

16 MAY 2014	QUESTIONNAIRE CODE																																	
	TEAM	ENUM	DISTRICT			EA			HOUSEHOLD																									
	RBF MIDLINE HOUSEHOLD SURVEY FINAL HOUSEHOLD QUESTIONNAIRE ZIMBABWE 2014																																	
IDENTIFICATION																																		
PLACE NAME _____ District _____ Ward _____																																		
NAME OF HOUSEHOLD HEAD _____																																		
CLUSTER NUMBER										<table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																								
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NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> 																														
TIME																																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 PARTIALLY COMPLETE 10 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 40px; margin: 0 auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> 																														
SUPERVISOR REGIONAL CO-ORDINATOR OFFICE EDITOR KEYED BY																																		
NAME _____			NAME _____			NAME _____		NAME _____																										

HOUSEHOLD QUESTIONNAIRE

TABLE OF CONTENTS

SECTION #	SECTION	No. OF PAGES	SUBJECTS	RESPONDENT
0	Cover page	1		
0	Table of Contents	1		
0	Consent Form	1	HH head	HH head or knowledgeable member
R100	HH Roster	2	All household members	HH head or knowledgeable member
R200	Economic Activities	1	All household members 12 years and above	HH head or knowledgeable member
H100	HH characteristics	4	HH head	HH head assisted by knowledgeable members of the household
H200	Health Status & Utilisation	17	All household members	Self, mother/care giver for children
C600	Growth Monitoring	1	All Children under 5 years	Mother/care giver
C500	Child Immunisation, Health & Nutrition	6	All Children under 5 years	Mother/care giver
C200	Weight, Height and MUAC Measurement	2	All Children under 5 years	Mother/care giver
0	Interviewer's Observations	1		
		37 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 information we collect will help the government to plan health services. Your household was selected as a participant in this study because there was a woman in the household who have had a pregnancy related outcome (live birth, still birth, abortion or miscarriage) within the previous two years of this survey. You will be part of a total of 2000 households who have been selected to participate in this survey in Zimbabwe. The questions usually take about 60 minutes. 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.

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		IF AGE 12 YEARS OR OLDER		
				R105	R106			R107	R108	R109	R109A	R110	R111	R112	R113	R114	R115	R116	R117	R118	R119	R120	R121A
R101	R102	R103	R104	R105	R106	R107	R108	R109	R109A	R110	R111	R112	R113	R114	R115	R116	R117	R118	R119	R120	R121A	R121B	
	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 5-20 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)? IF 95 OR MORE, RECORD '95'. IF DONT KNOW, RECORD 98 USE AGE 5 TABLES PROVIDED	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 AGE 15-49 [A WOMAN WHOSE AGE IS 15-49 YEARS, WITH A PREGNANCY OUTCOME IN THE LAST 24 MONTHS]				Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade or form (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2013) school year? SEE CODES BELOW.	During this/that school year, what level and grade or form[is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Registrar General/DA? 1 = YES, SEEN 2=YES, NOT SEEN 3 = REGISTERED 4 = NEITHER 8 = DONT KNOW [Request to see the Birth Certificate]	Did (NAME) work for one hour or more in the last 7 days or spend time actively looking for work in the last 7 days?	Have you ever heard about any health programs in your community?	Have you ever heard about the Results Based Financing Program (RBF) in your community?
01			M F	Y N	Y N	IN YEARS		01	Y N	01	Y N DK		Y N DK		Y N	GRADE or LEVEL FORM	Y N	GRADE or LEVEL FORM		Y N	Y N	Y N	
02			1 2	1 2	1 2			02	1 2	02	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
03			1 2	1 2	1 2			03	1 2	03	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
04			1 2	1 2	1 2			04	1 2	04	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
05			1 2	1 2	1 2			05	1 2	05	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
06			1 2	1 2	1 2			06	1 2	06	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
07			1 2	1 2	1 2			07	1 2	07	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
08			1 2	1 2	1 2			08	1 2	08	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
09			1 2	1 2	1 2			09	1 2	09	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	
10			1 2	1 2	1 2			10	1 2	10	1 2 DK		1 2 DK		1 2		1 2			1 2	1 2	1 2	

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 ☐ NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
YES ☐ 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 ☐ NO ☐

→ ADD TO TABLE
→ ADD TO TABLE
→ ADD TO TABLE

CODES FOR R103: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

CODES FOR Qs. R116 AND R118: EDUCATION

LEVEL
0 = PRE-SCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DONT KNOW

GRADE or FORM
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
95 = TERTIARY EDUCATION
98 = DONT KNOW

						IF AGE 15 OR OLDER		IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS		IF AGE 12 YEARS OR OLDER				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION	LABOUR	HEALTH PROGRAMS	
R101	R102	R103	R104	R105	R106	R107	R108	R109	R109A	R110	R111	R112	R113	R114	R115	R116	R117	R118	R119	R120	R121A	R121B
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11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 1 2		11	Y N 1 2	11	Y N DK 1 2 8 GO TO R114		Y N DK 1 2 8 GO TO R116		Y N 1 2 NEXT LINE	LEVEL GRADE 1 2 NEXT LINE	Y N 1 2 NEXT LINE	LEVEL GRADE 1 2 NEXT LINE		Y N 1 2 GO TO R121A	1 2	
12			1 2	1 2	1 2			12	1 2	12	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
13			1 2	1 2	1 2			13	1 2	13	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
14			1 2	1 2	1 2			14	1 2	14	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
15			1 2	1 2	1 2			15	1 2	15	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
16			1 2	1 2	1 2			16	1 2	16	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
17			1 2	1 2	1 2			17	1 2	17	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
18			1 2	1 2	1 2			18	1 2	18	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
19			1 2	1 2	1 2			19	1 2	19	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	
20			1 2	1 2	1 2			20	1 2	20	1 2 8 GO TO R114		1 2 8 GO TO R116		1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE	1 2 NEXT LINE		1 2 GO TO R121A	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR R103: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ 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 ☐ NO ☐

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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
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98 = DON'T KNOW

