

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

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																						
LOCALITY NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
RURAL/URBAN(RURAL=1, URBAN =2)																						
LUSAKA=1/OTHERCITY=2/TOWN=3/VILLAGE=4																						

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
TIME	_____	_____													
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>				<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>											
<p>**LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">01</td></tr></table></p> <p>**LANGUAGE CODES: 01 ENGLISH 02 BEMBA 03 KAONDE 04 LOZI 05 LUNDA 06 LUVALE 07 NYANJA 08 TONGA 09 OTHER</p>	01	<p>LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>			<p>NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>			<p>TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p>							
01															
<p>SUPERVISOR</p> <p>NAME _____</p> <p>DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					<p>FIELD EDITOR</p> <p>NAME _____</p> <p>DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					<p>OFFICE EDITOR</p> <p><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>			<p>KEYED BY</p> <p><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		

Introduction and Consent

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

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

GIVE CARD WITH CONTACT INFORMATION

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

Signature of interviewer: _____ Date: _____

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?				CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
	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?			How old is (NAME)? IF 95 OR MORE RECORD 95'	What is (NAME'S) current marital status? 1 = MARRIED/ COHABITING/ LIVING TOGETHER 2 = DIVORCED 3 = SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

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

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

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

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

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
0 = NURSERY/
KINDERGATERN

1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19)

98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	MARRITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
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	12	13	14	15	(16)	(17)	(18)	(19)	(20)
11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↑ NEXT LINE	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↑ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

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(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19)
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Q21. TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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

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

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN _____

HH LINE NUMBER OF SELECTED WOMAN

--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106A	How do you store your drinking water?	CLOSED CONTAINER/JERRY CAN 1 OPEN CONTAINER/BUCKET 2 DOES NOT STORE WATER 3 OTHER _____ 6 (SPECIFY)	
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELS 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PITLATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPENPIT 23 COMPOSTING TOILET 31 BUCKETTOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 110
108	Do you share this toilet facility with other households?	YES..... .1 NO ..... .2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IFLESSTHAN10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS. 95 DON'TKNOW..... . 98	
110	Does your household have:	YES NO ELECTRICITY 1 2 A radio? RADIO..... 1 2 A television? TELEVISION 1 2 A mobile telephone? MOBILE TELEPHONE 1 2 A non-mobile telephone? NON-MOBILE TELEPHONE 1 2 A refrigerator? REFRIGERATOR..... 1 2 A bed? BED 1 2 A Chair? CHAIR 1 2 A Table? TABLE 1 2 A Cupboard? CUPBOARD 1 2 A Sofa? SOFA 1 2 A Clock? CLOCK 1 2 A fan? FAN..... 1 2 A sewing machine? SEWING MACHINE 1 2 A Cassette player? CASSETTE PLAYER 1 2 A plough? PLOUGH 1 2 A grain grinder? GRAINGRINDER..... 1 2 A VCR/DVD? VCR/DVD 1 2 A tractor? TRACTOR 1 2 A Hammer mill? HAMMERMILL 1 2 A computer? COMPUTER 1 2 Internet? INTERNET 1 2 A Microwave? MICROWAVE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NOROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTICMAT 21 PALM/BAMBOO 22 WOODPLANKS 23 CARDBOARD..... 24 FINISHED ROOFING METAL/IRON SHEETS..... 31 WOOD 32 CALAMINE/CEMENT FIBRE (ASBESTOS)..... 33 CERAMIC TILES/HARVEY TILES ... 34 CEMENT 35 ROOFING SHINGLES 36 MUDTILES 37. OTHER 96 (SPECIFY)																									
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NOWALLS 11 CANE/PALM/TRUNKS 12 MUD 13 RUDIMENTARY WALLS BAMBOO/POLE WITH MUD 21 STONewithMUD 22 PLYWOOD..... 23 CARDBOARD..... 24 REUSEDWOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENTBLOCKS..... 34 WOODPLANKS..... 35 OTHER 96 (SPECIFY)																									
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
118	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 boat with a motor? A banana boat?	<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>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANANABOAT</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	BOAT WITH MOTOR	1	2	BANANABOAT	1	2	
	YES	NO																									
WATCH	1	2																									
BICYCLE	1	2																									
MOTORCYCLE/SCOOTER ...	1	2																									
ANIMAL-DRAWN CART	1	2																									
CAR/TRUCK	1	2																									
BOAT WITH MOTOR	1	2																									
BANANABOAT	1	2																									
119	Does any member of this household own any agricultural land?	YES..... 1 NO 2	→ 121																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
120	How much lima, acres, or hectares of agricultural land do members of this household own?	LIMA 1 <input type="text"/> <input type="text"/> <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/> HECTARES 3 <input type="text"/> <input type="text"/> <input type="text"/> 95ORMOREHECTARES..... 995 DON'TKNOW..... . 998		
121	Does this household own any livestock, herds, other farm animals, or poultry? How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	YES..... ..... .1 NO ..... ..... .2	123	
	Traditional cattle? Dairy cattle? Beef cattle? Horses, donkeys, or mules? Goats? Sheep? Pigs? Chickens? Rabbits/Other Poultry? Other Livestock? TRADITIONALCATTLE DAIRY ..... .....BEEF HORSES/DONKEYS/MULES ... .....GOATS .....SHEEP .....PIGS.. .....CHICKENS RABBITS/OTHER POULTRY OTHERLIVESTOCK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
123	Does any member of this household have a bank account?	YES 1 NO 2		
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'TKNOW..... 8	126	
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRA A PRIVATECOMPANY..... B NON GOVERNMENTAL ORGANISATION (NGO)..... C OTHER _____ X (SPECIFY) DON'TKNOW..... Y		
126	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	136	
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		

ASK THE RESPONDENT TO SHOW
YOU ALL THE NETS IN THE
HOUSEHOLD

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

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

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

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

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

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

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
218	ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 215 RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>If you want (NAME OF ADOLESCENT) to know her HIV status, I can do a rapid test for her and I can tell her the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell her the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p>		
219	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)
220	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p>		
221	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 252)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][] (IF REFUSED, GO TO 252)
222	CHECK 219 PARENTAL CONSENT FOR RAPID HIV TEST	CODE1ORBLANK..... 1 CODE2 2 (GO TO 227)	CODE1ORBLANK..... 1 CODE2 2 (GO TO 227)	CODE1ORBLANK..... 1 CODE2 2 (GO TO 227)
223	ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT	<p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p>		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][]

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

		WOMAN 1		WOMAN 2		WOMAN 3	
NAME FROM COLUMN 2		NAME _____		NAME _____		NAME _____	
234	RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING	TESTED 1 NOTPRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6	(GO TO 252) ←	TESTED 1 NOTPRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6	(GO TO 252) ←	TESTED 1 NOTPRESENT 2 PARENT REFUSED 3 RESPONDENT REFUSED 4 OTHER 6	(GO TO 252) ←
235	RECORD RESULT OF THE DETERMINE HIV RDT	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6		DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6		DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE ... 2 INVALID 3 OTHER 6	
235A	RECORD RESULT OF THE UNIGOLD HIV RDT	UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6		UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6		UNIGOLD REACTIVE 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	
236	CHECK 235 DETERMINE RESULT	CODE1 1 (GO TO 237) ← ANYOTHERCODE 2		CODE1 1 (GO TO 237) ← ANYOTHERCODE 2		CODE1 1 (GO TO 237) ← ANYOTHERCODE 2	
236A	CHECK 235A UNIGOLD RESULT	CODE1 1 (GO TO 252) ← ANYOTHERCODE 2		CODE1 1 (GO TO 252) ← ANYOTHERCODE 2		CODE1 1 (GO TO 252) ← ANYOTHERCODE 2	
237	AGE: CHECK COLUMN 7.	15-17YEARS 1 18-49YEARS 2 (GO TO 241) ←		15-17YEARS 1 18-49YEARS 2 (GO TO 241) ←		15-17YEARS 1 18-49YEARS 2 (GO TO 241) ←	
238	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←		CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←		CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 241) ←	
239	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from her arm for the tests?</p>					
240	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)		GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)		GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 252)	

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

		WOMAN 1	WOMAN 2	WOMAN 3																								
NAME FROM COLUMN 2		NAME _____	NAME _____	NAME _____																								
249	ADDITIONAL TESTS	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 246 AND 248: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.																								
250	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED.																											
251	BAR CODE LABEL FOR BLOOD TUBE	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994. REFUSED 99995. OTHER 99996. PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994. REFUSED 99995. OTHER 99996. PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994. REFUSED 99995. OTHER 99996. PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.																								
251A	RECORD THE DATE OF THE VENOUS BLOOD COLLECTION	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
251B	RECORD THE TIME OF THE VENOUS BLOOD COLLECTION	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
GO BACK TO 211 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 253.																												

