4 . . . . 14 FORM 5 . . . . 15 FORM 6 . . . . 16 TRAINING AFTER SECONDARY . . . . . 17 UNIVERSITY . . . . 18 OTHER _____ 96	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL . . . . 4 CANNOT READ 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
110	FEMALE ☐ MALE ☐ —————————————————————→		→ 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.	_____ _____ _____ ☐ ☐ ☐	→ 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	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐ ☐ ALWAYS . . . . 95 VISITOR 96	
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . ☐ ☐ NONE 00	→ 201
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	MALE ☐ ↓ Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	FEMALE ☐ ↓ Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?	YES . . . . 1 NO 2	➔ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	➔ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.		SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	MALE ☐ ↓ Do you have any sons or daughters that you have fathered who are alive but do not live with you?	FEMALE ☐ ↓ Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	➔ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.		SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	MALE ☐ ↓ Have you ever fathered a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	FEMALE ☐ ↓ Have you ever given birth to a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	➔ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.		BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.		TOTAL . . . . ☐☐	
209	MALE ☐ ↓ Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct? YES ☐ ↓ NO ☐ ➔	FEMALE ☐ ↓ Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? PROBE AND CORRECT 201-208 AS NECESSARY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	MALE ☐ FEMALE ☐		→ 401
210A	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	
211	CHECK 208: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS ↓		→ 401

212	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

213	214	215	216	217	218 IF ALIVE:	219 IF ALIVE:	220 IF ALIVE:	221 IF DEAD:	222
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 222)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH

213 What name was given to your next baby? (NAME)	214 Were any of these births twins?	215 Is (NAME) a boy or a girl?	216 In what month and year was (NAME) born? PROBE: What is his/her birthday?	217 Is (NAME) still alive?	218 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	219 IF ALIVE: Is (NAME) living with you?	220 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	221 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	222 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 222)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 222)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 222)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 222)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 221	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 222)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH

223	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTHS IN TABLE.	YES . . . . 1 NO 2

224	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	☐ ☐ ☐ ☐ ☐

225	CHECK 216 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0'.	☐

SECTION 3. ANTENATAL CARE AND CHILDREN'S FEVER TREATMENT

301	CHECK 225:		
	ONE OR MORE BIRTHS IN 2002 OR LATER ☐	NO BIRTHS IN 2002 OR LATER ☐ ───────────────→ 401	

302	CHECK 216: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES. Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.

303	LINE NUMBER FROM 213	LAST BIRTH LINE NO. ☐☐	NEXT-TO-LAST BIRTH LINE NO. ☐☐	SECOND-FROM-LAST BIRTH LINE NO. ☐☐
304	FROM 213 AND 217	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐

305	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**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 BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER_____ X (SPECIFY) NO ONE . . . . Y (SKIP TO 307)◄──		
306	Where did you receive antenatal care for this pregnancy? Anywhere else? RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** . . . . A **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENTRE E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENTRE K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENTRE. N DISPENSARY . . . O OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
307	During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 313) ←┐ 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 ☐ CIRCLED A' NOT ☐ ☐ CIRCLED ↓ (SKIP TO 313) ←		
310	How many times did you take SP during this pregnancy?	TIMES . . . . . ☐☐		
311	CHECK 305: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B', OTHER ☐ C', 'D' OR 'E' CIRCLED ☐ ↓ (SKIP TO 313) ←		
312	Did you get the SP during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE 6		
313	Did you ever breastfeed (NAME)?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
314	CHECK 304: IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ (SKIP TO 316) ←		
315	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 318) ←┐ NO 2		
316	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98
317	CHECK 304: IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ (SKIP TO 349) ←	LIVING DEAD ☐ ☐ ↓ (SKIP TO 349) ←	LIVING DEAD ☐ ☐ ↓ (SKIP TO 349) ←
318	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 349) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 349) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 349) ←┤ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
319	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a fever. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
320	When (NAME) had a fever, was he/she given less than usual to eat, about the same amount, more than usual or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
321	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 326)	YES . . . . 1 NO . . . . 2 (SKIP TO 326)	YES . . . . 1 NO . . . . 2 (SKIP TO 326)
322	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENTRE E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENTRE K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENTRE N DISPENSARY . O **OTHER** PHARMACY . . . P OTHER _____ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENTRE E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENTRE K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENTRE N DISPENSARY O **OTHER** PHARMACY . . . P OTHER _____ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENTRE E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENTRE K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENTRE N DISPENSARY O **OTHER** PHARMACY . . . P OTHER _____ X (SPECIFY)
323	CHECK 322:	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 325) ←	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 325) ←	TWO OR ONLY ☐ 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 . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
325	How many days after the fever began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
326	Is (NAME) still sick with a fever?	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 illness?	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
328	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM E OTHER ANTI- MALARIAL _____ F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . G INJECTION . . . H **OTHER DRUGS** ASPIRIN . . . . I PANADOL, PARA- CETAMOL . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM E OTHER ANTI- MALARIAL _____ F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . G INJECTION . . . H **OTHER DRUGS** ASPIRIN . . . . I PANADOL, PARA- CETAMOL . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM E OTHER ANTI- MALARIAL _____ F (SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . G INJECTION . . . H **OTHER DRUGS** ASPIRIN . . . . I PANADOL, PARA- CETAMOL . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
329	CHECK 328: ANY CODE A-F CIRCLED?	YES NO (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES NO (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES NO (GO TO 303 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401)
330	Did you already have (NAME OF DRUG FROM 328) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'F' THE CHILD IS RECORDED AS HAVING TAKEN IN 328. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL, CIRCLE 'Y'.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM . E OTHER ANTI- MALARIAL . . . F NO DRUG AT HOME . Y	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM . E OTHER ANTI- MALARIAL . . . F NO DRUG AT HOME . Y	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D ALU, COARTEM . E OTHER ANTI- MALARIAL . . . F NO DRUG AT HOME . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

331	CHECK 328:
	
	SP/FANSIDAR ('A') GIVEN
		CODE 'A' CODE 'A'
		CIRCLED NOT
		☐ CIRCLED
		    (SKIP TO ☐
		      334) ↵
			CODE 'A' CODE 'A'
			CIRCLED NOT
			☐ CIRCLED
			    (SKIP TO ☐
			      334) ↵
				CODE 'A' CODE 'A'
				CIRCLED NOT
				☐ CIRCLED
				    (SKIP TO ☐
				      334) ↵

332	How long after the fever started did (NAME) first take SP/Fansidar?	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

333	For how many days did (NAME) take the SP/Fansidar? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

334	CHECK 328:
	
	CHLOROQUINE ('B') GIVEN
		CODE 'B' CODE 'B'
		CIRCLED NOT
		☐ CIRCLED
		    (SKIP TO ☐
		      337) ↵
			CODE 'B' CODE 'B'
			CIRCLED NOT
			☐ CIRCLED
			    (SKIP TO ☐
			      337) ↵
				CODE 'B' CODE 'B'
				CIRCLED NOT
				☐ CIRCLED
				    (SKIP TO ☐
				      337) ↵

335	How long after the fever started did (NAME) first take chloroquine?	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

336	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

337	CHECK 328:
	
	AMODIAQUINE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT
		☐ CIRCLED
		    (SKIP TO ☐
		      340) ↵
			CODE 'C' CODE 'C'
			CIRCLED NOT
			☐ CIRCLED
			    (SKIP TO ☐
			      340) ↵
				CODE 'C' CODE 'C'
				CIRCLED NOT
				☐ CIRCLED
				    (SKIP TO ☐
				      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

339	For how many days did (NAME) take the Amodiaquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

340	CHECK 328:
	
	QUININE ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT
		☐ CIRCLED
		    (SKIP TO ☐
		      343) ↵
			CODE 'D' CODE 'D'
			CIRCLED NOT
			☐ CIRCLED
			    (SKIP TO ☐
			      343) ↵
				CODE 'D' CODE 'D'
				CIRCLED NOT
				☐ CIRCLED
				    (SKIP TO ☐
				      343) ↵