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GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY.)
THIS CODE IS NOT ALLOWED FOR Q. 19)
95 = TERTIARY EDUCATION
98 = DON'T KNOW

R200 Economic activities

(R200) RECORD ID OF MAIN RESPONDENT --> PID

RESPONDENT: Head of household or most knowledgeable household member regarding all household members 12 years and older

ID CODE	PRIMARY WORK		SECONDARY WORK						
	R201	R202	R203	R204	R205	R206	R207	R208	R209
	<div>In the last 12 months, what was [NAME]'s main employment status?</div> <div>WAGE EMPLOYEE01 ▶ R203</div> <div>PIECE WORK02 ▶ R203</div> <div>SELF-EMPLOYED / OWN BUSINESS03 ▶ R203</div> <div>MEMBER OF A PRODUCER'S COOPERATIVE04 ▶ R203</div> <div>CONTRIBUTING FAMILY WORKER05 ▶ R203</div> <div>OTHER WORKER06 ▶ R203</div> <div>LOOKING FOR WORK07</div> <div>CAPABLE BUT NOT LOOKING FOR08</div> <div>NOT WORKING (FULL TIME)09</div> <div>HOMEMAKER / HOUSEWIFE10</div> <div>NOT WORKING (RETIRED)11</div> <div>NOT WORKING (TOO OLD)12</div> <div>NOT WORKING (TOO SICK)13</div> <div>OTHER, SPECIFY96</div>	<div>In the last 12 months, did [NAME] do anything to earn income or help the family earn income?</div> <div>PROBE BASED ON R120 FROM ROSTER</div> <div>YES1</div> <div>NO2 ▶ NEXT PERSON</div>	<div>In the last 12 months, what was the main industry/sector of economic activity that [NAME] was active in?</div> <div>FARMING/HERDING01</div> <div>FORESTRY/CHARCOAL02</div> <div>FISHING03</div> <div>MINING04</div> <div>MANUFACTURING05</div> <div>ELECTRICITY/WATER06</div> <div>CONSTRUCTION07</div> <div>WHOLESALE/RETAIL TRADE08</div> <div>HOSPITALITY09</div> <div>TRANSPORT10</div> <div>FINANCIAL SERVICES11</div> <div>REAL ESTATE12</div> <div>GOVERNMENT13</div> <div>EDUCATION14</div> <div>HEALTH/SOCIAL WORK15</div> <div>COMMUNITY ORGANIZATION16</div> <div>INFORMAL SECTOR /VENDING17</div> <div>SECURITY SERVICES18</div> <div>OTHER, SPECIFY96</div>	<div>In the last 12 months, who does [NAME] work for in [HIS/HER] primary work?</div> <div>IN CASE THERE IS MORE THAN ONE ACTIVITY, INDICATE THE PRIMARY WORK THAT CONSUMED THE MOST TIME</div> <div>INTERVIEWER: CHECK WITH R201</div> <div>SELF (SELF-EMPLOYED)01</div> <div>FAMILY ENTERPRISE02</div> <div>PRIVATE SECTOR FIRM03</div> <div>PUBLIC SECTOR04</div> <div>NON-PROFIT SECTOR05</div> <div>OTHER, SPECIFY96</div>	<div>In the last 12 months, how many hours per week did [NAME] normally work in this primary work?</div> <div>HOURS/WEEK</div>	<div>How many hours did [NAME] work in the last 7 days in this primary work?</div> <div>HOURS/WEEK</div>	<div>In addition to this primary work, did [NAME] do any other activity to earn income or help the family earn income in the last 12 months?</div> <div>YES1</div> <div>NO2 ▶ NEXT PERSON</div>	<div>In the last 12 months, how many hours per week did [NAME] normally work in this secondary work?</div> <div>HOURS/WEEK</div>	<div>How many hours did [NAME] work in the last 7 days in this secondary work?</div> <div>HOURS/WEEK</div>
01									
02									
03									
04									
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11									
12									
13									
14									
15									

HOUSEHOLD CHARACTERISTICS

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
H107	What kind of toilet facility do members of your household USUALLY use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET ... 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 61 OTHER _____ (SPECIFY) 96	→ H110																														
H108	Do you share this toilet facility with other households?	YES 1 NO 2	→ H110																														
H109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div style="border: 1px solid black; display: inline-block; width: 30px; text-align: center;">0</div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																															
H110	Does your dwelling unit/household have:	<table border="0" style="width: 100%;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr> <td>ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>BATTERY/GENERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>SOLAR PANEL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>NON-MOBILE TELEPHONE ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr> <td>COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	BATTERY/GENERATOR	1	2	SOLAR PANEL	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE ...	1	2	REFRIGERATOR	1	2	COMPUTER	1	2	
	YES	NO																															
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NON-MOBILE TELEPHONE ...	1	2																															
REFRIGERATOR	1	2																															
COMPUTER	1	2																															
H111	What type of fuel/energy does your household MAINLY use for cooking? <i>[SELECT ONLY ONE RESPONSE]</i>	ELECTRICITY 01 LIQUID PROPANE GAS (LPG) 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 MAIZE/AGRICULTURAL CROP WASTE ... 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ (SPECIFY) 96	→ H114																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
H117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																												
H118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor? A boat with a motor? A wheelbarrow?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>TRACTOR</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> <tr> <td>WHEELBARROW</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	TRACTOR	1	2	BOAT WITH MOTOR	1	2	WHEELBARROW	1	2	
	YES	NO																												
WATCH	1	2																												
BICYCLE	1	2																												
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CAR/TRUCK	1	2																												
TRACTOR	1	2																												
BOAT WITH MOTOR	1	2																												
WHEELBARROW	1	2																												
H119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ H121																											
H120	How much agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	1 HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 2 ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES/ACRES 950 DON'T KNOW 998																												
H121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ H123																											
H122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Cattle? Horses? Donkeys or mules? Goats? Sheep? Chickens or other poultry? Rabbits? Pigs?	<table border="0"> <tbody> <tr> <td>CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS/POULTRY</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE	<input type="text"/>	<input type="text"/>	HORSES	<input type="text"/>	<input type="text"/>	DONKEYS/MULES	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS/POULTRY	<input type="text"/>	<input type="text"/>	RABBITS	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>				
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RABBITS	<input type="text"/>	<input type="text"/>																												
PIGS	<input type="text"/>	<input type="text"/>																												
H123	Does any member of this household have a bank account?	YES 1 NO 2																												
H123a	Does any member of this household have a mobile savings account ?	YES 1 NO 2																												

