

<b>woman Line Number</b>		<b>QUESTIONNAIRE CODE</b>																													
		<b>TEAM</b>	<b>ENUM</b>		<b>DISTRICT</b>		<b>EA</b>		<b>HOUSEHOLD</b>																						
16 MAY 2014				-																											
RBF MIDLINE HOUSEHOLD SURVEY FINAL MODEL HOUSEHOLD QUESTIONNAIRE ZIMBABWE 2014																															
<b>IDENTIFICATION</b>																															
PLACE NAME _____ District _____ Ward _____ NAME OF WOMAN _____ HOUSEHOLD NUMBER ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> GEOCODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">PROVINCE</th> <th style="width: 10%;">DISTRICT</th> <th style="width: 10%;">WARD</th> <th style="width: 10%;">SECTOR</th> <th style="width: 10%;">EA</th> </tr> <tr> <td style="background-color: #cccccc;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												PROVINCE	DISTRICT	WARD	SECTOR	EA															
PROVINCE	DISTRICT	WARD	SECTOR	EA																											
<b>INTERVIEWER VISITS</b>																															
	1	2	3	FINAL VISIT																											
DATE				DAY	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																										
INTERVIEWER'S NAME				MONTH																											
RESULT*				YEAR																											
NEXT VISIT: DATE				INT. NUMBER																											
TIME				RESULT																											
				TOTAL NUMBER OF VISITS	<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>																										
*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 PARTIALLY COMPLETE 10 OTHER _____ (SPECIFY)				TOTAL ELIGIBLE WOMEN <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>																											
SUPERVISOR			REGIONAL CO-ORDINATOR			OFFICE EDITOR		KEYED BY																							
NAME _____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>			NAME _____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>			<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>		<span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>																							

## WOMAN QUESTIONNAIRE

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W200	Reproduction	1	All women aged 15-49 years	Self
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W900	HIV/AIDS and Other	2	All women aged 15-49 years	Self
W400	Pregnancy & Postnatal Care	9	ALL Women aged 15-49 years, who had a pregnancy outcome (live birth, still birth, miscarriage, abortion) in or after May 2012	Self
W500	Maternal Mental Health	1	ALL Women aged 15-49 years, who had a pregnancy outcome (live birth, still birth, miscarriage, abortion) in or after May 2012	Self
0	Interviewer's Observations	1		
		24 pages		

# INFORMED CONSENT FORM

## Health Results-Based Financing: Zimbabwe midline evaluation household survey in 32 Districts

Hello. My name is \_\_\_\_\_. I am working with the JIMAT Development Consultants. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. The purpose of the study is to find ways to improve access by women to maternal, newborn and child health services in Zimbabwe. You were selected as a participant in this study because you are between 15-49 years. You will be part of women from a total 2000 households who have been selected to participate in this survey in Zimbabwe.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over. The questions usually take about 45 minutes.

### What you should know about this research study:

- We give you this consent so that you may read about the purpose, risks, and benefits of this research study.
- Routine care is based upon the best known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients.
- We cannot promise that this research will benefit you. Just like regular care, this research can have side effects that can be serious or minor.
- You have the right to refuse to take part, or agree to take part now and change your mind later
- Whatever you decide, it will not affect your regular care
- Please review this consent form carefully. Ask any questions before you make a decision.
- Your participation is voluntary.

### PROCEDURES AND DURATION

If you decide to participate, we shall be asking you questions to understand where you sought health care for your last pregnancy in the last 24 months. We would also like to know how much you spent in seeking this health care. We will also be collecting information about your household including: assets that you possess, the people you live with among other issues.

### RISKS AND DISCOMFORTS

There could be minimal risks associated with your participation in this study. We shall require information on the outcome of any pregnancy you have had in the past 24 months which may include any miscarriage or still birth. We will seek your approval to go ahead with the interview in this event.

### BENEFITS AND/OR COMPENSATION

We cannot and do not guarantee or promise that you will receive any benefits from this study.

### CONFIDENTIALITY

If you indicate your willingness to participate in this study by signing this document, we will not disclose your personal information to any entity but the information will be analysed together with other participants. Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. The information we shall collect will be used by the Ministry of Health and Child Care, and the World Bank.

### AUTHORIZATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

\_\_\_\_\_  
Name of Research Participant (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or legally authorized representative

\_\_\_\_\_  
Time

\_\_\_\_\_  
Relationship to the Participant

\_\_\_\_\_  
Name of Staff Obtaining Consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (if required)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

RECORD THE START TIME

HOUR

MINUTES


**100 Knowledge on Maternal Health (Female)**

SUBJECT: ALL FEMALE HOUSEHOLD MEMBERS 15-49 YEARS OLD  
RESPONDENT: SELF

LINE Number	W101	W102	W103	W104	W105	W106
	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	Do you know any medications or methods to delay or avoid getting pregnant?	Can you please tell me the medications or methods to delay or avoid getting pregnant?	Have you ever heard about antenatal care services, that is the services a woman should receive during pregnancy?	How many antenatal care visits one woman should have during her pregnancy ?
				RECORD ALL THAT APPLY		
				FEMALE STERILIZATION		
				01		
				MALE STERILIZATION		
				02		
				INTRA UTERINE DEVICE / SPIRAL		
				03		
				INJECTABLES / DEPOPROVERA		
				04		
				IMPLANTS / NORPLANT/JADELLE		
				05		
				PILL		Don't
				06		Know
				MALE CONDOM		=98
				07		
				FEMALE CONDOM		
				08		NUMBER
		JUST BEFORE HER PERIOD BEGINS 1		DIAPHRAGM	09	YES 1
		DURING HER PERIOD 2		FOAM/JELLY	10	NO 2 ► W108
	YES 1	RIGHT AFTER HER PERIOD HAS ENDE 3	YES 1	LACTATIONAL AMEN. METHOD	11	
	NO 2	HALFWAY BETWEEN TWO PERIODS 4	NO 2	RHYTHM / NATURAL METHOD	12	
	► W103	OTHER (SPECIFY) 96	► W105	WITHDRAWAL	13	
	DON'T KNOW 99	DON'T KNOW 99		OTHER MODERN METHOD	14	
	► W103			OTHER TRADITIONAL METHOD	15	