HIV TESTING FOR MEN AGE 15-59

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
262	ASK CONSENT FOR RAPID HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 259 RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>If you want (NAME OF ADOLESCENT) to know his HIV status, I can do a rapid test for him and I can tell him the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell him the result of the tests</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood for the HIV rapid test?</p>		
263	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 _____ (SIGN)
264	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Zambia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. I will provide you with a list of [nearby] facilities offering counselling and testing for HIV. I will also give you a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood on a paper card for the HIV test?</p>		
265	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][] (IF REFUSED, GO TO 296)
266	CHECK 263 PARENTAL CONSENT FOR RAPID HIV TEST	CODE1ORBLANK..... 1 CODE2 2 (GO TO 271) ↙	CODE1ORBLANK..... 1 CODE2 2 (GO TO 271) ↙	CODE1ORBLANK..... 1 CODE2 2 (GO TO 271) ↙
267	ASK CONSENT FOR RAPID HIV TEST FROM RESPONDENT	<p>If you want to know your HIV status, I can do a rapid test and I can tell you the result. The rapid test is simple and accurate. It takes about 30 minutes.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be from the same finger prick used to collect blood on the card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. I will use two tests to determine the HIV result. I will tell you the result of the tests right away.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood for the rapid HIV test?</p>		
268	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) [][][]

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME	NAME	NAME
278	RECORD THE RESULT CODE OF THE HOME-BASED HIV TESTING	TESTED 1 NOTPRESENT 2 PARENTREFUSED..... 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←	TESTED 1 NOTPRESENT 2 PARENTREFUSED..... 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←	TESTED 1 NOTPRESENT 2 PARENTREFUSED..... 3 RESPONDENT REFUSED 4 OTHER 6 (GO TO 296) ←
279	RECORD THE RESULT OF THE DETERMINE HIV RDT	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE . . . 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE . . . 2 INVALID 3 OTHER 6	DETERMINE REACTIVE 1 DETERMINE NON-REACTIVE . . . 2 INVALID 3 OTHER 6
279A	RECORD THE RESULT OF THE UNIGOLD HIV RDT	UNIGOLD REACTIVE. 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE. 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6	UNIGOLD REACTIVE. 1 UNIGOLD NON-REACTIVE 2 INVALID 3 OTHER 6
280	CHECK 279 DETERMINE RESULT	CODE1 1 (GO TO 281) ← ANYOTHERCODE 2	CODE1 1 (GO TO 281) ← ANYOTHERCODE 2	CODE1 1 (GO TO 281) ← ANYOTHERCODE 2
280A	CHECK 279A UNIGOLD RESULT	CODE1 1 ANYOTHERCODE 2 (GO TO 296) ←	CODE1 1 ANYOTHERCODE 2 (GO TO 296) ←	CODE1 1 ANYOTHERCODE 2 (GO TO 296) ←
281	AGE: CHECK COLUMN 7.	15-17YEARS 1 18-59YEARS 2 (GO TO 285) ←	15-17YEARS 1 18-59YEARS 2 (GO TO 285) ←	15-17YEARS 1 18-59YEARS 2 (GO TO 285) ←
282	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) . . . 1 OTHER 2 (GO TO 285) ←	CODE 5 (NEVER MARRIED) . . . 1 OTHER 2 (GO TO 285) ←	CODE 5 (NEVER MARRIED) . . . 1 OTHER 2 (GO TO 285) ←
283	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We would like to collect more blood from (NAME OF ADOLESCENT) to do additional testing. The additional tests will see how many CD4 cells (NAME OF ADOLESCENT) has. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from (NAME OF ADOLESCENT)'s arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell (NAME OF ADOLESCENT) the CD4 test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to give blood from his arm for the tests?</p>		
284	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 (SIGN) (IF REFUSED, GO TO 296)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULTREFUSED 2 (SIGN) (IF REFUSED, GO TO 296)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
285	ASK CONSENT FOR VENOUS BLOOD COLLECTION FROM RESPONDENT	<p>We would like to collect more blood from your to do additional testing. The additional tests will see how many CD4 cells you have. CD4 cells help a person stay healthy. We will use the same blood in a central laboratory to test for new HIV infections.</p> <p>If you agree, we would like to draw a little bit of blood from your arm. We will take about a teaspoon of blood. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached to the tests. We will return to the household to tell you the CD4 test results. No one else will be able to know your test results.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you give blood from your arm for the tests?</p>		
286	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 296)
287	AGE: CHECK COLUMN 7.	15-17YEARS 1 18-59YEARS 2 (GO TO 291) ↙	15-17YEARS 1 18-59YEARS 2 (GO TO 291) ↙	15-17YEARS 1 18-59YEARS 2 (GO TO 291) ↙
288	MARITAL STATUS: CHECK COLUMN 8.	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙	CODE 5 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 291) ↙
289	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 259 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
290	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 293)
291	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p>		
292	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 294)

		MAN 1	MAN 2	MAN 3																								
NAME FROM COLUMN 2		NAME _____	NAME _____	NAME _____																								
293	ADDITIONAL TESTS	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.	CHECK 290 AND 292: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE TRANSMITTAL FORM.																								
294	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE VENOUS BLOOD COLLECTION IF CONSENT HAS BEEN OBTAINED AND PROCEED.																											
295	BAR CODE LABEL FOR BLOOD TUBE	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994. REFUSED 99995. OTHER 99996. PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994.. REFUSED 99995.. OTHER 99996.. PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 4th BAR CODE LABEL HERE. </div> NOTPRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 5th BAR CODE LABEL ON THE RESPONDENT'S BLOOD TUBE AND THE 6TH ON THE TRANSMITTAL FORM. PUT THE 7TH LABEL ON THE CD4 RESULT FORM.																								
295A	RECORD THE DATE OF THE VENOUS BLOOD COLLECTION	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
295B	RECORD THE TIME OF THE VENOUS BLOOD COLLECTION	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
GO BACK TO 257 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.																												

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																									
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
CLUSTERNUMBER																									
HOUSEHOLDNUMBER																									
PROVINCE																									
RURAL/URBAN(RURAL=1, URBAN =2)																									
LUSAKA=1,OTHERCITY=2,TOWN=3,VILLAGE=4																									
NAME AND LINE NUMBER OF WOMAN _____																									
IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 12)? (YES=1, NO=2)	<input type="checkbox"/>																								

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>								
TIME	_____	_____		RESULT								
				TOTAL NUMBER OF VISITS <input type="checkbox"/>								

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

**LANGUAGE OF QUESTIONNAIRE:	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW :	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<input type="checkbox"/>
0	1												
**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA													

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

SECTION 1. RESPONDENT'S BACKGROUND

Introduction and Consent

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/>MINUTES..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'TKNOWMONTH 98.. YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'TKNOWYEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES..... 1. NO 2.	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1. SECONDARY 2. HIGHER 3.	
106	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p>CODE '1' OR '5' <input type="checkbox"/> CIRCLED →</p>		111
110	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
111	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
112	Do you watch television almost every day, at least once a week, less than once a week or not at all?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
113	What is your religion?	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>MUSLIM 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	
114	What tribe do you belong to?	_____	
114A	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?</p> <p>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</p>	<p>YEARS _____ <input type="text"/> <input type="text"/></p> <p>ALWAYS 95</p> <p>VISITOR 96</p>	115
114B	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	<p>LUSAKA 1</p> <p>OTHER CITY 2</p> <p>TOWN 3</p> <p>VILLAGE 4</p>	
115	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	<p>NUMBER OF TRIPS _____ <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	<p>YES 1</p> <p>NO 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES..... NO	1. 2. → 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... NO	1. 2. → 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME DAUGHTERS AT HOME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES..... NO	1. 2. → 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE DAUGHTERS ELSEWHERE .	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	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..... NO	1.... 2.... → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYSDEAD GIRLSDEAD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTALBIRTHS	<input type="text"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226		