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

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

342	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8

343	CHECK 328:
	
	ALU, COARTEM ('E') GIVEN
		CODE 'E' CODE 'E'
		CIRCLED NOT
		[ ] CIRCLED
		     (SKIP TO [ ]
		     346)
			CODE 'E' CODE 'E'
			CIRCLED NOT
			[ ] CIRCLED
			     (SKIP TO [ ]
			     346)
				CODE 'E' CODE 'E'
				CIRCLED NOT
				[ ] CIRCLED
				     (SKIP TO [ ]
				     346)

344	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

345	For how many days did (NAME) take the ALu (COARTEM)? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8

346	CHECK 328:
	
	OTHER ANTIMALARIAL ('F') GIVEN
		CODE 'F' CODE 'F'
		CIRCLED NOT
		[ ] CIRCLED
		    [ ]
		   (GO BACK TO 303
		   IN NEXT COLUMN;
		   OR, IF NO MORE
		   BIRTHS, GO TO 401)
			CODE 'F' CODE 'F'
			CIRCLED NOT
			[ ] CIRCLED
			    [ ]
			   (GO BACK TO 303
			   IN NEXT COLUMN;
			   OR, IF NO MORE
			   BIRTHS, GO TO 401)
				CODE 'F' CODE 'F'
				CIRCLED NOT
				[ ] CIRCLED
				    [ ]
				   (GO TO 303 IN NEXT-
				   TO-LAST COLUMN OF
				   NEW QUESTIONNAIRE;
				   OR, IF NO MORE
				   BIRTHS, GO TO 401)

347	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

348	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8	DAYS . . . . [ ] DON'T KNOW . . . 8
349		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.

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
401	MALE ☐ Are you currently married or living together with a woman as if married?	FEMALE ☐ Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN / WOMAN . 2 NO, NOT IN UNION 3		→ 404
402	Have you ever been married or lived together with a woman as if married?	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN / WOMAN . 2 NO 3		→ 420
403	What is your marital status now: are you widowed, divorced, or separated?	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3		→ 410
404	Is your wife/partner living with you now or is she staying elsewhere?	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER . . . . 1 STAYING ELSEWHERE 2		
405	Do you have more than one wife or woman you live with as if married?	Does your husband/partner have other wives or does does he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		→ 407
406	Altogether, how many wives do you have or other partners do you live with as if married?	Including yourself, in total, how many wives or other partners does your husband live with now as if married?	NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . ☐☐ DON'T KNOW 98		

407	MALE ☐ CHECK 405: IF ONE WIFE/PARTNER: Please tell me the name of your wife (the woman you are living with as if married). IF MORE THAN ONE WIFE/PARTNER: Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. ASK 408 FOR EACH PERSON.	FEMALE ☐ Please tell me the name of your husband (the man you are living together with as if married).

NAME	LINE NUMBER	408 How old was your wife/ husband/ partner on his/her last birthday? AGE
_____	☐☐	☐☐
_____	☐☐	☐☐
_____	☐☐	☐☐
_____	☐☐	☐☐

409	CHECK 407: MALE ☐ ONE WIFE	FEMALE ☐	MALE MORE THAN ☐ ONE WIFE	→ 418A
410	MALE ☐ Have you been married or lived with a woman only once or more than once?	FEMALE ☐ Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2		→ 413

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

411

MALE ☐ → 418

FEMALE ☐

---

412 CHECK 403: IS RESPONDENT CURRENTLY WIDOWED?

CURRENTLY WIDOWED ☐ → 415

NOT ASKED OR CURRENTLY DIVORCED/SEPARATED ☐ → 418

---

413 MALE ☐ → 418A

CHECK 403: IS FEMALE RESPONDENT CURRENTLY WIDOWED?