1200 Health Status and Utilization

SUBJECT: ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT/HH HEAD/MOST KNOWLEDGEABLE MEMBER AND, FOR CHILDREN UNDER 12, THE MOTHER OR PRIMARY CAREGIVER

OUTPATIENT		OUTPATIENT		OUTPATIENT		OUTPATIENT		OUTPATIENT		OUTPATIENT		OUTPATIENT			
H200A	H201	H202	H203			H204	H205	H206	H207	H208					
ID CODE	ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)	In the last 4 weeks, have YOU/has [NAME] been sick or suffering from any illness or injury, including accident?	What was [NAME] mainly suffering from?			How long ago did the most recent illness start?	How long ago did the most recent illness stop?	In the last 4 weeks, how many days of work, school, playing, or other main activities did YOU/[NAME] miss due to poor health?	In the last 4 weeks, how many days were YOU/was [NAME] confined to bed due to poor health?	Did YOU/[NAME] seek care from any health facility, health personnel or traditional healer for this illness?					
			RECORD UPTO 3 RESPONSES												
			ILLNESSES										ILLNESSES (cont)		
			MALARIA	01	PREGNANCY / CHILDBIRTH RELATED								19		
			HIV/AIDS	02	PERINATAL								20		
			STI	03	POISONING								21		
			ANEMIA	04	INJURY								22		
			MALNUTRITION	05	SYMPTOMS										
			MENTAL DISORDER	06	FEVER								23		
			NERVOUS / PARALYSIS	07	ABDOMINAL PAIN								24		
			EYE PROBLEM	08	COUGH ONLY								25		
			EAR PROBLEM	09	COUGH WITH DIFFICULT, FAST BREATHING								26		
			HEART DISEASE	10	DIARRHEA WITHOUT BLOOD								27		
			CHEST INFECTION	11	DIARRHEA WITH BLOOD								28		
			PNEUMONIA/CHIBAYO	12	DIARRHEA AND VOMITING								29		
			OTHER RESPIRATORY	13	VOMITING								30		
			DIGESTIVE/GASTROINTESTINAL	14	HEADACHE								31		
			MUSCLE / BONE	15	TOOTHACHE								32		
			SKIN	16	JAUNDICE								33		
			GENITO-URINARY	17	DIZZINESS								34		
CONGENITAL	18	OTHER, SPECIFY	96												
						INTERVIEWER: WRITE THE ANSWER IN NUMBER OF DAYS	INTERVIEWER: WRITE THE ANSWER IN NUMBER OF DAYS. IF STILL ILL TODAY, RECORD 00.			PROBE WHETHER PATIENT WENT TO CENTER BUT CENTER WAS CLOSED/NOT STAFFED - COUNT THIS AS A "YES"					
YES 1						NUMBER OF DAYS	NUMBER OF DAYS	DAYS	DAYS	YES 1 ► H210					
NO 2										NO 2					
			1st	2nd	3rd										
01															
02															
03															
04															
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07															
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12															
13															
14															
15															

				OUTPATIENT		OUTPATIENT		OUTPATIENT	
H209				H210		H211		H212	
Why didn't YOU/[NAME] go to a health facility or health personnel for care?				For the last visit, how long after the illness started did YOU/[NAME] seek care?		For the last visit, where did YOU/[NAME] seek care?		For the last visit, what was the main reason for seeking care from this provider/facility?	
ID CODE									
	TOO EXPENSIVE 01								
	TOO FAR 02								
	TOO BUSY (WORK, CHILDREN) 03								
	WAS NOT SICK ENOUGH 04								
	FACILITY HAS POOR STRUCTURE 05							MEDICAL DOCTOR/CLINICAL OFFICER 01	
	FACILITY POORLY STOCKED 06					CENTRAL HOSPITAL 01		MIDWIFE 02	
	POOR STAFF ATTITUDE 07					PROVINCIAL HOSPITAL 02		NURSE 03	
	POOR STAFF KNOWLEDGE 08					DISTRICT HOSPITAL 03		NURSE AID 04	
	DON'T TRUST THE STAFF 09					RURAL HOSPITAL 04			
	CULTURAL/RELIGIOUS BELIEF 10					RURAL HEALTH CENTRE 05		CLOSE TO HOME 01	
	STAFF USUALLY ABSENT 11					URBAN/MUNICIPAL CLINIC 06		GIVE GOOD ADVICE 02	
						MISSION HOSPITAL 07		GOOD STAFF ATTITUDE 03	
	HEALTH FACILITY CLOSED 12			WITHIN 24 HOURS 01		MISSION CLINIC 08		LESS WAITING TIME 04	
	NO TRANSPORTATION 13			BETWEEN 24 AND 48 HOURS 02		PRIVATE HOSPITAL 09		MEDICINE AVAILABLE 05	
	POOR QUALITY OF CARE 14					PHARMACY 10		BETTER MEDICINE (E.G. STRONGER 06	
	INCONVENIENT HOURS 15			SAME WEEK 03		MOBILE CLINIC 11		LESS COSTLY/DO NOT HAVE TO PA' 07	
	LONG WAITING TIMES 16			WITHIN 2 WEEKS 04		TRADITIONAL HEALER 12		CLEANER FACILITY 08	
	PREFER HOME CARE 17			WITHIN 3 WEEKS 05		FAITH/CHURCH HEALER 13		MORE PRIVACY 09	
SELF ADMINISTERED 18			MORE THAN 3 WEEKS 06		COMMUNITY HEALTH WORKER 14		WAS REFERRED 10		
OTHER (SPECIFY) 96					OTHER, SPECIFY 96		OTHER, SPECIFY 96		
▶ H225									
FIRST SECOND THIRD					NAME CODE		CODE		
01									
02									
03									
04									
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06									
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09									
10									
11									
12									
13									
14									
15									

1200

Health Status and Utilization

SUBJECT: ALL HOUSEHOLD MEMBERS

OUTPATIENT

OUTPATIENT

H200A

H200B

H217

H218

H219

H220

ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)

How many outpatient visits did you, [NAME], make to the following provider over the last 4 weeks?

RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER. RECORD MEMBER ID IN EACH ROW

CENTRAL HOSPITAL01

PROVINCIAL HOSPITAL02

DISTRICT HOSPITAL03

RURAL HOSPITAL04

URBAN/MUNICIPAL CLINIC05

RURAL HEALTH CENTRE06

MISSION HOSPITAL07

MISSION CLINIC08

PRIVATE HOSPITAL09

PHARMACY10

MOBILE CLINIC11

TRADITIONAL HEALER12

FAITH/CHURCH HEALER13

COMMUNITY HEALTH WORKER14

OTHER, SPECIFY96

USE THESE PROVIDER CODES FOR H219, H221, H223

provider code# of visit

For each of the providers you just mentioned, in the last 4 weeks, how much did your household spend out of its own pocket for the treatment of YOUR/[NAME]'s illness?

RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER

READ ALONG EACH CATEGORY

IF NOTHING, RECORD ZERO IN EACH. ENTER TOTAL ONLY IF DETAIL NOT REMEMBERED

A

B

C

D

E

F

G

Official provider fees

Diagnosis (Laboratory, X-ray Fees, etc)

Medicines bought at facility

Food and Beverages

Surgery

Appliances & Equipment

Transportation for healthcare

e.g. eye glasses, hearing aids, etc

e.g. ambulance, hiring of vehicles, public transport, etc

US\$Rand

US\$Rand

US\$Rand

US\$Rand

US\$Rand

US\$Rand

US\$Rand

US\$Rand

01	01																	
01	02																	
01	03																	
02	01																	
02	02																	
02	03																	
03	01																	
03	02																	
03	03																	
04	01																	
04	02																	
04	03																	
05	01																	
05	02																	
05	03																	
06	01																	
06	02																	
06	03																	

HH14

1200

Health Status and Utilization

SUBJECT: ALL HOUSEHOLD MEMBERS

OUTPATIENT										OUTPATIENT										
H200A		H200B		H217		H218		H219		H220										
ID CODE	ROW NUMBER	ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)		H217		H218		H219		H220										
				How many outpatient visits did you, [NAME], make to the following provider over the last 4 weeks?																
				RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER. RECORD MEMBER ID IN EACH ROW																
				CENTRAL HOSPITAL	01															
				PROVINCIAL HOSPITAL	02															
				DISTRICT HOSPITAL	03															
				RURAL HOSPITAL	04															
				URBAN/MUNICIPAL CLINIC	05															
				RURAL HEALTH CENTRE	06															
				MISSION HOSPITAL	07															
				MISSION CLINIC	08															
				PRIVATE HOSPITAL	09															
				PHARMACY	10															
				MOBILE CLINIC	11															
				TRADITIONAL HEALER	12															
				FAITH/CHURCH HEALER	13															
				COMMUNITY HEALTH WORKER	14															
				OTHER, SPECIFY	96															
				USE THESE PROVIDER CODES FOR H219, H221, H223																
				provider code	# of visit	Provider code	A		B.		C.		D.		E.		F.		G	
							Official provider fees		Diagnosis (Laboratory, X-ray Fees, etc)		Medicines bought at facility		Food and Beverages		Surgery		Appliances & Equipment		Transportation for healthcare	
							US\$	Rand	US\$	Rand	US\$	Rand	US\$	Rand	US\$	Rand	US\$	Rand	US\$	Rand
07	01																			
07	02																			
07	03																			
08	01																			
08	02																			
08	03																			
09	01																			
09	02																			
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11	01																			
11	02																			
11	03																			
12	01																			
12	02																			
12	03																			

SUBJECT: ALL HOUSEHOLD MEMBERS

OUTPATIENT										OUTPATIENT											
H200A		H200B		H217			H218			H219		H220									
ID CODE	ROW NUMBER	ID CODE OF RESPONDENT (PERSON WHO RESPONDED ON BEHALF OF THE SUBJECT)			H217			H218			H220										
					How many outpatient visits did you, [NAME], make to the following provider over the last 4 weeks?			For each of the providers you just mentioned, in the last 4 weeks, how much did your household spend out of its own pocket for the treatment of YOUR/[NAME]'s illness?													
					RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER. RECORD MEMBER ID IN EACH ROW			RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER.													
					CENTRAL HOSPITAL			01													
					PROVINCIAL HOSPITAL			02													
					DISTRICT HOSPITAL			03													
					RURAL HOSPITAL			04													
					URBAN/MUNICIPAL CLINIC			05													
					RURAL HEALTH CENTRE			06													
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FAITH/CHURCH HEALER			13																		
COMMUNITY HEALTH WORKER			14																		
OTHER, SPECIFY			96																		
USE THESE PROVIDER CODES FOR H219, H221, H223																					
provider code			# of visit			Provider code		A		B.		C.		D.		E.		F.		G	
						Official provider fees		Diagnosis (Laboratory, X-ray Fees, etc)		Medicines bought at facility		Food and Beverages		Surgery		Appliances & Equipment		Transportation for healthcare			
						US\$		Rand		US\$		Rand		US\$		Rand		US\$		Rand	
13	01																				
13	02																				
13	03																				
14	01																				
14	02																				
14	03																				
15	01																				
15	02																				
15	03																				

[illegible]