## Knowledge on Maternal Health (Female)

## 8 Knowledge on Ma

SUBJECT: ALL FEMALE HOUSEHOLD MEMBERS 15-49 YEARS OLD  
RESPONDENT: SELF

SUBJECT: ALL FEMALE HOUSEHOLD MEMBERS 15-49 YEARS OLD  
RESPONDENT: SELF

W107	W108	W109	W110	W111	W112
What specific services does a woman get during antenatal care?	Do you know about any danger signs/complications of pregnancy?	What are the danger signs/complications of pregnancy?	Have you ever heard about postnatal care services, that is the services a woman should receive after the childbirth?	How many postnatal care visits one woman should have after the childbirth?	Have you heard of an illness/disease called HIV or AIDS?
RECORD ALL THAT APPLY		RECORD ALL THAT APPLY			
WEIGHT MEASUREMENT 01					
HEIGHT MEASUREMENT 02					
BLOOD PRESSURE MEASUREMENT 03		EXCESSIVE VAGINAL BLEEDING 01			
URINE TEST 04		FEVER 02			
BLOOD TEST 05		SWOLLEN FACE, HANDS OR LEGS 03		Don't	
ABDOMEN/TUMMY EXAMINATION 06		DIFFICULTY IN BREATHING 04		Know	
DUE DATE FOR DELIVERY ESTIMATION 07		SEVERE HEADACHE 05		=98	
DRUGS AGAINST MALARIA 08		CONVULSIONS/FITS 06		NUMBER	
TETANUS TOXOID INJECTION 09	YES 1	LIGHTHEADEDNESS/DIZZINESS/BLACKOUT 07	YES 1		YES 1
IRON AND FOLIC ACID 10	NO 2 ► W110	BLURRED VISION 08	NO 2 ► W112		NO 2
ADVICE ON DANGER SIGNS OF PREGNANCY 11		HIGH BLOOD PRESSURE 09			► NEXT SECTION
PLANNING DELIVERY IN THE FACILITY 12		SEVERE PAIN IN LOWER BELLY/TUMMY 10			
ADVICE ON WHAT TO DO IN CASE OF EMERGENCY 13		BAG OF WATER LEAKS OR BREAKS 11			
DIET AND NUTRITION ADVICE 14		BABY STOPS OR REDUCES MOVING 12			
OTHER (SPECIFY _____) 96					

# Internal Health (Female)

W113	W114	W115	W116	W117	W118
Please mention all the ways in which you believe a person can get HIV/AIDS.	Can HIV-AIDS be transmitted from a mother to her baby?	When can HIV-AIDS be transmitted from a mother to her baby?	Are there any special drugs that a doctor or a nurse can give to a woman infected with the HIV/AIDS to reduce the risk of transmission to the baby?	Can a person avoid getting HIV/AIDS?	How can a person avoid getting HIV/AIDS?
RECORD ALL THAT APPLY		RECORD ALL THAT APPLY			RECORD ALL THAT APPLY
					USE CONDOMS FOR SEXUAL INTERCOURSE 01
					AVOID SHARING NEEDLES/SYRINGES 02
					AVOID CASUAL SEX 03
					STAY FAITHFUL TO PARTNER 04
					AVOID COMMERCIAL SEX WORKERS 05
					AVOID CONTAMINATED BLOOD 06
					AVOID SEX COMPLETELY/ABSTINENCE 07
					AVOID SEX WITH PERSONS WHO INJECT DRUGS 08
					AVOID KISSING 10
AVOID MOSQUITO BITES 11					
GET CIRCUMCISED 12					
OTHER, Specify 96					
SEXUAL INTERCOURSE 01	YES 1	By breastfeeding 03	YES 1	YES 1	
SHARING NEEDLES/UNCLEAN MEDICAL EQUIPME 02	NO 2 ► W117		NO 2	NO 2 ► NEXT SECTION	ENCOURAGE PARTNER TO STAY FAITHFUL 09
BLOOD TRANSFUSIONS 03	DON'T KNOW 99 ► W117		DON'T KNOW 99	DON'T KNOW 99 ► NEXT SECTION	AVOID KISSING 10
CASUAL CONTACT WITH INFECTED PERSON 04					AVOID MOSQUITO BITES 11
KISSING AND HUGGING 05					GET CIRCUMCISED 12
MOTHER TO CHILD DURING PREGNANCY/BIRTH 06					OTHER, Specify 96
THROUGH BREAST MILK 07					
MOSQUITO OR OTHER INSECT BITES 08					
WITCHCRAFT 09					
OTHER, specify 96					
DON'T KNOW 99					