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	...YES 1 ...NO. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD 1 BIRTH NO..... 2 NEXT BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	.YES.. 1 ..NO.. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD <input type="checkbox"/> BIRTH NO..... 2 NEXT <input type="checkbox"/> BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	.YES.. 1 ..NO.. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD <input type="checkbox"/> BIRTH NO..... 2 NEXT <input type="checkbox"/> BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	.YES.. 1 ..NO.. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD <input type="checkbox"/> BIRTH NO..... 2 NEXT <input type="checkbox"/> BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	.YES.. 1 ..NO.. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD <input type="checkbox"/> BIRTH NO..... 2 NEXT <input type="checkbox"/> BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.. 1 NO... 2 220	AGE IN YEARS <input type="text"/> <input type="text"/>	.YES.. 1 ..NO.. 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> ..YEARS 3 <input type="text"/> <input type="text"/>	YES.... 1 ADD <input type="checkbox"/> BIRTH NO..... 2 NEXT <input type="checkbox"/> BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2				
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)									
224	CHECK 215 ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.					NUMBER OF BIRTHS NONE <input type="text"/>0 → 226				

NO.

QUESTIONS AND FILTERS

CODING CATEGORIES

SKIP

225	<p>FOR EACH BIRTH SINCE JANUARY 2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>				
226	Are you pregnant now?	YES..... NO UNSURE .....	. 1 . 2 . 8		230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	<input type="text"/> <input type="text"/>		
228	When you got pregnant, did you want to get pregnant at that time?	YES..... NO	1.... 2....		230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER..... NOMORE	1.... 2....		
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... NO	1.... 2....		238
231	When did the last such pregnancy end?	MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2008 OR LATER LAST PREGNANCY ENDED BEFORE JAN. 2008				238
233	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	<input type="text"/> <input type="text"/>		
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	YES..... NO	1 2		236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.				
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	YES..... NO	1 2		238
237	When did the last such pregnancy that terminated before 2008 end?	MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? <hr/> (DATE DD/MM/YYYY, IF GIVEN)	DAYSAGO 1 <table border="1" data-bbox="1219 152 1318 383"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> .WEEKSAGO..... 2 .MONTHSAGO..... 3 YEARSAGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH995... NEVER MENSTRUATED996...									
239	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?	YES..... ..1..... NO2..... DON'TKNOW8.....	→ 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS1..... DURING HER PERIOD2..... RIGHT AFTER HER PERIOD HAS ENDED3..... HALFWAY BETWEEN TWOPERIODS4..... OTHER _____ 6 (SPECIFY) DON'TKNOW8.....									

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Standard Days Methods (Cycle Beads). PROBE: A woman uses string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES 1 NO 2	
10	LACTATIONALAMENORRHEAMETHOD(LAM).	YES..... 1 NO 2	
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... NO	1 2 → 311
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALESTERILIZATION B IUD C INJECTABLES..... D IMPLANTS E PILL..... F MALECONDOM G FEMALECONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L RHYTHM METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD... Y	→ 307 → 308A → 308A → 305 → 306 → 308A
304A	What name of injectables are you using? ASK TO SEE THE CLINIC CARD IF RESPONDENT DOES NOT KNOW THE NAME OF BRAND.	NORIGYNON (2 MONTHS) NORISTERAT (2 MONTHS)..... DEPO PROVERA (3 MONTHS) OTHER _____ (SPECIFY)	1 2 3 6 → 308A
305	What is the brand name of the pills you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	SAFEPLAN MICROGYNON..... MICROLUT EUGYNON LOGYNON NORDETTE ORALCONF OTHER _____ (SPECIFY) DON'TKNOW	01 02 03 04 05 06 07 96 98 → 308A
306	What is the brand name of the condoms you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUMCLASSIC MAXIMUMSCENTED ROUGH RIDER..... DUREX CARE FEMALE CONDOM FEMIDOM REALITY PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) . OTHER _____ . (SPECIFY) DON'TKNOW	01 02 03 04 05 06 07 08 96 98 → 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization 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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST ... 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY23</p> <p>PRIVATE DOCTOR24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>MOBILE HOSPITAL/CLINIC 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'TKNOW98</p>							
308	<p>In what month and year was the sterilization performed?</p>								
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>							
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2008 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2007 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008.</p> <p>THEN SKIP TO _____ → 322</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2008. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES..... 1 NO 2</p>	324
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NOCODECIRCLED 00 → 324 FEMALE STERILIZATION 01 → 317A MALE STERILIZATION 02 → 326 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL..... 06 MALECONDOM 07 FEMALECONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 STANDARD DAYS METHOD ... 11 LACTATIONAL AMEN. METHOD 12 → 315A RHYTHMMETHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 → 326 OTHER TRADITIONAL METHOD 96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems?	YES..... 1 NO 2	
320	<p>CHECK 317:</p> <p>CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p>	<p>YES.... 1 NO 2</p>	→ 322
321	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	
322	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01 MALESTERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL..... 06 MALECONDOM 07 FEMALECONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 STANDARD DAYS METHOD 11 LACTATIONAL AMEN. METHOD 12 RHYTHMMETHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96</p>	<p>→ 326</p> <p>→ 326</p>
323	<p>Where did you obtain (CURRENT METHOD) the last time?</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/POST . . . 12 MOBILE HOSPITAL/CLINIC 13 FAMILY PLANNING CLINIC 14 COMMUNITY BASED AGENT/FIELDWORKER 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21 MISSION HOSPITAL/CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 COMMUNITY BASED AGENT/FIELDWORKER 25 MOBILE HOSPITAL/CLINIC 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31 CHURCH 32 FRIENDS/RELATIVES. 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES..... 1 NO 2	→ 326
325	<p>Where is that?</p> <p>Any other 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(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>.....MISSIONHOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR..... J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES. P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES..... 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES..... 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES..... 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE & BREASTFEEDING

	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/> </div> </div>	461A
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CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)