1200																
SUBJECT: ALL HOUSEHOLD MEMBERS																
INPATIENT		INPATIENT														
H200A	H225	H226			H227	H228	H229			H230		H231				
ID CODE	In the last 6 months, have YOU/has [NAME] been hospitalized?	What was/were the reason(s) why [NAME] was hospitalized?			In the last 6 months, how many days of work , school, playing, or other main activities did YOU/[NAME] miss due to poor health?	In the last 6 months, how many days were YOU/was [NAME] confined to bed due to poor health?	Where did the money come from that was used to pay for all illnesses during the last 6 months?			Estimated value of payment in kind.		Does [NAME] receive coverage for his/her health expenses from an insurance scheme/medical aid?				
													RECORD UP TO 3 RESPONSES			
													ILLNESSES		ILLNESSES (cont)	
													MALARIA	01	PREGNANCY / CHILDBIRTH RELATED	18
													HIV/AIDS	02	PERINATAL	19
															STI	20
													ANEMIA	03	POISONING	21
													MALNUTRITION	04	INJURY	22
													MENTAL DISORDER	05	SYMPTOMS	
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													EAR PROBLEM	08	COUGH ONLY	25
													HEART DISEASE	09	COUGH WITH DIFFICULT, FAST BREATHING	26
													CHEST INFECTION	10	DIARRHEA WITHOUT BLOOD	27
													PNEUMONIA/CHIBAYO	11	DIARRHEA WITH BLOOD	28
OTHER RESPIRATORY	12	DIARRHEA AND VOMITING	29													
YES 1	DIGESTIVE/GASTROINTESTINAL	13	VOMITING	30												
NO 2 ► H233	MUSCLE / BONE	14	HEADACHE	31												
	SKIN	15	TOOTHACHE	32												
	GENITO-URINARY	16	JAUNDICE	33												
	CONGENITAL	17	DIZZINESS	34												
			OTHER, SPECIFY	96												
		1st	2nd	3rd	DAYS	DAYS	FIRST	SECOND	THIRD	US\$	Rand					
01																
02																
03																
04																
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06																
07																
08																
09																
10																
11																
12																
13																
14																
15																

H200A	H232		H233		H234		H235		
ID CODE	What type of medical aid/health insurance is [NAME] covered by?		If a person in your house needs care for the following illnesses and health conditions or services, how much are you willing to set aside until the person gets completely cured?		If a health insurance scheme is going to be introduced in your community enrolling the whole household, how much will you be willing to contribute every month towards premium - The insurance will cover all cost of outpatient and inpatient care at all government facilities and some selected private facilities.		What will be the source of this monthly contribution? RECORD UP TO 3 SOURCES.		
	Employer group insurance 1						SAVINGS/REGULAR HOUSEHOLD 1		
	Medical Aid 2						SELLING LIVESTOCK 2		
	Other private insurance 96 (specify).....						SELLING CROPS 3		
							FROM A FRIEND OR RELATIVE (R 4		
							FROM SOMEONE OTHER THAN FI 5		
							OTHER (SPECIFY) 96		
					US\$ Rand		FIRST SECOND THIRD		
01		HIV/AIDS Related							
02		Heart disease							
03		Pneumonia/Kalaso							
04		Family planning							
05		Diabetes							
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

[illegible]

[illegible]

H200A

H200B

H236

H237

ID CODE

ROW NUMBER

How many inpatient stay did [NAME], make to the following provider over the last 6 months and what is the total number of inpatient day?

RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING TO THE NEXT MEMBER. RECORD MEMBER ID IN EACH ROW

CENTRAL HOSPITAL01

PROVINCIAL HOSPITAL02

DISTRICT HOSPITAL03

RURAL HOSPITAL04

URBAN/MUNICIPAL CLINIC05

RURAL HEALTH CENTRE06

MISSION HOSPITAL07

MISSION CLINIC08

PRIVATE HOSPITAL09

PHARMACY10

MOBILE CLINIC11

TRADITIONAL HEALER12

FAITH/CHURCH HEALER13

COMMUNITY HEALTH WORKER14

OTHER, SPECIFY96

USE THESE PROVIDER CODES FOR H237, H238, H240

Provider code

Number of inpatient stays

Total number of inpatient days at this provider

In the last 6 months, how much did your household spend out of its own pocket for the treatment of [NAME]'s illness?

RECORD ONE ROW PER PROVIDER, EXHAUST ALL PROVIDERS FOR THE FIRST MEMBER BEFORE MOVING

READ ALOUD EACH CATEGORY

IF NOTHING, RECORD ZERO IN EACH. ENTER TOTAL ONLY IF DETAI

A.

Official provider fees

US\$

Rand

B.

Diagnosis (Laboratory, X-ray Fees, etc)

US\$

Rand

C.

Medicines

US\$

Rand

D.

Hospital/Clinic Bed Fee

US\$

Rand

E.

Foods and beverages

US\$

Rand

F.

Surgery

US\$

Rand

G.

Appliances & Equipment

e.g. eye glasses, hearing aids, etc

US\$

Rand

11

01

11

02

11

03

12

01

12

02

12

03

13

01

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03

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01

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02

14

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01

15

02

15

03

[illegible]