**SECTION 2. REPRODUCTION**

**SUBJECT: WOMEN WHO ARE BETWEEN 15-49 YEARS OLD**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
W201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ W206								
W202	Do you have any sons or daughters to whom you have given birth who are currently living with you?	YES ..... 1 NO ..... 2	→ W204								
W203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
W204	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	→ W206								
W205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
W206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ W208								
W207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
W208	SUM ANSWERS TO W203, W205, AND W207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
W226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ W230								
W227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
W228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ W230								
W229	Did you want to have a baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2									
W230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ W303								
W231	When did the last such pregnancy end?	MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>									
W232	<b>CHECK 231:</b>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>LAST PREGNANCY ENDED IN MAY. 2012 OR LATER</b>  <input type="checkbox"/> </div> <div style="text-align: center;"> <b>LAST PREGNANCY ENDED BEFORE MAY. 2012</b>  <input type="checkbox"/> </div> </div>		→ W303								
W232a	If live birth, what is the date of birth?	MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table>									
W233	How many months pregnant were you when the last such pregnancy ended?	MONTHS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>  WM-7									

SECTION 3. CONTRACEPTION

SUBJECT: ALL WOMEN 15 - 49 years

W303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ W313
W303A	In what month and year did you start to use the current method?	MONTH ..... YEAR .....	
W304	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 14 OTHER TRADITIONAL METHOD ..... 15	→ W307          → W313
W307	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.    IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)    RECORD ONE OPTION ONLY	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 URBAN/MUNICIPAL CLINIC ..... 14 RURAL HOSPITAL ..... 15 RURAL HEALTH CENTRE ..... 16 ZNPPC CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY) MISSION HOSPITAL ..... 21 MISSION CLINIC ..... 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PRIVATE DOCTOR'S SURGERY ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY) OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	
W308	In what month and year was the sterilization performed?	MONTH ..... YEAR .....	
W308A	When you got sterilized, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	
W313	Have you ever used anything (including the current method) or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	



W315	You first started using (CURRENT METHOD) in (DATE FROM 303a). Where did you get it at that time?	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 URBAN/MUNICIPAL CLINIC ..... 14 RURAL HOSPITAL ..... 15 RURAL HEALTH CENTRE ..... 16 ZNFPC CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY) MISSION HOSPITAL ..... 21 MISSION CLINIC ..... 22 PHARMACY ..... 25 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PRIVATE DOCTOR'S SURGERY ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY)					
W316A	How much did you have to pay for the method at this facility? (IF DIDN'T PAY, WRITE 00)	<table border="1"> <tr> <td>US\$</td><td>Rands</td></tr> <tr> <td></td><td></td></tr> </table>	US\$	Rands			
US\$	Rands						
W317	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	W319				
W318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	W321				
W319	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2					
W321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2					
W323	Where did you obtain (RE-SUPPLY OF THE CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)   RECORD ONE OPTION ONLY	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 URBAN/MUNICIPAL CLINIC ..... 14 RURAL HOSPITAL ..... 15 RURAL HEALTH CENTRE ..... 16 ZNFPC CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY) MISSION HOSPITAL ..... 21 MISSION CLINIC ..... 22 PHARMACY ..... 25 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PRIVATE DOCTOR'S SURGERY ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 _____ (SPECIFY) RETAIL OUTLET GENERAL DEALER ..... 41 SUPERMARKET ..... 42 TUCK SHOP ..... 43 SERVICE STATION ..... 44 OTHER RETAIL ..... 46 _____ (SPECIFY) OTHER PRIVATE SOURCE CHURCH ..... 51 FRIENDS/RELATIVES ..... 52 OTHER ..... 96 _____ (SPECIFY)					

W323A	How much did you have to pay for the re-supply at this facility? (IF DIDN'T PAY, WRITE 00)	US\$ <div></div>	Rands <div></div>	
W324	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2		→ W326
W325	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.   <div>(NAME OF PLACE(S))</div>   RECORD ALL THAT APPLY	PUBLIC SECTOR CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 URBAN/MUNICIPAL CLINIC ..... 14 RURAL HOSPITAL ..... 15 RURAL HEALTH CENTRE ..... 16 ZNFPC CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18 <div>(SPECIFY)</div> MISSION HOSPITAL ..... 21 MISSION CLINIC ..... 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 CBD ..... 34 OTHER PRIVATE MEDICAL SECTOR ..... 35 <div>(SPECIFY)</div> 36 RETAIL OUTLET GENERAL DEALER ..... 41 SUPERMARKET ..... 42 TUCK SHOP ..... 43 SERVICE STATION ..... 44 OTHER RETAIL ..... 46 <div>(SPECIFY)</div> OTHER PRIVATE SOURCE CHURCH ..... 51 FRIENDS/RELATIVES ..... 52 OTHER ..... 96 <div>(SPECIFY)</div>		
W326	In the last 12 months, were you visited by a village health worker who talked to you about family planning?	YES ..... 1 NO ..... 2		
W327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2		→ W401
W328	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2		