403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/>	
404	FROM 212 AND 216	NAME _____ LIVING <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/>	NAME _____ LIVING <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/>	NAME _____ LIVING <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/> DEAD <input style="width: 20px; height: 20px; margin-left: 5px;" type="checkbox"/>	
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES ... .....1..... (SKIP TO 430) ← NO 2	YES ... .....1..... (SKIP TO 430) ← NO 2	
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NOMORE 2 (SKIP TO 408) ←	LATER ... .....1..... NO MORE ..2..... (SKIP TO 430) ←	LATER . .....1..... NO MORE ..2..... (SKIP TO 430) ←	
407	How much longer would you have liked to wait?	MONTHS ..1 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> YEARS ..2 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> YEARS ..2 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> YEARS ..2 <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-left: 5px;" type="text"/> DON'T KNOW ... 998	
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←			
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY HEALTH WORKER..... E OTHER _____ X (SPECIFY)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	NAME _____
410	Where did you receive antenatal care for this pregnancy? 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)) _____ (NAME OF PLACE(S))	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR GOVT. HOSPITAL . C GOVT. HEALTH CENTER/POST . D MOBILE HOSPITAL/ CLINIC..... E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... G MISSION HOSPITAL/ CLINIC..... H OTHER PRIVATE MED. SECTOR _____ I (SPECIFY) OTHER _____ X (SPECIFY)			
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . .	<input type="text"/>	<input type="text"/>	
		DON'TKNOW	98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .	<input type="text"/>	<input type="text"/>	
		DON'TKNOW	98		
	As part of your antenatal care during this pregnancy, were any of the following done at least once?		YES	NO	
	Were you weighed?	WEIGHT . . .	1	2	
	Was your blood pressure measured?	BP	1	2	
	Did you give a urine sample?	URINE	1	2	
	Did you give a blood sample?	BLOOD . . .	1	2	
413A	During this pregnancy were you offered counselling and testing for the virus that causes AIDS?	YES .....	.....	1	
		NO .....	.....	2	
		DON'T KNOW .....	.....	8	
414	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	
414A	Did you discuss a birth preparedness plan with a health provider?	YES .....	.....	1	
		NO .....	.....	2	
		(SKIP TO 415) ←			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414B	Did the birth preparedness plan include a discussion about: Where you will deliver the baby? What you will do if a complication arises? Who will be there to help you during birth?	YES NO DELIVERY . 1 2 COMPLICATI- ON ... 1 2 HELP 1 2		
414C	Did you use the birth plan?	YES 1 NO 2		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW... 8		
419	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	...YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8			
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z			
426	CHECK 425: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←			
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/>			
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 430) ←			
429	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			
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERYLARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERYSMALL 5 DON'TKNOW 8	VERYLARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERYSMALL 5 DON'TKNOW 8	
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'TKNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'TKNOW 8	
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . . . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . . . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . . . 99998	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
433	<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 DOCTOR A CLINICAL OFFICE . B NURSE/MIDWIFE . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A CLINICAL OFFICE . B NURSE/MIDWIFE . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A CLINICAL OFFICE . B NURSE/MIDWIFE . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>												
434	<p>Where did you give birth to (NAME)?</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE - LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE - NEXT TO LAST)</p> <p>_____</p> <p>(NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 437A) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 MISSION HOSPITAL/ CLINIC..... 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 437A) ← </p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 MISSION HOSPITAL/ CLINIC..... 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← </p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 MISSION HOSPITAL/ CLINIC..... 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← </p>												
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="758 1473 863 1547"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="758 1547 863 1621"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="758 1621 863 1695"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998.</p>														
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>												
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ← NO 2</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←														
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE. D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F SHORT LABOUR . . G NOT NECESSARY . . H NOT CUSTOMARY . . I OTHER _____ (SPECIFY) X														
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="762 1547 866 1608"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="762 1608 866 1668"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="762 1668 866 1729"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'TKNOW 8														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
443	<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" data-bbox="758 230 863 286"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH . . . 2 <table border="1" data-bbox="758 286 863 342"><tr><td></td><td></td></tr></table></p> <p>WKS AFTER BIRTH . . . 3 <table border="1" data-bbox="758 342 863 398"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW . . . 998</p>								
444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE . 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								
445	<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>HOME YOUR HOME . . . 11 OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 MOBILE HOSPITAL/CLINIC..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC..... 31 MISSION HOSPITAL/CLINIC..... 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>								

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ←					
		NO 2 (SKIP TO 450) ←					
448	Did your period return between the birth of (NAME) and your next pregnancy?			YES 1. NO 2. (SKIP TO 452)		YES 1. NO 2. (SKIP TO 452)	
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'TKNOW 98		MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98.		MONTHS ... <input type="text"/> <input type="text"/> ← DON'T KNOW 98.	
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> OR PREGNANT <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ↓					
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←					
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2		YES 1. NO 2.		YES 1. NO 2.	
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> (SKIP TO 460)		DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 461A)			
455	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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>					
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS . . . H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A)
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 460) ← NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/> STILL BF95... NEVER BF97... DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/> STILLBF 95 NEVERBF 97 DON'T KNOW . . . 98
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES ..... .1..... NO ..... .2..... DON'T KNOW 8.....	YES 1. NO 2. DON'T KNOW8..
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
461A	<p>Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p>	→ 461D
461B	Have you ever heard of this problem?	<p>YES 1</p> <p>NO 2</p>	
461C	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 2008 OR LATER <input type="checkbox"/></p>		<p>→ 501</p> <p>→ 556</p>
461D	Did this problem start after you delivered a baby or had a stillbirth?	<p>AFTER DELIVERED BABY 1</p> <p>AFTER HAD STILLBIRTH 2</p> <p>NEITHER..... 3</p>	→ 461F
461E	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	<p>NORMAL LABOR/DELIVERY 1</p> <p>VERY DIFFICULT LABOR/DELIVERY . 2</p>	→ 461G
461F	What do you think caused this problem?	<p>SEXUAL ASSAULT..... 1</p> <p>PELVIC SURGERY..... 2</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'TKNOW..... 8</p>	→ 461H
461G	How many days after (CAUSE OF PROBLEM FROM 461C OR 461E) did the leakage start?	<p>NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/></p> <p>(ENTER 90 IF 90 DAYS OR MORE)</p>	
461H	Have you sought treatment for this condition?	<p>YES 1</p> <p>NO 2</p>	→ 461K
461I	<p>Why have you not sought treatment?</p> <p>PROBE AND RECORD ALL MENTIONED.</p>	<p>DO NOT KNOW CAN BE FIXED A</p> <p>DO NOT KNOW WHERE TO GO B</p> <p>TOOEXPENSIVE C</p> <p>TOOFAR D</p> <p>POOR QUALITY OF CARE.. . E</p> <p>COULD NOT GET PERMISSION F</p> <p>EMBARRASSMENT G</p> <p>PROBLEM DISAPPEARED H</p> <p>OTHER _____ X (SPECIFY)</p>	

461J	CHECK 224: BIRTHS IN 2008 OR LATER <input type="checkbox"/> ONE OR MORE → 501 NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 556		
461K	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON COMMUNITY/VILLAGE HEALTHWORKER 3 OTHER _____ 6 (SPECIFY)	
461L	Did you have an operation to fix the problem?	YES 1 NO 2	
461M	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	
461N	CHECK 224: BIRTHS IN 2008 OR LATER <input type="checkbox"/> ONE OR MORE → 501 NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 556		

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).				
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN1..... (SKIP TO 506) ← YES, NOT SEEN ..2..... (SKIP TO 509) ← NOCARD .....3.....	YES, SEEN1..... (SKIP TO 506) ← YES, NOT SEEN ..2..... (SKIP TO 509) ← NOCARD .....3.....	YES, SEEN1..... (SKIP TO 506) ← YES, NOT SEEN ..2..... (SKIP TO 509) ← NOCARD .....3.....
505	Did you ever have a vaccination card for (NAME)?	YES.....1..... (SKIP TO 509) ← NO .....2.....	YES.....1..... (SKIP TO 509) ← NO .....2.....	YES.....1..... (SKIP TO 509) ← NO .....2.....
(f) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.				
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR
	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HepB+Hib 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HepB+Hib 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>
	VITAMIN A1 (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	VITAMIN A2 (2nd MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, DHH 1-3 AND/OR MEASLES VACCINES.	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8
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 511) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) received any of the following vaccinations:						
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER..... 2	FIRST 2 WEEKS ... 1 LATER..... 2	FIRST 2 WEEKS ... 1 LATER..... 2	FIRST 2 WEEKS ... 1 LATER..... 2	FIRST 2 WEEKS ... 1 LATER..... 2	FIRST 2 WEEKS ... 1 LATER..... 2
510D	How many times was the polio vaccine received?	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>
510E	A DPT-HepB+Hib vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was a DPT-HepB+Hib vaccination received?	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>	NUMBER OFTIMES <input type="text"/>
510G	A measles injection or 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	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8
511	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	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME _____		NAME _____		NAME _____	
	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?						
	SHOW COMMON TYPES OF PILLS/SPRINKLES/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	
513	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	
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES..... 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8		YES..... 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8		YES..... 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	
515	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	
	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk).						
	Was he/she given less than usual to drink, about the same amount, or more than usual to drink?	MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8		MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8		MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8	
	IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?						
517	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?	MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8		MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8		MUCHLESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	
	IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?						
518	Did you seek advice or treatment for the diarrhoea from any source?	YES..... 1 NO 2 (SKIP TO 521B) ←		YES..... 1 NO 2 (SKIP TO 521B) ←		YES..... 1 NO 2 (SKIP TO 521B) ←	