SUBJECTS: ALL CHILDREN BETWEEN 0 -59 MONTHS OLD

RESPONDENT: MOTHER OR PRIMARY CAREGIVER OF EACH CHILD 0-59 MONTHS

		CHILD 1	CHILD 2	CHILD 3																											
C600	RECORD CHILD'S LINE NUMBERS FROM ROSTER	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>																											
C601	What is CHILD's date of birth	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>																											
C601A	MOTHER OR PRIMARY CARE GIVER LINE NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>																											
C602	In the last 6 months, was [NAME] measured to determine [NAME]'s nutritional status?	YES . . . 1 NO 2 ► Next child/section	YES . 1 NO . 2 ► Next child/section	YES . . 1 NO . . 2 ► Next child/section																											
C603	What was the date of the last measurement?	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>																											
C604	For the last measurement, were the following methods used to determine [NAME]'S nutritional status?	<table border="1"> <thead> <tr> <th>Height</th> <th>Weight</th> <th>MUAC</th> </tr> </thead> <tbody> <tr> <td>Yes=1</td> <td>Yes=1</td> <td>Yes=1</td> </tr> <tr> <td>No=2</td> <td>No=2</td> <td>No=2</td> </tr> </tbody> </table>	Height	Weight	MUAC	Yes=1	Yes=1	Yes=1	No=2	No=2	No=2	<table border="1"> <thead> <tr> <th>Height</th> <th>Weight</th> <th>MUAC</th> </tr> </thead> <tbody> <tr> <td>Yes=1</td> <td>Yes=1</td> <td>Yes=1</td> </tr> <tr> <td>No=2</td> <td>No=2</td> <td>No=2</td> </tr> </tbody> </table>	Height	Weight	MUAC	Yes=1	Yes=1	Yes=1	No=2	No=2	No=2	<table border="1"> <thead> <tr> <th>Height</th> <th>Weight</th> <th>MUAC</th> </tr> </thead> <tbody> <tr> <td>Yes=1</td> <td>Yes=1</td> <td>Yes=1</td> </tr> <tr> <td>No=2</td> <td>No=2</td> <td>No=2</td> </tr> </tbody> </table>	Height	Weight	MUAC	Yes=1	Yes=1	Yes=1	No=2	No=2	No=2
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Yes=1	Yes=1	Yes=1																													
No=2	No=2	No=2																													
Height	Weight	MUAC																													
Yes=1	Yes=1	Yes=1																													
No=2	No=2	No=2																													
Height	Weight	MUAC																													
Yes=1	Yes=1	Yes=1																													
No=2	No=2	No=2																													
C605	For the last measurement, where was [NAME] measured? RECORD ONLY ONE OPTION	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 PROVIDER'S HOME 14 OWN HOME 15 OTHER HOME 16 OUTDOOR LOCATION 17 OTHER, SPECIFY..... 96	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 PROVIDER'S HOME 14 OWN HOME 15 OTHER HOME 16 OUTDOOR LOCATION 17 OTHER, SPECIFY..... 96	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 PROVIDER'S HOME 14 OWN HOME 15 OTHER HOME 16 OUTDOOR LOCATION 17 OTHER, SPECIFY..... 96																											
C606	What was the result of the last weight measurement?	GREEN..... 1 ► next child/section YELLOW 2 RED 3 DON'T KNOW 99	GREEN 1 ► next child/section YELLOW 2 RED 3 DON'T KNOW 99	GREEN 1 ► next child/section YELLOW 2 RED 3 DON'T KNOW 99																											
C607	Did you obtain any specialized care for [NAME]'s malnutrition after the last measurement?	Yes 1 No 2 ► next child/section	Yes 1 No 2 ► next child/section	Yes 1 No 2 ► next child/section																											
C608	Where was the care for [NAME]'s malnutrition obtained from? RECORD ONLY ONE OPTION	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 TRADITIONAL HEALER 14 OTHER, SPECIFY..... 96	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 TRADITIONAL HEALER 14 OTHER, SPECIFY..... 96	CENTRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 RURAL HOSPITAL 04 URBAN/MUNICIPAL CLINIC 05 RURAL HEALTH CENTRE 06 MISSION HOSPITAL 07 MISSION CLINIC 08 PRIVATE HOSPITAL 09 PRIVATE CLINIC 10 PRIVATE HEALTH POST 11 PHARMACY 12 MOBILE CLINIC 13 TRADITIONAL HEALER 14 OTHER, SPECIFY..... 96																											
C609	Were any of the following given to take care of [NAME]'s malnutrition? READ EACH OPTION ALOUD AND RECORD YES OR NO YES 1 NO 2	Vitamin A Nutrition advise Nutrition rehabilitation .. Other vitamins & micronutrients..... Referred to higher level ... Other	Vitamin A Nutrition advise Nutrition rehabilitation . Other vitamins & micronutrients..... Referred to higher level Other	Vitamin A..... Nutrition advise Nutrition rehabilitation . Other vitamins & micronutrients..... Referred to higher level . Other																											

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

SUBJECT: CHILDREN < 5 YEARS OLD

RESPONDENT: MOTHER OR PRIMARY CAREGIVER OF EACH CHILD < 5 YEARS OLD

C500a

ONE OR MORE CHILDREN BETWEEN 0 - 5 YEARS

NO CHILDREN IN THIS HOUSEHOLD

MOVE TO NEXT SECTION

ENTER IN THE TABLE THE LINE NUMBER FROM HOUSEHOLD SCHEDULE FOR EACH CHILD YOUNGER THAN 5 YEARS

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).

C502

LINE NUMBER FROM HOUSEHOLD SCHEDULE

CHILD 1

LINE NUMBER

CHILD 2

LINE NUMBER

CHILD 3

LINE NUMBER

C502B

MOTHER OR PRIMARY CARE GIVER LINE NO.

LINE NUMBER

LINE NUMBER

LINE NUMBER

C504

Do you have a card where (NAME)'s vaccinations are written down?

IF YES:
May I see it please?

YES, SEEN
(SKIP TO C505A)

YES, NOT SEEN
(SKIP TO C509)

NO CARD

CHILD 1

CHILD 2

CHILD 3

C505

Did you ever have a vaccination card for (NAME)?

YES
(SKIP TO C509)

NO
(SKIP TO C509)

CHILD 1

CHILD 2

CHILD 3

C505A

WHICH VACCINATION CARD DOES [NAME] HAVE?