(600) Trust in health services		RECORD RESPONSE		
<b>SUBJECT: WOMEN WHO ARE BETWEEN 15-49 YEARS OLD</b>				
(W600) I'm going to read you a series of statements regarding trust in this local health facility, specify name _____. Please respond to the statements by confirming if you agree, neither agree nor disagree, or disagree with each statement. Please tell me if any of those statements is not applicable to you.				
	<p>READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.</p> <p><b>STRONGLY AGREE</b> 1</p> <p><b>AGREE</b> 2</p> <p><b>NEITHER AGREE OR DISAGREE</b> 3</p> <p><b>DISAGREE</b> 4</p> <p><b>STRONGLY DISAGREE</b> 5</p> <p><b>NOT APPLICABLE</b> 6</p>	<b>W601</b>	The health workers in this facility are extremely thorough and careful.	
		<b>W602</b>	You trust in the skills and abilities of the health workers of this facility.	
		<b>W603</b>	You completely trust the health worker's decisions about medical treatments in this facility.	
		<b>W604</b>	The health workers in this facility are very friendly and approachable.	
		<b>W605</b>	The health workers in this facility are easy to make contact with.	
		<b>W606</b>	The health workers in this facility care about your health just as much or more than you do.	
		<b>W607</b>	The health workers in this facility act differently toward rich people than toward poor people.	
		<b>W608</b>	All in all, you trust the health workers completely in this health facility.	
<b>W609</b>	Do you know of the health center committee (HCC) in your community?	YES 01		
		NO 02 ► W613		
<b>W610</b>	Do you know any of the HCC's members?	YES 01		
		NO 02 ► W613		
<b>W611</b>	Do you know any of the HCC's activities?	YES 01		
		NO 02 ► W613		
<b>W612</b>	<p>What does the HCC do in your community?</p> <p>RECORD ALL THAT APPLY</p>	<p>BRING COMMUNITY HEALTH PRIORITIES 01</p> <p>PROMOTE TRANSPARENCY 02</p> <p>ORGANIZE COMMUNITY ACTIONS FOR HEALTH 03</p> <p>PROMOTE QUALITY ON HEALTH SERVICES 04</p> <p>ACCESS TO DISTRICT LEVEL FUNDS 05</p> <p>ADVOCATE FOR ESSENTIAL RESOURCES 06</p> <p>ORGANISE COMMUNITY INPUTS TO HEALTH SERV 07</p> <p>MONITOR QUALITY OF CARE 08</p>		
<b>W613</b>	Have you ever heard about any health programs in your community?	YES 01		
		NO 02		
<b>W614</b>	Have you ever heard about the Results Based Financing Program (RBF) in your community?	YES 01		
		NO 02		
<b>W615</b>	<p>What is the source of the health information?</p> <p>RECORD ALL THAT APPLY</p>	<p>VHW 01</p> <p>HCC 02</p> <p>VILLAGE HEADMAN 03</p> <p>HEALTH WORKER 04</p> <p>LOCAL MEDIA 05</p> <p>OTHERS (SPECIFY) 06</p>		

**SECTION 9. HIV/AIDS AND OTHER**

**SUBJECT: WOMEN WHO ARE BETWEEN 15-49 YEARS OLD**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
W915	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ W920
W916	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ W920
W917	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> <p>RECORD ONLY ONE RESPONSE</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>RURAL HOSPITAL ..... 14</p> <p>RURAL HEALTH CEN/COUNCIL CLIN ..... 15</p> <p>URBAN/MUNICIPAL CLINIC ..... 16</p> <p>FAMILY PLANNING CLINIC ..... 17</p> <p>SCHOOL BASED CLINIC ..... 18</p> <p>OTHER PUBLIC SECTOR ..... 19</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL ..... 21</p> <p>MISSION CLINIC ..... 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR ..... 31</p> <p>NEW START CENTRE ..... 32</p> <p>SCHOOL BASED CLINIC ..... 33</p> <p>OTHER PRIVATE VCT CENTRE ..... 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... 41</p> <p>HOME ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	
W918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ W920
W919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
W920	<p>FOR ELIGIBLE WOMAN AND FOR LAST BIRTH:</p> <p><input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> _____ →</p>		W930
W921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES ..... 1 NO ..... 2	
W922	I don't want to know the results, but were you tested for HIV at that time?	YES ..... 1 NO ..... 2	→ W930

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
W923	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
W930	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO ..... 2	→ W1006
W931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL THAT APPLY</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>RURAL HOSPITAL ..... 14</p> <p>RURAL HEALTH CEN/COUNCIL CLIN ..... 15</p> <p>URBAN MUNICIPAL CLINIC ..... 16</p> <p>FAMILY PLANNING CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL ..... 21</p> <p>MISSION CLINIC ..... 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ ..... 31</p> <p>PRIVATE DOCTOR ..... 32</p> <p>NEW START CENTRE ..... 33</p> <p>OTHER PRIVATE VCT CENTRE ..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT ..... 41</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
W1006	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO ..... 2	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

**SUBJECT: WOMEN WHO HAD EITHER A LIVE BIRTH, A STILL BIRTH, MISCARRIAGE OR ABORTION IN THE 24 MONTHS PRECEDING THE INTERVIEW**

W401	<p align="center">ONE OR MORE PREGNANCY RELATED OUTCOME ON OR AFTER MAY 2012</p> <p align="center">PREGNANCY RELATED OUTCOME ON OR AFTER MAY 2012</p> <p align="right">NO <input type="checkbox"/> → END</p>	
W408	Did you see anyone for antenatal care for this pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO W414A) ←</p>
W409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p> <p>RECORD ALL THAT APPLY</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 01</p> <p>NURSE MIDWIFE ..... 02</p> <p>NURSE ..... 03</p> <p>NURSE AID ..... 04</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT ..... 05</p> <p>VILLAGE HEALTH WORKER ..... 06</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>
W410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE</p> <p>SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p> <p>RECORD ALL THAT APPLY</p>	<p>HOME</p> <p>YOUR HOME ... 01 → W414A</p> <p>OTHER HOME ... 02</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT HSP ..... 13</p> <p>RURAL HSP ..... 14</p> <p>URBAN/ MUNCPL CLINIC ..... 15</p> <p>RURAL HEALTH CENTRE ..... 16</p> <p>OTHER PUBLIC SECTOR ..... 17</p> <p>(SPECIFY)</p> <p>MISSION HSP ..... 31</p> <p>MISSION CLINIC ..... 32</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... 41</p> <p>OTHER PRIVATE MED. SECTOR ..... 42</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>
W411	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
W412	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
W413	As part of your antenatal care during this pregnancy, were any of the following done at least once:	<p align="center">YES NO DNK</p> <p>a Were you weighed? WEIGHT 1 2 8</p> <p>b Was your height measured? HEIGHT 1 2 8</p> <p>c Was your blood pressure measured? BP ..... 1 2 8</p> <p>d Was your tummy palpated? PALPATE 1 2 8</p> <p>e Did someone use a tape to measure your abdomen? TAPE 1 2 8</p> <p>f Foetal heart sound of baby SOUND 1 2 8</p> <p>g Did you give a urine sample? URINE ... 1 2 8</p> <p>h Did you give a blood sample? BLOOD . 1 2 8</p>