FEMALE CURRENTLY WIDOWED ☐ → 415

FEMALE AND Q.403 NOT ASKED ☐   FEMALE CURRENTLY DIVORCED/SEPARATED ☐ → 418A

---

414 How did your previous marriage or union end?

DEATH/WIDOWHOOD	. . . .	1
DIVORCE	. . . .	2
SEPARATION	. . . .	3

→ 418A

---

415 To whom did most of your late husband's property go?

RESPONDENT	. . . .	1
OTHER WIFE	. . . .	2
SPOUSE'S CHILDREN	. . . .	3
SPOUSE'S FAMILY	. . . .	4
OTHER _____		6
	(SPECIFY)	
NO PROPERTY	. . . .	7

→ 417

---

416 Did you receive any of your late husband's assets or valuables?

YES	. . . .	1
NO	. . . .	2

416A CHECK 410:

MARRIED MORE THAN ONCE ☐   MARRIED ONCE ☐ → 417

416B Is your current husband related to your previous husband?

IF YES, What is the relationship between your current husband and your previous husband?

YES, BROTHER	. . . .	1
YES, UNCLE	. . . .	2
YES, OTHER _____		3
	(SPECIFY)	
NO, NOT RELATED	. . . .	4

---

417 CHECK 410: MARRIED/LIVED WITH A MAN/WOMAN ONLY ONCE OR MORE THAN ONCE

MARRIED/LIVED WITH A MAN/WOMAN ONLY ONCE ☐   MARRIED/LIVED WITH A MAN/WOMAN MORE THAN ONCE ☐ → 418A

418

MALE ☐

In what month and year did you start living with your wife/partner?

FEMALE ☐

In what month and year did you start living with your husband/partner?

MONTH . . . . ☐☐

DON'T KNOW MONTH 98

418A

Now I would like to ask a question about your first wife/partner.

In what month and year did you start living with your first wife/partner?

Now I would like to ask a question about your first husband/partner.

In what month and year did you start living with your first husband/partner?

YEAR . . . . ☐☐☐☐

DON'T KNOW YEAR 9998

→ 420

419

How old were you when you first started living with her?

How old were you when you first started living with him?

AGE . . . . ☐☐

---

420 CHECK FOR THE PRESENCE OF OTHERS.

BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER. 95	→ 424 → 424
422	CHECK 103: 15-24 ☐ YEARS OLD ↓ 25-49 ☐ YEARS OLD		→ 450
423	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 450
424	CHECK 103: 15-24 ☐ YEARS OLD ↓ 25-49 ☐ YEARS OLD		→ 428A
425	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
426	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 428A
427	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 428A
428	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
428A	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.		
429	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 431 → 449

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
430	When was the last time you had sexual intercourse with this person?		DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐	DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐
431	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 433)◄———	YES . . . . 1 NO . . . . 2 (SKIP TO 433)◄———	YES . . . . 1 NO . . . . 2 (SKIP TO 433)◄———
432	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
433	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2' IF NO, CIRCLE '3'	HUSBAND/WIFE . . . . . . 1 (SKIP TO 439)◄——— LIVE-IN PARTNER . . . . 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND/WIFE . . . . . . 1 (SKIP TO 439)◄——— LIVE-IN PARTNER . . . . 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	HUSBAND/WIFE . . . . . . 1 (SKIP TO 439)◄——— LIVE-IN PARTNER . . . . 2 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)
434	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐
435	CHECK 103:	MAN 15-49/ WOMAN WOMAN 15-24 25-49 ☐ ☐ (SKIP TO 439)◄—	MAN 15-49/ WOMAN WOMAN 15-24 25-49 ☐ ☐ (SKIP TO 439)◄—	MAN 15-49/ WOMAN WOMAN 15-24 25-49 ☐ ☐ (SKIP TO 439)◄—
436	How old is this person?	AGE OF PARTNER ☐☐ (SKIP TO 439)◄——— DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 439)◄——— DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 439)◄——— DON'T KNOW 98
437	Is this person older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 439) ◄—	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 439) ◄—	OLDER . . . . 1 YOUNGER . . . . . 2┐ SAME AGE . . . . . 3┤ DON'T KNOW . . . 8┘ (SKIP TO 439) ◄—
438	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
439	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 441)◄───┘	YES . . . . 1 NO . . . . 2 (SKIP TO 441)◄───┘	YES . . . . 1 NO . . . . 2 (SKIP TO 442)◄───┘