Old
New
(SKIP TO C506A)

CHILD 1

CHILD 2

CHILD 3

C506

(1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

CHILD 1

CHILD 2

CHILD 3

C506A

(1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

CHILD 1

CHILD 2

CHILD 3

C507

CHECK C506/C506A:

BCG TO MEASLES ALL RECORDED

OTHER

BCG TO MEASLES ALL RECORDED

OTHER

BCG TO MEASLES ALL RECORDED

OTHER

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

SUBJECT: CHILDREN < 5 YEARS OLD

RESPONDENT: MOTHER OR PRIMARY CAREGIVER OF EACH CHILD < 5 YEARS

C508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 /506a THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506/506a) (SKIP TO C511) NO 2 (SKIP TO C509) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506/506a) (SKIP TO C511) NO 2 (SKIP TO C509) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506/506a) (SKIP TO C511) NO 2 (SKIP TO C509) DON'T KNOW 8
C509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO C511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C511) DON'T KNOW 8
C510	Please tell me if (NAME) had any of the following vaccinations:			
C510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar and is given at birth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO C510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C510E) DON'T KNOW 8
C510C	Was the first polio vaccine given at three months after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS 1 LATER 2
C510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
C510E	A pentavalent or DPT vaccination - that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO C510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C510G) DON'T KNOW 8
C510F	How many times was the pentavalent or DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
C510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C512	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C513	Has (NAME) ever had worms in his/her stool?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8
C515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

C516	<p>Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the diarrhea.</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p>
C517	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
C518	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1 NO 2 (SKIP TO C522) ←</p>	<p>YES 1 NO 2 (SKIP TO C522) ←</p>	<p>YES 1 NO 2 (SKIP TO C522) ←</p>
C519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</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 CENTRAL HSF... 01 PROVINCIAL HOSPITAL ... 02 DISTRICT HSF... 03 RURAL HSP ... 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKER..... 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECT 11 PVT. HOSPITAL/CLINIC 12 PHARMACY ... 13 PVT DOCTOR ... 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)</p>	<p>PUBLIC SECTOR CENTRAL HSF... 01 PROVINCIAL HOSPITAL ... 02 DISTRICT HSF... 03 RURAL HSP ... 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKER..... 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECT 11 PVT. HOSPITAL/CLINIC 12 PHARMACY ... 13 PVT DOCTOR ... 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)</p>	<p>PUBLIC SECTOR CENTRAL HSP 01 PROVINCIAL HOSPITAL 02 DISTRICT HSP 03 RURAL HSP 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKER 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECTOR 11 PVT. HOSPITAL/CLINIC 12 PHARMACY 13 PVT DOCTOR 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)</p>
C520	CHECK C519:	<p>TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO C522) ←</p>	<p>TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO C522) ←</p>	<p>TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO C522) ←</p>
C521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM C519.</p>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE <input type="text"/>
C522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called an ORS sachet?</p> <p>b) A homemade sugar-salt-water solution (SSS)?</p> <p>c) Any other liquid?</p>	<p>YES NO DK FLUID FROM ORS PKT 1 2 8 SUGAR-SALT-WATER 1 2 8 OTHER LIQUID ... 1 2 8</p>	<p>YES NO DK FLUID FROM ORS PKT 1 2 8 SSS LQD 1 2 8 OTHER LIQUID ... 1 2 8</p>	<p>YES NO DK FLUID FROM ORS PKT 1 2 8 SSS LQD 1 2 8 OTHER LIQUID ... 1 2 8</p>

C523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C525) DON'T KNOW 8
C524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 07 NON-ANTIBIOTIC 08 UNKNOWN INJECTION 09 (IV) INTRAVENOUS FLUIDS 10 HOME REMEDY/HERBAL MEDICINE 11 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 07 NON-ANTIBIOTIC 08 UNKNOWN INJECTION 09 (IV) INTRAVENOUS FLUIDS 10 HOME REMEDY/HERBAL MEDICINE 11 OTHER 96 (SPECIFY)	PILL OR SYRUP ANTIBIOTIC 01 ANTIMOTILITY 02 ZINC 03 OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) 04 UNKNOWN PILL OR SYRUP 05 INJECTION ANTIBIOTIC 07 NON-ANTIBIOTIC 08 UNKNOWN INJECTION 09 (IV) INTRAVENOUS FLUIDS 10 HOME REMEDY/HERBAL MEDICINE 11 OTHER 96 (SPECIFY)
C525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO C527) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C527) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C527) DON'T KNOW 8
C526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO C530) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C530) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C530) DON'T KNOW 8
C528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO C531) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C531) DON'T KNOW 8	YES 1 NO 2 (SKIP TO C531) DON'T KNOW 8
C529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO C531)	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO C531)	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO C531)
C530	CHECK C525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO C502 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO C556)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO C502 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO C556)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO C502 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO C556)
C531	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the illness with a (fever/cough). 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

C532	When (NAME) had a (fever/cough), 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
C533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO C537)	YES 1 NO 2 (SKIP TO C537)	YES 1 NO 2 (SKIP TO C537)
C534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) RECORD ALL THAT APPLY	PUBLIC SECTOR CENTRAL HSF... 01 PROVINCIAL HOSPITAL ... 02 DISTRICT HSF... 03 RURAL HSP ... 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKEf..... 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECT 11 PVT. HOSPITAL/ CLINIC 12 PHARMACY ... 13 PVT DOCTOR ... 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)	PUBLIC SECTOR CENTRAL HSF... 01 PROVINCIAL HOSPITAL ... 02 DISTRICT HSF... 03 RURAL HSP ... 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKEf..... 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECT 11 PVT. HOSPITAL/ CLINIC 12 PHARMACY ... 13 PVT DOCTOR ... 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)	PUBLIC SECTOR CENTRAL HSP 01 PROVINCIAL HOSPITAL 02 DISTRICT HSP 03 RURAL HSP 04 RURAL HEALTH CENTRE 05 URB MUNCPL CLIN 06 COMMUN/VILLAGE HEALTH WORKER 07 OTHER PUBLIC SECTOR 08 (SPECIFY) MISSION HSP 09 MISSION CLINIC 10 PRIVATE MED. SECTOR 11 PVT. HOSPITAL/ CLINIC 12 PHARMACY 13 PVT DOCTOR 14 OTHER PRIVATE MED. SECTOR 15 (SPECIFY) OTHER SOURCE SHOP 16 TRADITIONAL PRACTITIONER 17 MARKET 18 OTHER 96 (SPECIFY)
C535	CHECK C534:	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO C537)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO C537)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO C537)</div> </div>
C536	Where did you first seek advice or treatment? USE LETTER CODE FROM C534.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE <input type="text"/>
C537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO C502 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO C556) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO C502 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO C556) DON'T KNOW 8	YES 1 NO 2 (GO TO C502 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO C556) DON'T KNOW 8