W414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES ..... 1 → NO ..... 2 DON'T KNOW ..... 8	W415	
W414A	[FOR NON FACILITY ANC/NO ANC] Why didn't you visit a formal health facility for the antenatal check up?  RECORD UP TO 3 REASONS.			TOO EXPENSIVE 01 TOO FAR 02 FACILITY HAS POOR STRUCTURE 03 FACILITY POORLY STOCKED 04 POOR STAFF ATTITUDE 05 POOR STAFF KNOWLEDGE 06 POOR QUALITY OF CARE 07 SERVICE NOT AVAILABLE 08 NO TRANSPORTATION 09 DID NOT NEED 10 INCONVENIENT HOURS 11 LONG WAITING TIME 12 PREFER HOME DELIVERY 13 FAMILY DIDN'T WANT ME TO GO 14 CULTURAL/RELIGIOUS BELIEF 15 OTHER (SPECIFY) 96
W415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, lockjaw or prolonged spasms after birth?	YES ..... 1 NO ..... 2 (SKIP TO W418) ← DON'T KNOW ..... 8		
W416	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
W417	CHECK W416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO W421) ↓		
W418	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO W421) ← DON'T KNOW ..... 8		
W419	Before this pregnancy, how many times did you receive a tetanus injection?	TIMES ..... <input type="text"/> IF 7 OR MORE TIMES, RECORD '7'. DON'T KNOW ..... 8		
W420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
W421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES ..... 1 NO ..... 2 (SKIP TO W423) ← DON'T KNOW ..... 8		
W422	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS <input type="text"/> <input type="text"/> <input type="text"/> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. DON'T KNOW ... 998		
W423	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
W424	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO W429A) ← DON'T KNOW ..... 8		

W425	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . 01 CHLOROQUINE . . . . 02 COARTEMETHER . . . 03 DELTAPRIM . . . . . 04  OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98		
W426	CHECK W425:  SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE '01' CODE CIRCLED 01' NOT (SKIP TO W429A)		
W427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . .		
W428	CHECK W409:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE '01', OTHER 02' OR '03' OR '04' CIRCLED (SKIP TO W429A)		
W429	Did you get the (SP/Fansidar) 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		
W429A	WHEN YOU WENT TO THE HEALTH INSTITUTION TO SEEK ANTE-NATAL CARE, HOW SATISFIED WERE YOU WITH THE FOLLOWING?  VERY UNSATISFIED 1 UNSATISFIED 2 NEITHER SATISFIED NOR UNSATISFIED 3 SATISFIED 4 VERY SATISFIED 5 NOT APPLICABLE 6	a Cleanliness of the health facility b Operating hours of the health facility c Waiting time d Staff being courteous and respectful e Understanding your health condition/illness f Privacy during the visit g Health facility having sufficient medication and drugs available h Staff spent sufficient amount of time with you i Cost of treatment (out of pocket) j Drug use counseling		
W429B	How many days in total did you spend on all ANC visits?		days	
W429C	What would be your average <u>daily</u> earning if you were to use those days to work?	us\$	Rands	
W429D	How many days in total did family members spend on accompanying you to all these ANC visits? (IF NOBODY ACCOMPANIED THE WOMAN, RECORD 00, IF MULTIPLE MEMBERS, ADD THE DAYS SPENT BY EACH MEMBER)		days	
W429E	What would be the average daily earning if the family members were to use those days to work? (IF MULTIPLE MEMBERS, TAKE THE AVERAGE DAILY EARNING)	us\$	Rands	