440	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY . . . 2
		RESPONDENT AND
		  PARTNER BOTH . 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY . . . 2
			RESPONDENT AND
			  PARTNER BOTH . 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY . . . 2
				RESPONDENT AND
				  PARTNER BOTH . 3
				NEITHER 4

441	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 430 ◄─┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 443)◄───┘	YES . . . . 1 (GO BACK TO 430 ◄─┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 443)◄───┘	
442	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE ' 95'.			NUMBER OF PARTNERS ☐☐ LAST 12 MONTHS DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
443	MALE ☐ FEMALE ☐		→ 449
444	CHECK 433 (ALL COLUMNS): AT LEAST ONE PARTNER ☐ NO PARTNERS IS PROSTITUTE ARE PROSTITUTES ☐		→ 446
445	CHECK 433 AND 431 (ALL COLUMNS): NO CONDOM USED/ CONDOM NOT USED WITH EVERY ☐ PROSTITUTE CONDOM USED WITH ☐ EVERY PROSTITUTE		→ 449 → 448
446	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 449
447	The last time you paid someone in exchange for sexual intercourse, was a condom used?	YES . . . . 1 NO 2	→ 449
448	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	
449	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
450	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 501
451	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** REGIONAL CONSULTANT HOSP. . A DISTRICT HOSPITAL . . . . B GOVT. HEALTH CENTRE . . . . C DISPENSARY/PARASTATAL . . . . D VILLAGE HEALTH POST/WORKER . . . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION HOSP/RELIGIOUS ORG . . . G PRIVATE DOCTOR/CLINIC . . . . H PHARMACY/CHEMIST . . . . I UMATI . . . . J OTHER PRIVATE MEDICAL_____ K **OTHER** SHOP, KIOSK . . . . L WORK PLACE . . . . M BAR . . . . N SCHOOL . . . . O GUEST HOUSE . . . . P FRIEND, RELATIVES . . . . Q OTHER _____ X (SPECIFY)	
452	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 5 - HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 601
502	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
504	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	
505	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
508	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
509	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

510	CHECK 509:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 512

511	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	
512	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
513	FEMALE ☐ MALE ☐		→ 524

514	CHECK 213 AND 216: NO BIRTHS ☐
	    LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐
	    JANUARY 2004 JANUARY 2004
			→ 524
			
			→ 524

515	CHECK 305 FOR LAST BIRTH:
	    CODES A-E ☐ OTHER CODES ☐
	    CIRCLED ↓ CIRCLED
			→ 524

516	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517	During any of the antenatal visits for that birth, did anyone talk to you about:		
			YES	NO	DK	
	Babies getting the AIDS virus from their mother?	AIDS FROM MOTHER 1 2 8	
	Things that you can do to prevent getting the AIDS virus?	THINGS TO DO . 1 2 8	
	Getting tested for the AIDS virus?	TESTED FOR AIDS . 1 2 8	
518	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
519	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	→ 524
520	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

521	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		GOVERNMENT/PARASTATAL
		  REFERAL/SPEC. HOSPITAL . . . 11
		  REGIONAL HOSPITAL 12
		  DISTRICT HOSPITAL 13
		  HEALTH CENTRE 14
		  DISPENSARY 15
		  VILLAGE HEALTH POST (WORKER) 16
		  CBD WORKER 17
		
		RELIGIOUS/VOLUNTARY
		  REFERAL/SPEC. HOSPITAL . . . 21
		  DISTRICT HOSPITAL 22
		  GOVT. HEALTH CENTRE 23
		  DISPENSARY 24
		
		PRIVATE
		  HOSPITAL 31
		  HEALTH CENTRE 32
		  DISPENSARY 33
		
		OTHER
		  NGO 42
		  VCT CENTRE 43
		
		OTHER _____ 96
		                (SPECIFY)	

522	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 525 .
523	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	→ 531
524	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	→ 529
525	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	
526	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
527	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