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
519	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 - LAST BIRTH) _____ (NAME OF PLACE - NEXT TO LAST) _____ (NAME OF PLACE SECOND FROM - LAST BIRTH)	PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST . B MOBILE HOSPITAL/ CLINIC..... C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC..... G MISSION HOSPITAL/ CLINIC..... H PHARMACY ... I PVT. DOCTOR . J MOBILE HOSPITAL/ CLINIC..... K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST B MOBILE HOSPITAL/ CLINIC..... C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC..... G MISSION HOSPITAL/ CLINIC..... H PHARMACY ... I PVT. DOCTOR . J MOBILE HOSPITAL/ CLINIC K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST B MOBILE HOSPITAL/ CLINIC..... C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC..... G MISSION HOSPITAL/ CLINIC..... H PHARMACY ... I PVT. DOCTOR . J MOBILE HOSPITAL/ CLINIC K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR MORE CODES <input type="checkbox"/> CIRCLED ONLY ONE CODE <input type="checkbox"/> CIRCLED (SKIP TO 521A)	TWO OR MORE CODES <input type="checkbox"/> CIRCLED ONLY ONE CODE <input type="checkbox"/> CIRCLED (SKIP TO 521A)	TWO OR MORE CODES <input type="checkbox"/> CIRCLED ONLY ONE CODE <input type="checkbox"/> CIRCLED (SKIP TO 521A)
	Where did you first seek advice or treatment?	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
	USE LETTER CODE FROM 519.			
521A	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)?	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
	IF THE SAME DAY, RECORD '00'.			
521B	Does (NAME) still have diarrhoea?	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8	YES..... 1 NO 2 DON'T KNOW 8

LAST BIRTH

NEXT-TO-LAST BIRTH

SECOND-FROM-LAST BIRTH

NO. QUESTIONS AND FILTERS NAME _____ NAME _____ NAME _____

NO.	QUESTIONS AND FILTERS	NAME _____			NAME _____			NAME _____					
		YES	NO	DK	YES	NO	DK	YES	NO	DK			
	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:												
	a) A fluid made from a special packet called ORS packet?	FLUID FROM ORS PKT ...	1	2	8	FLUID FROM ORS PKT ...	1	2	8	FLUID FROM ORS PKT ...	1	2	8
	b) Homemade fluid?	HOMEMADE FLUID ...	1	2	8	HOMEMADE FLUID ...	1	2	8	HOMEMADE FLUID ...	1	2	8
523	Was anything (else) given to treat the diarrhoea?	YES..... NO (SKIP TO 525) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 525) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 525) ← DON'T KNOW .....	.....	.....	1 2 8
524	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ANTIMOTILITY . OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... UNKNOWN PILL OR SYRUP ... INJECTION ANTIBIOTIC NON-ANTIBIOTIC . UNKNOWN INJECTION ... (IV) INTRAVENOUS . HOME REMEDY/ HERBAL MEDICINE OTHER _____ (SPECIFY)	.....	A B C D		PILL OR SYRUP ANTIBIOTIC ANTIMOTILITY . OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... UNKNOWN PILL OR SYRUP ... INJECTION ANTIBIOTIC NON-ANTIBIOTIC . UNKNOWN INJECTION ... (IV) INTRAVENOUS . HOME REMEDY/ HERBAL MEDICINE OTHER _____ (SPECIFY)	.....	A B C D		PILL OR SYRUP ANTIBIOTIC ANTIMOTILITY . OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... UNKNOWN PILL OR SYRUP ... INJECTION ANTIBIOTIC NON-ANTIBIOTIC . UNKNOWN INJECTION ... (IV) INTRAVENOUS . HOME REMEDY/ HERBAL MEDICINE OTHER _____ (SPECIFY)	.....	A B C D	
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... NO (SKIP TO 527) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 527) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 527) ← DON'T KNOW .....	.....	.....	1 2 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES..... NO DON'T KNOW .....	.....	.....	1 2 8	YES..... NO DON'T KNOW .....	.....	.....	1 2 8	YES..... NO DON'T KNOW .....	.....	.....	1 2 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... NO (SKIP TO 530) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 530) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 530) ← DON'T KNOW .....	.....	.....	1 2 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficult breathing?	YES..... NO (SKIP TO 531) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 531) ← DON'T KNOW .....	.....	.....	1 2 8	YES..... NO (SKIP TO 531) ← DON'T KNOW .....	.....	.....	1 2 8