W429F	<p>During your last pregnancy, how much did your household spend out of its own pocket for the total ANC care? Specifically, how much did your household pay out of pocket for .....</p>	<table border="1"> <tr> <th></th> <th>USD</th> <th>Rand</th> </tr> </table>			USD	Rand
	USD	Rand				
		<p>a Official provider fees</p> <p>b Laboratory and X-ray Fees</p> <p>c Transportation to and from</p> <p>d Medicine fees</p> <p>e Hospital/Clinic stay and food</p> <p>f Any other payments to the provider</p> <p>g Any other official payments to the facility</p> <p>h Informal payment/gift to health staff</p>				
W429G	<p>Where did the money come from that was used to pay for your delivery care?</p> <p>RECORD UP TO 3 SOURCES.</p>	<p>a SAVINGS/REGULAR HOUSEHOLD BUDGET</p> <p>b HEALTH INSURANCE</p> <p>c SELLING HOUSEHOLD POSSESSIONS</p> <p>d SELLING LIVESTOCK</p> <p>e SELLING CROPS</p> <p>f FROM A FRIEND OR RELATIVE (REMITTANCES)</p> <p>g FROM SOMEONE OTHER THAN FRIEND OR FAMILY</p> <p>h FREE SERVICE</p> <p>i OTHER (specify: _____)</p>				
W429H	<p>Did you pay anything for medication, hospital/clinic stay, accomodation including transportation to and from the hospital/clinic?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>				
W430A	<p>ONE OR MORE LIVE BIRTHS <input type="checkbox"/> <span style="margin-left: 200px;">NO LIVE BIRTHS <input type="checkbox"/> → W433</span></p>					
W430B	<p>IF CHILD NOT ON THE HOUSEHOLD ROSTER, WRITE 00 AND PROCEED TO W430</p>	<p>Child 1 Line Number.....</p>	<p>Child 2 Line Number.....</p>	<p>Child 3 Line Number.....</p>		
W430	<p>When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?</p>	<p>VERY BIG ..... 1</p> <p>BIGGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>VERY BIG ..... 1</p> <p>BIGGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>VERY BIG ..... 1</p> <p>BIGGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>		
W431	<p>Was (NAME) weighed at birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO W433) ← 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO W433) ← 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO W433) ← 8</p>		
W432	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>		
W433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE MIDWIFE ..... 12</p> <p>NURSE ..... 13</p> <p>NURSE AID..... 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 22</p> <p>VILLAGE HEALTH WORKER ... 23</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED 99</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE MIDWIFE ..... 12</p> <p>NURSE ..... 13</p> <p>NURSE AID..... 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 22</p> <p>VILLAGE HEALTH WORKER ... 23</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND .31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED 99</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE MIDWIFE ..... 12</p> <p>NURSE ..... 13</p> <p>NURSE AID..... 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 22</p> <p>VILLAGE HEALTH WORKER ..... 23</p> <p>OTHER PERSON</p> <p>RELATIVE/FRIEND . 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED 99</p>		

W434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME . . . 11</p> <p>(SKIP TO W434A) ← 12</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP . . 21</p> <p>PROVINCIAL</p> <p>HOSPITAL . . . 22</p> <p>DISTRICT HSP . 23</p> <p>RURAL HSP . . . 24</p> <p>URBAN MUNCPL</p> <p>CLINIC . . . . 25</p> <p>RURAL HEALTH</p> <p>CENTRE . . . . 26</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP . . 31</p> <p>MISSION CLC . . 32</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC . . . . 41</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR . 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO W438) ←</p>	<p>HOME</p> <p>YOUR HOME . . . 11</p> <p>(SKIP TO W434A) ← 12</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP . . 21</p> <p>PROVINCIAL</p> <p>HOSPITAL . . . 22</p> <p>DISTRICT HSP . 23</p> <p>RURAL HSP . . . 24</p> <p>URBAN MUNCPL</p> <p>CLINIC . . . . 25</p> <p>RURAL HEALTH</p> <p>CENTRE . . . . 26</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP . . 31</p> <p>MISSION CLC . . 32</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC . . . . 41</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR . 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO W438) ←</p>	<p>HOME</p> <p>YOUR HOME . . . . 11</p> <p>(SKIP TO W434A) ← 12</p> <p>OTHER HOME . . . . 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP . . 21</p> <p>PROVINCIAL</p> <p>HOSPITAL . . . . 22</p> <p>DISTRICT HSP . 23</p> <p>RURAL HSP . . . . 24</p> <p>URBAN MUNCPL</p> <p>CLINIC . . . . . 25</p> <p>RURAL HEALTH</p> <p>CENTRE . . . . . 26</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP . . 31</p> <p>MISSION CLC . . 32</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC . . . . . 41</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR . 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SKIP TO W438) ←</p>																																		