528	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		GOVERNMENT/PARASTATAL
		  REFERAL/SPEC. HOSPITAL . . . 11
		  REGIONAL HOSPITAL 12
		  DISTRICT HOSPITAL 13
		  HEALTH CENTRE 14
		  DISPENSARY 15
		  VILLAGE HEALTH POST (WORKER) 16
		  CBD WORKER 17
		RELIGIOUS/VOLUNTARY
		  REFERAL/SPEC. HOSPITAL . . . 21
		  DISTRICT HOSPITAL 22
		  GOVT. HEALTH CENTRE 23
		  DISPENSARY 24
		PRIVATE
		  HOSPITAL 31
		  HEALTH CENTRE 32
		  DISPENSARY 33
		OTHER
		  NGO 42
		  VCT CENTRE 43
		
		OTHER _____ 96
		            (SPECIFY)
			→ 531

529.	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 531

530	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	Any other place?
	
	RECORD ALL SOURCES MENTIONED.
		GOVERNMENT/PARASTATAL
		  REFERAL/SPEC. HOSPITAL . . . B
		  REGIONAL HOSPITAL C
		  DISTRICT HOSPITAL . . . . D
		  HEALTH CENTRE . . . . E
		  DISPENSARY . . . . F
		  VILLAGE HEALTH POST (WORKER) G
		  CBD WORKER . . . . H
		RELIGIOUS/VOLUNTARY
		  REFERAL/SPEC. HOSPITAL . . . I
		  DISTRICT HOSPITAL . . . . J
		  GOVT. HEALTH CENTRE . . . . . K
		  DISPENSARY L
		PRIVATE
		  HOSPITAL . . . . M
		  HEALTH CENTRE . . . . N
		  DISPENSARY . . . . O
		OTHER
		  NGO . . . . Q
		  VCT CENTRE . . . . R
		
		OTHER _____ X
		            (SPECIFY)	

531	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
532	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
533	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?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
534	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?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
535	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO . . . . 2 DK ANYONE WITH AIDS 3	→ 540
536	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
537	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . 1 NO 2	
538	CHECK 535, 536, 537: NOT A SINGLE ☐ AT LEAST ☐ "YES" ONE 'YES'		→ 540
539	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . 1 NO 2	
540	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
541	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NO OPINION 8	
542	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
543	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
544	During the past 12 months, did you ever watch on television or heard on the radio an HIV education programme?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	601
545	What is the name of the programme?	FEMINA/FEMA . . . . 1 SIMCHIZO . . . . 2 OTHER _____ 6 SPECIFY DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 605

602	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		         (SPECIFY)
		DON'T KNOW . . . . Z	

603	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
604	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
605	Now I would like to ask you some questions about any injections you have had in the last twelve months. Have you had an injection for any reason in the last twelve months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 609
606	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 609

607	The last time you had an injection given to you by a health worker, where did you go to get the injection?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		GOVERNMENT/PARASTATAL
		  REFERAL/SPEC. HOSPITAL . . . 11
		  REGIONAL HOSPITAL 12
		  DISTRICT HOSPITAL 13
		  HEALTH CENTRE 14
		  DISPENSARY 15
		  VILLAGE HEALTH POST (WORKER 16
		  CBD WORKER 17
		RELIGIOUS/VOLUNTARY
		  REFERAL/SPEC. HOSPITAL . . . 21
		  DISTRICT HOSPITAL 22
		  GOVT. HEALTH CENTRE 23
		  DISPENSARY 24
		PRIVATE
		  HOSPITAL 31
		  HEALTH CENTRE 32
		  DISPENSARY 33
		OTHER
		  NGO 42
		  VCT CENTRE 43
		
		OTHER _____ 96
		       (SPECIFY)	

608	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DK 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	FEMALE ☐ ──────────────────────────────► MALE ☐ ↓		611
610	Some men are circumcised. Are you circumcised?	YES . . . . 1 NO 2	
611	CHECK 501: ☐ HEARD ABOUT AIDS ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? ☐ NOT HEARD ABOUT AIDS Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
612	CHECK 421: HAS HAD SEXUAL INTERCOURSE ☐ ↓ HAS NOT HAD SEXUAL INTERCOURSE ☐ ─────────►		620
613	CHECK 611: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ ↓ NO ☐ ──────────────►		615
614	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
615	MALE ☐ ↓ FEMALE ☐ ↓ Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
616	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
617	CHECK 614, 615, AND 616: HAS HAD AN INFECTION (ANY 'YES') ☐ ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ ─────────►		620
618	The last time you had (PROBLEM FROM 614/615/616), did you seek any kind of advice or treatment?	YES . . . . 1 NO . . . . 2 ──►	620