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
NO.	QUESTIONS AND FILTERS	NAME		NAME		NAME	
529	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 531)		CHEST ONLY... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531)		CHEST ONLY... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531)	
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)	
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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	
	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	
533	Did you seek advice or treatment for the illness from any source?	YES..... 1 NO 2 (SKIP TO 536B)		YES..... 1 NO 2 (SKIP TO 536B)		YES..... 1 NO 2 (SKIP TO 536B)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<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>_____</p> <p>(NAME OF PLACE - LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE - NEXT TO LAST)</p> <p>_____</p> <p>(NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC..... C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... G</p> <p>MISSION HOSPITAL/CLINIC..... H</p> <p>PHARMACY ... I</p> <p>PVT. DOCTOR . J</p> <p>MOBILE HOSPITAL/CLINIC..... K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC..... C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... G</p> <p>MISSION HOSPITAL/CLINIC..... H</p> <p>PHARMACY ... I</p> <p>PVT. DOCTOR . J</p> <p>MOBILE HOSPITAL/CLINIC..... K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC..... C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC..... G</p> <p>MISSION HOSPITAL/CLINIC..... H</p> <p>PHARMACY ... I</p> <p>PVT. DOCTOR . J</p> <p>MOBILE HOSPITAL/CLINIC..... K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 536A) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
536A	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
536B	Is (NAME) still sick with a (fever/cough)?	<p>FEVER A</p> <p>COUGH B</p> <p>NO, NEITHER C</p> <p>DON'T KNOW ... Z</p>	<p>FEVER A</p> <p>COUGH B</p> <p>NO, NEITHER C</p> <p>DON'T KNOW ... Z</p>	<p>FEVER A</p> <p>COUGH B</p> <p>NO, NEITHER C</p> <p>DON'T KNOW ... Z</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	At any time during the illness, did (NAME) take any drugs for the illness? Any other drugs? RECORD ALL MENTIONED.	YES..... 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES..... 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES..... 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER ... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER ... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER ... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI-MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538A	CHECK 538: ANY CODE A-K CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)
538B	Did you already have (NAME OF DRUG FROM 538) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'K' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 538. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . G ARTEETHER . . . H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . G ARTEETHER . . . H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . G ARTEETHER . . . H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z
539	CHECK 538: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8
541A	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
543A	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
545A	For how many days did (NAME) take the amodiaquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
547A	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, RECORD 7.	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>
		DON'T KNOW ...	8	DON'T KNOW ...	8	DON'T KNOW ...	8
548	CHECK 538: COARTEM/ACT ('E') GIVEN	CODE 'E' CIRCLED	CODE 'E' NOT CIRCLED	CODE 'E' CIRCLED	CODE 'E' NOT CIRCLED	CODE 'E' CIRCLED	CODE 'E' NOT CIRCLED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(SKIP TO 549B) ←		(SKIP TO 549B) ←		(SKIP TO 549B) ←	
549	How long after the fever started did (NAME) first take coartem/ACT?	SAMEDAY	0	SAMEDAY	0	SAMEDAY	0
		NEXTDAY	1	NEXTDAY	1	NEXTDAY	1
		TWO DAYS AFTER FEVER	2	TWO DAYS AFTER FEVER	2	TWO DAYS AFTER FEVER	2
		THREE DAYS AFTER FEVER	3	THREE DAYS AFTER FEVER	3	THREE DAYS AFTER FEVER	3
		FOUR OR MORE DAYS AFTER FEVER ...	4	FOUR OR MORE DAYS AFTER FEVER ...	4	FOUR OR MORE DAYS AFTER FEVER ...	4
		DON'T KNOW ...	8	DON'T KNOW ...	8	DON'T KNOW ...	8
549A	For how many days did (NAME) take the coartem/ACT (COMBINATION WITH ARTEMISININ)? IF 7 DAYS OR MORE, RECORD 7.	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>
		DON'T KNOW ...	8	DON'T KNOW ...	8	DON'T KNOW ...	8
549B	CHECK 538: ARTEMETHER ('F') GIVEN	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(SKIP TO 549E) ←		(SKIP TO 549E) ←		(SKIP TO 549E) ←	
549C	How long after the fever started did (NAME) first take artemether?	SAMEDAY	0	SAMEDAY	0	SAMEDAY	0
		NEXTDAY	1	NEXTDAY	1	NEXTDAY	1
		TWO DAYS AFTER FEVER	2	TWO DAYS AFTER FEVER	2	TWO DAYS AFTER FEVER	2
		THREE DAYS AFTER FEVER	3	THREE DAYS AFTER FEVER	3	THREE DAYS AFTER FEVER	3
		FOUR OR MORE DAYS AFTER FEVER ...	4	FOUR OR MORE DAYS AFTER FEVER ...	4	FOUR OR MORE DAYS AFTER FEVER ...	4
		DON'T KNOW ...	8	DON'T KNOW ...	8	DON'T KNOW ...	8
549D	For how many days did (NAME) take the artemether? IF 7 DAYS OR MORE, RECORD 7.	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>	DAYS	<input type="checkbox"/>
		DON'T KNOW ...	8	DON'T KNOW ...	8	DON'T KNOW ...	8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
549E	CHECK 538: ASUNATE/ARTESUNATE ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/>	CODE 'G' NOT CIRCLED <input type="checkbox"/>	CODE 'G' CIRCLED <input type="checkbox"/>	CODE 'G' NOT CIRCLED <input type="checkbox"/>	CODE 'G' CIRCLED <input type="checkbox"/>	CODE 'G' NOT CIRCLED <input type="checkbox"/>
		(SKIP TO 549H) ←		(SKIP TO 549H) ←		(SKIP TO 549H) ←	
549F	How long after the fever started did (NAME) first take asunate/artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
549G	For how many days did (NAME) take the asunate/artesunate? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
549H	CHECK 538: ARTEETHER ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/>	CODE 'H' NOT CIRCLED <input type="checkbox"/>	CODE 'H' CIRCLED <input type="checkbox"/>	CODE 'H' NOT CIRCLED <input type="checkbox"/>	CODE 'H' CIRCLED <input type="checkbox"/>	CODE 'H' NOT CIRCLED <input type="checkbox"/>
		(SKIP TO 550) ←		(SKIP TO 550) ←		(SKIP TO 550) ←	
549I	How long after the fever started did (NAME) first take arteether?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
549J	For how many days did (NAME) take the arteether? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 538: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAMEDAY 0 NEXTDAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
551A	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>	<p>556</p>
554	<p>The last time (NAME FROM 553) passed stool, what was done to dispose off the stool?</p>	<p>CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTOTOILETORLATRINE 02 PUT/RINSED INTODRAINORDITCH 03 THROWNINTOGARBAGE 04 BURIED 05 LEFTINTHEOPEN..... 06 OTHER _____ 96 (SPECIFY)</p>
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>	<p>557</p>
556	<p>Have you ever heard of a special product called ORS packet you can get for the treatment of diarrhoea?</p>	<p>YES 1 NO 2</p>
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2011 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2011 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 558)</p> <p>_____</p> <p>(NAME)</p>	<p>601</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
Now	I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.				
	Did (NAME FROM 557) (drink/eat):	YES	NO	DK	
	a) Plain water?	a	1	2	8
	b) Juice or juice drinks?	b	1	2	8
	c) Clear broth?	c	1	2	8
	d) Milk such as tinned, powdered, or fresh animal milk?	d	1	2	8
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.		NUMBER OF TIMES DRANK MILK	<input type="text"/>	
	e) Infant formula?	e	1	2	8
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.		NUMBER OF TIMES DRANK FORMULA	<input type="text"/>	
	f) Any other liquids?	f	1	2	8
	g) Yogurt?	g	1	2	8
	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.		NUMBER OF TIMES ATE YOGURT	<input type="text"/>	
	h) Any Provita, Delight, Cerelac, Soya Porridge?	h	1	2	8
	Bread, rice, noodles, porridge, nshima or other foods made from grains?	i	1	2	8
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j	1	2	8
	k) White potatoes, manioc, cassava, or any other foods made from roots?	k	1	2	8
	l) Any dark green, leafy vegetables, cassava leaves, rape, sweet potato leaves?	l	1	2	8
	m) Ripe mangoes, paw paw, apricot, watermelon?	m	1	2	8
	n) Any other fruits or vegetables?	n	1	2	8
	o) Liver, kidney, heart or other organ meats?	o	1	2	8
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p	1	2	8
	q) Eggs?	q	1	2	8
	r) Fresh or dried fish or shellfish?	r	1	2	8
	s) Any foods made from beans, peas, lentils, or nuts?	s	1	2	8
	t) Cheese or other food made from milk?	t	1	2	8
	u) Any caterpillars, other insects or other small protein foods?	u	1	2	8
	v) Any other solid, semi-solid, or soft food?	v	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
559	CHECK 558 (CATEGORIES "g" THROUGH "v"): NOT A SINGLE <input type="checkbox"/> "YES" AT LEAST ONE <input type="checkbox"/> "YES"	→ 561	
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES..... 1. (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO 2.	→ 601
561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/> DON'TKNOW 8.	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1. YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3.	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3.	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1. DIVORCED 2. SEPARATED 3.	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1. STAYING ELSEWHERE 2.	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINENO. <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES..... 1. NO 2. DON'T KNOW 8.	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife/partner?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1. MORE THAN ONCE 2.	<input type="checkbox"/> → 609B
609A	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → 610 CURRENTLY WIDOWED <input type="checkbox"/> → 609D		
609B	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED <input type="checkbox"/> → 609D NOT ASKED <input type="checkbox"/> → 610 CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>		
609C	How did your previous marriage or union end?	DEATH 1. DIVORCE 2. SEPARATION 3.	<input type="checkbox"/> → 610
609D	To whom did most of your late husband's property go?	RESPONDENT..... 1. OTHER WIFE..... 2. SPOUSE'S CHILDREN..... 3. SPOUSE'S FAMILY 4. NO PROPERTY 5. OTHER _____ 6 (SPECIFY)	<input type="checkbox"/> → 610
609E	Did you receive any of your late husband's assets or valuables?	YES..... 1. NO 2.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>CHECK 609:</p> <p>MARRIED/ LIVEDWITHAMAN <input type="checkbox"/> ONLY ONCE ↓</p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVEDWITHAMAN <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> → 612</p> <p>DON'TKNOWYEAR .....9998</p>	
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
613	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGEINYEARS <input type="text"/> <input type="text"/> → 613C</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95 → 613C</p>	
613A	CHECK 103: AGE <input type="checkbox"/> 15-24 ↓	AGE <input type="checkbox"/> 25-49 →	→ 628
613B	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE, 8</p>	→ 628
613C	CHECK 103: AGE <input type="checkbox"/> 15-24 ↓	AGE <input type="checkbox"/> 25-49 →	→ 614
613D	The <u>first</u> time you had sexual intercourse, was a female or male condom used?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
613E	How old was the person you first had sexual intercourse with?	<p>AGEOFPARTNER <input type="text"/> <input type="text"/> → 614</p> <p>DON'TKNOW 98</p>	
613F	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUTHESAMEAGE 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 614
613G	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH 3</p>	
Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> <p>IF LESS THAN 1 DAY RECORD "00" DAYS.</p>	<p>DAYSAGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKSAGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHSAGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse with (this/second/third) person, was a female or male condom used?	YES ... 1 NO 2 (SKIP TO 619) ←	YES ... 1 NO 2 (SKIP TO 619) ←	YES ... 1 NO 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ... 1 NO 2	YES ... 1 NO 2	YES ... 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/SEX WORKER . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/SEX WORKER . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/SEX WORKER . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first have sexual intercourse with (this/second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE "95".	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
624A	The last time you had sexual intercourse with (this/second/third) person, did you or this person drink alcohol?	YES..... 1 NO 2 (SKIP TO 625) ←	YES..... 1 NO 2 (SKIP TO 625) ←	YES..... 1 NO 2 (SKIP TO 626) ←
624B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER..... 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER..... 4
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS INLIFETIME <input type="text"/> <input type="text"/></p> <p>DON'TKNOW98</p>													
628	CHECK PRESENCE OF OTHERS DURING THIS SECTION	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN<10</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALEADULTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN<10	1	2	MALEADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN<10	1	2													
MALEADULTS	1	2													
FEMALE ADULTS	1	2													
629	Do you know of a place where a person can get male condoms?	<p>YES..... . 1.</p> <p>NO 2.</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>													
631	If you wanted to, could you yourself get a male condom?	<p>YES..... . 1.</p> <p>NO 2.</p> <p>DON'T KNOW/UNSURE8..</p>													
632	Do you know of a place where a person can get female condoms?	<p>YES..... . 1.</p> <p>NO 2.</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>. . . .PRIVATEHOSPITAL/CLINIC ... G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 304: NEITHER CODE A NOR CODE B IS CIRCLED</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>	<p>CODE A OR B CIRCLED</p>	<p>→ 712</p>
702	<p>CHECK 226:</p> <p>PREGNANT <input type="checkbox"/></p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p>		<p>→ 704</p>
703	<p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE ANOTHER CHILD 1.</p> <p>NOMORE 2</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→ 705</p> <p>→ 711</p>
704	<p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NOMORE/NONE 2.</p> <p>SAYS SHE CAN'T GET PREGNANT . . . 3.</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→ 707</p> <p>→ 712</p> <p>→ 710</p>
705	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1</p> <p>YEARS 2</p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>→ 710</p> <p>→ 712</p> <p>→ 710</p>
706	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		<p>→ 711</p>
707	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 712</p>
708	<p>CHECK 705:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		<p>→ 711</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOTMARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOTHAVINGSEX B</p> <p>INFREQUENTSEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LASTBIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . . . J</p> <p>OTHERSOPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWSNOMETHOD M</p> <p>KNOWSNOSOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS..... O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTSTOOMUCH Q</p> <p>PREFERRED METHOD</p> <p>NOTAVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'TKNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.... 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	711B 712
711A	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES..... 04</p> <p>IMPLANTS 05</p> <p>PILL.... 06</p> <p>MALECONDOM 07</p> <p>FEMALECONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>STANDARD DAYS METHOD 11</p> <p>LACTATIONAL AMEN. METHOD 12</p> <p>RHYTHMMETHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOTMARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY . 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED . 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 → 712 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'TKNOW 98	
711C	Would you ever use a contraceptive method if you were married?	YES.... 1. NO 2. DON'TKNOW 8.	
712	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 → 714 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 → 714 (SPECIFY)	
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYSGIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1. 2 TELEVISION 1. 2 NEWSPAPER OR MAGAZINE ... 1 2	
715	In the last six months, have you listened to the following programmes on the radio? Your Health Matters Other health related programmes	YES NO YOUR HEALTH MATTERS ... 1.. 2 OTHER _____ 1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
715A	In the last six months, have you seen any of the following programmes on television? Your Health Matters Other health related programmes	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">YES NO</td> </tr> <tr> <td>YOUR HEALTH MATTERS</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES NO	YOUR HEALTH MATTERS	1 2	OTHER _____	1 2	(SPECIFY)				
	YES NO												
YOUR HEALTH MATTERS	1 2												
OTHER _____	1 2												
(SPECIFY)													
716	CHECK 601: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> YES, CURRENTLY MARRIED <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> YES, LIVING WITH A MAN <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> NO, NOT IN UNION <input type="checkbox"/> </td> </tr> </table>	YES, CURRENTLY MARRIED <input type="checkbox"/>	YES, LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">→ 801</td> </tr> </table>		→ 801						
YES, CURRENTLY MARRIED <input type="checkbox"/>	YES, LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>											
	→ 801												
717	CHECK 304: CURRENT CONTRACEPTIVE METHOD? OTHER <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">CIRCLED CODE B,G,ORN <input type="checkbox"/></td> <td style="text-align: right;">→ 718</td> </tr> <tr> <td style="width: 80%;">NOT ASKED <input type="checkbox"/></td> <td style="text-align: right;">→ 720</td> </tr> </table>	CIRCLED CODE B,G,ORN <input type="checkbox"/>	→ 718	NOT ASKED <input type="checkbox"/>	→ 720							
CIRCLED CODE B,G,ORN <input type="checkbox"/>	→ 718												
NOT ASKED <input type="checkbox"/>	→ 720												
717A	Does your (husband/partner) know that you are using a method of family planning?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">YES.....</td> <td style="text-align: right;">.... 1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">.... 2</td> </tr> <tr> <td>DON'TKNOW</td> <td style="text-align: right;">.... 8</td> </tr> </table>	YES..... 1	NO 2	DON'TKNOW 8					
YES..... 1												
NO 2												
DON'TKNOW 8												
718	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MAINLY RESPONDENT.</td> <td style="text-align: right;">.... 1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">.... 2</td> </tr> <tr> <td>JOINTDECISION</td> <td style="text-align: right;">.... 3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT. 1	MAINLY HUSBAND/PARTNER 2	JOINTDECISION 3	OTHER _____	6	(SPECIFY)		
MAINLY RESPONDENT. 1												
MAINLY HUSBAND/PARTNER 2												
JOINTDECISION 3												
OTHER _____	6												
(SPECIFY)													
719	CHECK 304: NEITHER CODE A NOR CODE B IS CIRCLED NEITHER STERILIZED <input type="checkbox"/> CODE A OR B CIRCLED HE OR SHE STERILIZED <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">→ 801</td> </tr> </table>		→ 801									
	→ 801												
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">SAMENUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORECHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWERCHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'TKNOW</td> <td style="text-align: right;">.... 8</td> </tr> </table>	SAMENUMBER	1	MORECHILDREN	2	FEWERCHILDREN	3	DON'TKNOW 8			
SAMENUMBER	1												
MORECHILDREN	2												
FEWERCHILDREN	3												
DON'TKNOW 8												