C538	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... 01</p> <p>CHLOROQUINE 02</p> <p>QUININE 03</p> <p>COARTEMETHER 04</p> <p>OTHER ANTI-MALARIAL</p> <p>..... 05</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... 06</p> <p>INJECTION ... 07</p> <p>OTHER DRUGS</p> <p>ASPIRIN 08</p> <p>ACETAMINOPHEN/</p> <p>PARACETAMOL/</p> <p>PANADOL ... 09</p> <p>IBUPROFEN ... 10</p> <p>OTHER 11</p> <p>(SPECIFY)</p> <p>DON'T KNOW 96</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... 01</p> <p>CHLOROQUINE . 02</p> <p>QUININE 03</p> <p>COARTEMETHER 04</p> <p>OTHER ANTI-MALARIAL</p> <p>..... 05</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... 06</p> <p>INJECTION ... 07</p> <p>OTHER DRUGS</p> <p>ASPIRIN 08</p> <p>ACETAMINOPHEN/</p> <p>PARACETAMOL/</p> <p>PANADOL ... 09</p> <p>IBUPROFEN ... 10</p> <p>OTHER 11</p> <p>(SPECIFY)</p> <p>DON'T KNOW 96</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR 01</p> <p>CHLOROQUINE 02</p> <p>QUININE 03</p> <p>COARTEMETHER 04</p> <p>OTHER ANTI-MALARIAL</p> <p>..... 05</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP 06</p> <p>INJECTION 07</p> <p>OTHER DRUGS</p> <p>ASPIRIN 08</p> <p>ACETAMINOPHEN/</p> <p>PARACETAMOL/</p> <p>PANADOL 09</p> <p>IBUPROFEN 10</p> <p>OTHER 11</p> <p>(SPECIFY)</p> <p>DON'T KNOW 96</p>
C556	Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea?	<p>YES 1</p> <p>NO 2</p>		
556A	<p>When you went to the health institution to seek care for your child for the latest episode, 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><u>Not Applicable</u> 6</p>	<p>a Cleanliness of the health facility</p> <p>b Operating hours of the health facility</p> <p>c Waiting time</p> <p>d Staff being courteous and respectful</p> <p>e Understanding your health condition/illness</p> <p>f Privacy during the visit</p> <p>Health facility having sufficient medication and</p> <p>g drugs available</p> <p>h Staff spent sufficient amount of time with you</p> <p>i Cost of treatment (out of pocket)</p>		
C556B	Did you pay anything for medication, hospital/clinic stay, accomodation including transportation to and from the hospital/clinic?	<p>YES 1</p> <p>NO 2</p>	<p>▶ NEXT SECTION</p>	
C556C	<p>During your last episode of child care, how much did your household spend out of its own pocket? Specifically, how much did your household pay out of pocket for</p>	<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>	<p>US\$</p> <p>Rand</p>	
556D	<p>Where did the money come from that was used to pay for your child's health care during this illness?</p> <p>RECORD UP TO 3 SOURCES.</p>	<p>a SAVINGS/REGULAR HOUSEHOLD BUDGET</p> <p>b HEALTH INSUARANCE</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 FA</p> <p>h FREE SERVICE</p> <p>i OTHER (specify: _____)</p>		
556E	<p>How many days in total did family members spend on accompanying the child to the health facility for treatment or advice, including travel time?</p> <p>(IF MULTIPLE MEMBERS, ADD THE DAYS SPENT BY EACH MEMBER)</p>	<p>days</p>		
556F	<p>What would be the average daily earning if the family members were to use those days to work?</p> <p>(IF MULTIPLE MEMBERS, TAKE THE AVERAGE DAILY EARNING)</p>	<p>us\$</p> <p>Rands</p>		

WEIGHT, HEIGHT AND MUAC MEASUREMENT FOR CHILDREN AGE 0-59 MONTHS

SUBJECTS: ALL CHILDREN BETWEEN 0 -59 MONTHS OLD

RESPONDENT: MOTHER/PRIMARY CAREGIVER OF EACH CHILD 0-59 MONTHS

C201	CHECK COLUMN 1.10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
C202	CHILD'S LINE NUMBER FROM ROSTER NAME FROM COLUMN R102	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
C202A	MOTHER OR PRIMARY CARE GIVER LINE NO.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C203A	CHECK C203: IS CHILD AGE 0-59 MONTHS, I.E., WAS CHILD BORN IN OR AFTER MAY 2009	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓
C205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996
C206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
C207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
C207A	MID UPPER ARM CIRCUMFERENCE IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
C208	CHECK C203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN BETWEEN DEC 2013 AND MAY 2014?	0-5 MONTHS 1 (GO TO C203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) OLDER 2	0-5 MONTHS 1 (GO TO C203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) OLDER 2	0-5 MONTHS 1 (GO TO C203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) OLDER 2
C209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN R101 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
C213	GO BACK TO C203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO NEXT MODULE.			

WEIGHT, HEIGHT AND MUAC MEASUREMENT FOR CHILDREN AGE 0-59 MONTHS				
		CHILD 4	CHILD 5	CHILD 6
C202	CHILD'S LINE NUMBER FROM ROSTER NAME FROM COLUMN R102	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
C202A	MOTHER OR PRIMARY CARE GIVER LINE NO.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C203A	CHECK C203: IS CHILD AGE 0-59 MONTHS, I.E., WAS CHILD BORN IN OR AFTER MAY 2009	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓	0-59 MONTHS 1 (GO TO C205) ← OLDER 2 NEXT CHILD OR SECTION ↓
C205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 994 REFUSED 995 OTHER 996
C206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
C207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
207A	MID UPPER ARM CIRCUMFERENCE IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
C208	CHECK C203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN BETWEEN DEC 2013 AND MAY 2014?	0-5 MONTHS 1 (GO TO C203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) ← OLDER 2	0-5 MONTHS 1 (GO TO C203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) ← OLDER 2	0-5 MONTHS 1 (GO TO C203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO NEXT SECTION) ← OLDER 2
C209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
C213	GO BACK TO C203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO NEXT MODULE.			
C213A	RECORD THE FINISH TIME		HOUR MINUTES	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____