W434A	<p>[FOR HOME DELIVERY] Why didn't you deliver in a formal health facility for this pregnancy?</p> <p>RECORD UP TO 3 REASONS.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>TOO EXPENSIVE</td><td style="text-align: right;">01</td></tr> <tr><td>TOO FAR</td><td style="text-align: right;">02</td></tr> <tr><td>WAS TOO LATE IN DELIVERY</td><td style="text-align: right;">03</td></tr> <tr><td>FACILITY HAS POOR STRUCTURE</td><td style="text-align: right;">04</td></tr> <tr><td>FACILITY POORLY STOCKED</td><td style="text-align: right;">05</td></tr> <tr><td>POOR STAFF ATTITUDE</td><td style="text-align: right;">06</td></tr> <tr><td>POOR STAFF KNOWLEDGE</td><td style="text-align: right;">07</td></tr> <tr><td>POOR QUALITY OF CARE</td><td style="text-align: right;">08</td></tr> <tr><td>SERVICE NOT AVAILABLE</td><td style="text-align: right;">09</td></tr> <tr><td>NO TRANSPORTATION</td><td style="text-align: right;">10</td></tr> <tr><td>DID NOT NEED</td><td style="text-align: right;">11</td></tr> <tr><td>INCONVENIENT HOURS</td><td style="text-align: right;">12</td></tr> <tr><td>LONG WAITING TIME</td><td style="text-align: right;">13</td></tr> <tr><td>PREFER HOME DELIVERY</td><td style="text-align: right;">14</td></tr> <tr><td>FAMILY DIDN'T WANT ME TO GO</td><td style="text-align: right;">15</td></tr> <tr><td>CULTURAL BELIEF</td><td style="text-align: right;">16</td></tr> <tr><td>OTHER (SPECIFY)</td><td style="text-align: right;">96</td></tr> </table> <p style="text-align: right; margin-top: 10px;">→ W438</p>			TOO EXPENSIVE	01	TOO FAR	02	WAS TOO LATE IN DELIVERY	03	FACILITY HAS POOR STRUCTURE	04	FACILITY POORLY STOCKED	05	POOR STAFF ATTITUDE	06	POOR STAFF KNOWLEDGE	07	POOR QUALITY OF CARE	08	SERVICE NOT AVAILABLE	09	NO TRANSPORTATION	10	DID NOT NEED	11	INCONVENIENT HOURS	12	LONG WAITING TIME	13	PREFER HOME DELIVERY	14	FAMILY DIDN'T WANT ME TO GO	15	CULTURAL BELIEF	16	OTHER (SPECIFY)	96
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OTHER (SPECIFY)	96																																					
W435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>																																		
W435A	<p>WHEN YOU WENT TO THE HEALTH INSTITUTION FOR DELIVERY, HOW SATISFIED WERE YOU WITH THE FOLLOWING?</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">VERY UNSATISFIED</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 40%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>UNSATISFIED</td> <td style="text-align: right;">2</td> <td></td> <td></td> </tr> <tr> <td>NEITHER SATISFIED NOR UNSATISFIED</td> <td style="text-align: right;">3</td> <td></td> <td></td> </tr> <tr> <td>SATISFIED</td> <td style="text-align: right;">4</td> <td></td> <td></td> </tr> <tr> <td>VERY SATISFIED</td> <td style="text-align: right;">5</td> <td></td> <td></td> </tr> <tr> <td>NOT APPLICABLE</td> <td style="text-align: right;">6</td> <td></td> <td></td> </tr> </table>				VERY UNSATISFIED	1			UNSATISFIED	2			NEITHER SATISFIED NOR UNSATISFIED	3			SATISFIED	4			VERY SATISFIED	5			NOT APPLICABLE	6												
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W435B	Did you pay anything for medication, hospital/clinic stay, accomodation including transportation to and from the hospital/clinic?		YES ..... 1 NO ..... 2		► W435E	
W435C	During your last pregnancy, how much did your household spend out of its own pocket for your delivery? Specifically, how much did your household pay out of pocket for ...		USD      ZAR			
			a Official provider fees			
			b Laboratory and X-ray Fees			
			c Surgery (c-section and complications)			
			d Medicines			
			e Hospital/clinic stay and food			
			f Transportation to and from			
			g Any other payments to the provider			
			h Any other official payments to the facility			
			i Informal payment/gift to health staff			
W435D	Where did the money come from that was used to pay for your delivery care?		a SAVINGS/REGULAR HOUSEHOLD BUDGET b HEALTH INSUARANCE c SELLING HOUSEHOLD POSSESSIONS d SELLING LIVESTOCK e SELLING CROPS f FROM A FRIEND OR RELATIVE (REMITTANCES) g FROM SOMEONE OTHER THAN FRIEND OR FAMILY h FREE SERVICE i OTHER (specify: _____)			
W435E	For your last delivery, how many days in total did you spend at the facility and travelling to and from facility?		<input type="text"/> days			
W435F	What would be your average daily earning if you were to use those days to work?		us\$ <input type="text"/>	Rands <input type="text"/>		
W435G	How many days in total did family members spend on accompanying you to facility for delivery, including travel time?  (IF NOBODAY ACCOMPANIED THE WOMAN, RECORD 00. IF MULTIPLE MEMBERS, ADD THE DAYS SPENT BY EACH MEMBER)		<input type="text"/> days			
W435H	What would be the average daily earning if the family members were to use those days to work?  (IF MULTIPLE MEMBERS, TAKE THE AVERAGE DAILY EARNING)		US\$ <input type="text"/>	Rands <input type="text"/>		
W436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES ..... 1 (SKIP TO W439) ← NO ..... 2				
W437	Did anyone check on your health after you left the facility?	YES ..... 1 (SKIP TO W439) ← NO ..... 2				
W438	After you gave birth to (NAME), did anyone check on your health?	YES ..... 1 NO ..... 2 (SKIP TO W442) ←				
W439	Who checked on your health at that time?	HEALTH PERSONNEL DOCTOR ..... 11 NURSE MIDWIFE ..... 12 NURSE ..... 13 NURSE AID ..... 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... 22 VILLAGE HEALTH WORKER ..... 23 OTHER ..... 96 (SPECIFY)				