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	803 807
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES..... 1. NO 2.	806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY .....1.. SECONDARY .....2.. HIGHER 3.. DON'TKNOW .....8..	806
805	What is the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD "00".	GRADE <input type="text"/> <input type="text"/> DON'TKNOW .....98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	
807	Aside from your own housework, have you done any work in the last seven days?	YES..... 1. NO 2.	811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES..... 1. NO 2.	811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES..... 1. NO 2.	811
810	Have you done any work in the last 12 months?	YES..... 1. NO 2.	815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ <input type="text"/> _____ <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FORFAMILYMEMBER 1 FORSOMEONEELSE 2 SELF-EMPLOYED..... 3	
812A	Do you usually work at home or away from home?	HOME 1 AWAY 2	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . 2 ONCEINAWHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASHONLY 1 CASHANDKIND 2 INKINDONLY 3 NOTPAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		819
817	Who usually decides how the money that you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORETHANHIM 1 LESSTHANHIM 2 ABOUTTHESAME 3 HUSBAND/PARTNER HAS NOEARNING 4 DON'TKNOW 8	820
819	Who usually decides how your husband's/partner's earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NOEARNING..... 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONEELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONEELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
821A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN ... 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN ... 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOESOUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOESOUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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BURNS FOOD	1	2	8																								