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

619	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		GOVERNMENT/PARASTATAL
		   REFERAL/SPEC. HOSPITAL . . . B
		   REGIONAL HOSPITAL C
		   DISTRICT HOSPITAL . . . . D
		   HEALTH CENTRE . . . . E
		   DISPENSARY . . . . F
		   VILLAGE HEALTH POST (WORKER) G
		   CBD WORKER . . . . H
		
		RELIGIOUS/VOLUNTARY
		   REFERAL/SPEC. HOSPITAL . . . I
		   DISTRICT HOSPITAL . . . . J
		   GOVT. HEALTH CENTRE . . . . . K
		   DISPENSARY L
		
		PRIVATE
		   HOSPITAL . . . . M
		   HEALTH CENTRE . . . . N
		   DISPENSARY . . . . O
		
		OTHER
		   PHARMACY . . . . P
		   NGO . . . . Q
		   VCT CENTRE . . . . R
		
		OTHER _____ X
		                (SPECIFY)	

620	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
621	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	
622	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
623	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

624	CHECK 401:
	
	                    FEMALE,
	            CURRENTLY MARRIED/
	            LIVING WITH A PARTNER ↓
	
	                         FEMALE,
	                  NOT IN UNION ☐
	
	                             MALE ☐
			→ 627
			
			→ 627

625	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/UNSURE 8	
626	Could you ask your husband/partner to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/UNSURE 8	
627	RECORD THE TIME. THEN GO TO 701	HOUR . . . . ☐☐ MINUTES . . . . ☐☐ MORNING . . . . 1 AFTERNOON . . . . 2 EVENING/NIGHT 3	

SECTION 7 - HIV TEST

THIS PAGE TO BE DESTROYED BEFORE MERGING DATA AND HIV RESULTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK Q. 103: AGE 15-17 ☐ AGE 18-49 ☐		→ 704
702	CHECK Q. 402: NO IN 402 ☐ OTHER ☐ (NEVER IN UNION)		→ 704
703	FIND THE PARENT OR OTHER RESPONSIBLE ADULT FOR THE ADOLESCENT. WRITE NAME AND LINE NUMBER OF PARENT/OTHER RESPONSIBLE ADULT FROM THE HOUSEHOLD QUESTIONNAIRE. IF YOUTH LIVES INDEPENDENTLY, WRITE A NOTE AT BOTTOM TO INDICATE THIS AND RECORD '00'.	NAME AND LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT _____ ☐☐	
704	READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IF RESPONDENT CONSENTS TO HIV TEST AND CODE 3' IF HE/SHE REFUSES. FOR NEVER-IN-UNION MEN/WOMEN AGE 15-17, ASK CONSENT FROM PARENT OR OTHER ADULT IDENTIFIED AS RESPON-SIBLE FOR THE ADOLESCENT (SEE QUESTION 703) BEFORE ASKING FOR HIS/HER CONSENT). CIRCLE CODE '2' IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT. As part of this survey we also are asking people all over Tanzania 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. For the HIV test, we need a **few drops of blood** from a finger. The equipment being used in taking 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 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 the nearby facilities offering free counseling and testing for HIV. 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?	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	→ END → END
705	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	
706	OUTCOME OF HIV TEST PROCEDURE	SAMPLE TAKEN . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER _____ 6 (SPECIFY)	→ END

<div align="center">INTERVIEWER'S OBSERVATIONS</div>

<div align="center">TO BE FILLED IN AFTER COMPLETING INTERVIEW</div>

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

<div align="center">SUPERVISOR'S OBSERVATIONS</div>

_____
_____
_____
_____
_____
_____
_____

NAME OF THE SUPERVISOR:_____   DATE: _____