W440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>												
W441	CHECK W437:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO W446) ↓</p>												
W442	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO W446) ←</p> <p>DON'T KNOW ..... 8</p>												
W443	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH ... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WKS AFTER BIRTH ... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>												
W444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p><i>RECORD ONLY ONE RESPONSE</i></p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ..... 11</p> <p>NURSE MIDWIFE 12</p> <p>NURSE ..... 13</p> <p><b>NURSE AID..... 14</b></p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 22</p> <p>VILLAGE HEALTH WORKER ... 23</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>												
W445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p><i>RECORD ONLY ONE RESPONSE</i></p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HSP . 21</p> <p>PROVINCIAL</p> <p>HOSPITAL ... 22</p> <p>DISTRICT HSP 23</p> <p>RURAL HSP ... 24</p> <p>URBAN MUNCPL CLINIC ..... 25</p> <p>RURAL HEALTH CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>MISSION HSP 31</p> <p>MISSION CLC 32</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC ..... 41</p> <p>OTHER PRIVATE MED. SECTOR 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p style="text-align: right;">W445B</p>												

W445A	<p>Why was the first check for [NAME] not performed in a formal health facility?</p> <p>RECORD UP TO 3 REASONS.</p>	TOO EXPENSIVE	01	<div style="border: 1px solid black; padding: 5px; text-align: center;">W445C</div>
		TOO FAR	02	
		FACILITY HAS POOR STRUCTURE	03	
		FACILITY POORLY STOCKED	04	
		POOR STAFF ATTITUDE	05	
		POOR STAFF KNOWLEDGE	06	
		POOR QUALITY OF CARE	07	
		SERVICE NOT AVAILABLE	08	
		NO TRANSPORTATION	09	
		DID NOT NEED	10	
		INCONVENIENT HOURS	11	
		LONG WAITING TIME	12	
		PREFER HOME DELIVERY	13	
		FAMILY DIDN'T WANT ME TO GO	14	
		CULTURAL BELIEF	15	
		OTHER (SPECIFY)	96	
W445B	<p>WHEN YOU WENT TO THE HEALTH INSTITUTION FOR CHECK UPS AFTER DELIVERY, HOW SATISFIED WERE YOU WITH THE FOLLOWING?</p> <p>VERY UNSATISFIED 1</p> <p>UNSATISFIED 2</p> <p>NEITHER SATISFIED NOR UNSATISFIED 3</p> <p>SATISFIED 4</p> <p>VERY SATISFIED 5</p> <p>NOT APPLICABLE 6</p>	a Cleanliness of the health facility		
		b Operating hours of the health facility		
		c Waiting time		
		d Staff being courteous and respectful		
		e Understanding your health condition/illness		
		f Privacy during the visit		
		g Health facility having sufficient medication and drugs available		
		h Staff spent sufficient amount of time with you		
		i Cost of treatment (out of pocket)		
W445C	<p>For your post natal checkup, how many days in total did you spend at the facility and travelling to and from facility?</p> <div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> days			
W445D	<p>What would be your average daily earning if you were to use those days to work?</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">us\$</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Rands</div>		
W445E	<p>How many days in total did family members spend on accompanying you to facility for PNC, including travel time?</p> <p>(IF NOBODAY ACCOMPANIED THE WOMAN, RECORD 00. IF MULTIPLE MEMBERS, ADD THE DAYS SPENT BY EACH MEMBER)</p>	<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> days		
W445F	<p>What would be the average daily earning if the family members if they were to use those days to work?</p> <p>(IF MULTIPLE MEMBERS, TAKE THE AVERAGE DAILY EARNING)</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">us\$</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Rands</div>		
W445G	<p>During your last pregnancy, how much did your household spend out of its own pocket for health check ups after delivery?</p> <p>Specifically, how much did your household pay out of pocket for .....</p>		US\$	Rand
		a Official provider fees		
		b Laboratory and X-ray Fees		
		c Transportation to and from		
		d Medicine fees		
		e Hospital/clinic stay and food		
		f Any other payments to the provider		
		g Informal payment/gift to health staff		

W445H	Where did the money come from that was used to pay for your after delivery care?	a SAVINGS/REGULAR HOUSEHOLD BUDGET									
		b HEALTH INSURANCE									
		c SELLING HOUSEHOLD POSSESSIONS									
		d SELLING LIVESTOCK									
		e SELLING CROPS									
		f FROM A FRIEND OR RELATIVE (REMITTANCES)									
		g FROM SOMEONE OTHER THAN FRIEND OR FAMILY									
		h FREE SERVICE									
		i OTHER (specify: _____)									
W445I	Did you pay anything for medication, hospital/clinic stay, accomodation including transportation to and from the hospital/clinic?	YES ..... 1 NO ..... 2									
W446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?  SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
W453	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 → W456	YES ..... 1 NO ..... 2 → W456								
W455	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
W456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO W458) ←									
W457	What was (NAME) given to drink?  Anything else?  RECORD ALL THAT APPLY	MILK (OTHER THAN BREAST MILK ) 01 PLAIN WATER ... 02 SUGAR OR GLU- COSE WATER ... 03 GRIPE WATER ... 04 SUGAR-SALT-WATER SOLUTION ..... 05 FRUIT JUICE ..... 06 INFANT FORMULA 07 TEA/INFUSIONS ... 08 COFFEE ..... 09 HONEY ..... 10 COOKING OIL ..... 11 OTHER ..... 96 (SPECIFY)									
W458	IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO NEXT SECTION)  ↓									
W459	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2									

(500) Maternal Mental Health			
SUBJECT: WOMEN WHO HAD EITHER A LIVE BIRTH, A STILL BIRTH, MISCARRIAGE OR ABORTION IN THE 24 MONTHS PRECEDING THE INTERVIEW			
I would like to get an idea of how you have been feeling during the past year (12 months). Was there a time in the year when you felt any of these nearly every day for more than two weeks at a time ?			
			<b>RESPONSE CODE</b> Yes = 1    No = 2
W501	thinking too much	Y 1	N 2
W502	headaches	Y 1	N 2
W503	things crawling through the body	Y 1	N 2
W504	dizziness	Y 1	N 2
W505	crying when you were on your own	Y 1	N 2
W506	inability to put your mind on one thing	Y 1	N 2
W507	had problems which made you worry a lot	Y 1	N 2
W508	wanting to be alone and not like visiting other people	Y 1	N 2
W509	problems getting off to sleep or opening your eyes too early	Y 1	N 2
W510	your daily work was suffering due to things that kept coming into your mind	Y 1	N 2
W511	slowed down and taking longer in your way of doing things	Y 1	N 2
W512	more short tempered than usual	Y 1	N 2
W513	loss of interest in food	Y 1	N 2
W514	frightened with your heart beating fast in your chest	Y 1	N 2
W515	deep sadness	Y 1	N 2
W516	less worthy than/beneath other people	Y 1	N 2
W517	no longer enjoying the things you used to enjoy in life	Y 1	N 2
W518	exhausted and worn out even when you were not working very hard	Y 1	N 2
W519	felt like throwing down the spears, like life was hopeless	Y 1	N 2
W520	had thoughts about, or took any action to end your life?	Y 1	N 2
W555	RECORD THE FINISH TIME		
	HOUR		
	MINUTES		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_