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO 2	→ 937																
902	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES..... 1 NO 2 DON'TKNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES..... 1 NO 2 DON'TKNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO 2 DON'TKNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO 2 DON'TKNOW 8																	
905A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES..... 1 NO 2 DON'TKNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO 2 DON'TKNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO 2 DON'TKNOW 8																	
907A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NORISK 4 OTHER 6 DON'TKNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY . . .	1	2	8	BREASTFEEDING . . .	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY . . .	1	2	8																
BREASTFEEDING . . .	1	2	8																
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 910A																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES..... 1 NO 2 DON'TKNOW 8																	
910A	Have you heard about antiretroviral drugs (ARVs) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES..... 1 NO 2 DON'TKNOW 8	→ 911																
910B	Do you know any one on antiretroviral therapy (ART) treatment?	YES..... 1 NO 2 DON'TKNOW 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	CHECK 208 AND 215:	NO BIRTHS	926
	LAST BIRTH SINCE JANUARY 2011	LAST BIRTH BEFORE JANUARY 2011	926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE	NO ANTENATAL CARE	920
	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
	During any of the antenatal visits for your last birth, did anyone talk to you about:	YES NO DK	
	Babies getting the AIDS virus from their mother?	AIDS FROM MOTHER	1 2 8
	Things that you can do to prevent getting the AIDS virus?	THINGS TO DO	1 2 8
	Getting tested for the AIDS virus?	TESTED FOR AIDS	1 2 8
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES..... NO .....	... 1 ... 2
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES..... NO .....	... 1 ... 2
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/POST ... 12 STAND-ALONE VCT CENTRE . . . 13 FAMILY PLANNING CLINIC 14 MOBILE HOSPITAL/CLINIC 15 COMMUNITY BASED AGENT/FIELDWORKER 16 OTHER PUBLIC SECTOR 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 MISSION HOSPITAL/CLINIC 22 STAND-ALONE VCT CENTRE 23 MOBILE HOSPITAL/CLINIC 24 COMMUNITY BASED AGENT/FIELDWORKER 25 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) OTHER SOURCE PRISON 31 OTHER _____ (SPECIFY) 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES..... 1. NO 2.	→ 924
918A	Did you disclose your results to any of the following: 1 (Husband/Partner)? 2 Family member? 3 Religious leader? 4 Friend? 5 Any other?	YES NO HUSBAND/PARTNER 1 2 FAMILYMEMBER 1 2 RELIGIOUS LEADER 1 2 FRIEND 1 2 OTHER 1 2 (SPECIFY)	
919	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	YES..... 1. NO 2. DON'TKNOW 8.	
919B	How many times were you tested in total at ANC?	TIMESTESTED <input type="text"/> <input type="text"/>	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES..... 1. NO 2.	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES..... 1. NO 2.	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES..... 1. NO 2.	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES..... 1. NO 2.	→ 927
925	How many months ago was your most recent HIV test?	MONTHSAGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS. 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES..... 1. NO 2.	→ 930
927	How many months ago was your most recent HIV test?	MONTHSAGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS. 95	
927A	For your most recent test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1. OFFERED AND ACCEPTED 2 REQUIRED 3.	
928	I don't want to know the results, but did you get the results of the test?	YES..... 1. NO 2.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	<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>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST . . . 12</p> <p>STAND-ALONE VCT CENTRE 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE HOSPITAL/CLINIC 15</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 16</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>STAND-ALONE VCT CENTRE 23</p> <p>MOBILE HOSPITAL/CLINIC 24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON 31</p> <p>OTHER</p> <p>_____ 96</p> <p>(SPECIFY)</p>	<p>→ 932</p>
930	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>→ 932</p>
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST . . . B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON N</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
935A	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
935B	Do you agree or disagree with the following statement: "People with the AIDS virus should be blamed for bringing the disease into the community."	AGREE 1 DISAGREE 2 DON'T KNOW 8	
936	Should children aged 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
936A	Should children aged 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DON'TKNOW 8	
936B	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED)	FEEL THEY ARE NOT AT RISK A FEAROFRESULTS B FEAR OF STIGMA/DISCRIMINATION .. C DON'T KNOW WHERE TO GO D OTHER _____ X (SPECIFY)	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> Have you heard about infections that can be transmitted through sexual contact? YES 1 NO 2		
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		945A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945A	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DONT KNOW 8	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DONT KNOW 8	
946A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DONTKNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DONT KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A PARTNER <input type="checkbox"/>	<input type="checkbox"/> NOT IN UNION	1000A
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOTSURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOTSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1002A	<p>The last time you had an injection given to you by a trained health worker where did you go to get the injection?</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11.</p> <p>GOVT. HEALTH CENTER/POST . . . 12</p> <p>MOBILE HOSPITAL/CLINIC 13.</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21..</p> <p>MISSION HOSPITAL/CLINIC 22.</p> <p>DENTAL CLINIC/OFFICE 23.</p> <p>MOBILE HOSPITAL/CLINIC 24.</p> <p>PHARMACY 25.</p> <p>OFFICE OR HOME OF NURSE/</p> <p>..... HEALTHWORKER.</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>ATHOME 31.</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES..... 1.</p> <p>NO 2.</p> <p>DON'TKNOW 8.</p>	
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES..... 1.</p> <p>NO 2.</p>	→ 1006
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES..... 1.</p> <p>NO 2.</p>	→ 1007A
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1007A	<p>Do you drink alcohol?</p>	<p>YES..... 1.</p> <p>NO 2.</p>	→ 1008
1007B	<p>In the last one week how many days did you drink alcohol?</p>	<p>NUMBEROFDAYS <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go for advice or treatment?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern that there may not be a female health provider?</p> <p>Concern that there may not be any health provider?</p> <p>Concern that there may be no drugs available?</p> <p>Rude attitude of health provider?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>. 1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>GOALONE</td> <td>. 1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROVIDER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>NOPROVIDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NODRUGS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RUDE ATTITUDE . . .</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO . . .	1	2	GETTING MONEY	1	2	DISTANCE 1	2	TAKING TRANSPORT . . .	1	2	GOALONE 1	2	NO FEMALE PROVIDER .	1	2	NOPROVIDER	1	2	NODRUGS	1	2	RUDE ATTITUDE . . .	1	2	
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RUDE ATTITUDE . . .	1	2																															
1009	Are you covered by any health insurance or health scheme?	YES..... 1 NO 2	→ 1010A																														
1010	<p>What type of health (insurance/scheme)?</p> <p>RECORD ALL MENTIONED.</p>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . D LOW COST PRE-PAYMENT SCHEME/STANDARD E HIGH COST PRE-PAYMENT SCHEME/PREMIUM F OTHER X (SPECIFY)																															
1010A	CHECK 217: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 1010C																														
1010B	<p>Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.</p> <p>Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?</p>	YES..... 1 NO 2 UNSURE 8																															
1010C	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES..... 1 NO 2	→ 1101																														
1010D	Have you made arrangements for someone to care for this child/these children in the event that you fall sick or are unable to care for (him/her/them)?	YES..... 1 NO 2 UNSURE 8																															

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURALMOTHER..... <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1201
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES 1 NO 2 GO TO 1108 ← DK 8 GO TO (2) ←	YES.... 1 NO 2 GO TO 1108 ← DK 8 GO TO (3) ←	YES 1 NO 2 GO TO 1108 ← DK 8 GO TO (4) ←	YES 1 NO 2 GO TO 1108 ← DK 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES 1 NO 2 GO TO 1108 ← DK 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES 1 GO TO 1113 ← NO 2	YES.... 1 GO TO 1113 ← NO 2	YES 1 GO TO 1113 ← NO 2	YES 1 GO TO 1113 ← NO 2	YES ... 1 GO TO 1113 ← NO ... 2	YES 1 GO TO 1113 ← NO 2	
1111	Did (NAME) die during childbirth?	YES 1 GO TO 1113 ← NO 2	YES.... 1 GO TO 1113 ← NO 2	YES 1 GO TO 1113 ← NO 2	YES 1 GO TO 1113 ← NO 2	YES ... 1 GO TO 1113 ← NO ... 2	YES 1 GO TO 1113 ← NO 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES.... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES ... 1 NO ... 2	YES 1 NO 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1201								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES 1 NO 2 GO TO 1108 DK 8 GO TO (8)	YES.... 1 NO 2 GO TO 1108 DK 8 GO TO (9)	YES 1 NO 2 GO TO 1108 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1108 DK 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES 1 NO 2 GO TO 1108 DK 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES 1 GO TO 1113 NO 2	YES.... 1 GO TO 1113 NO 2	YES 1 GO TO 1113 NO 2	YES 1 GO TO 1113 NO 2	YES ... 1 GO TO 1113 NO ... 2	YES 1 GO TO 1113 NO 2
1111	Did (NAME) die during childbirth?	YES 1 GO TO 1113 NO 2	YES.... 1 GO TO 1113 NO 2	YES 1 GO TO 1113 NO 2	YES 1 GO TO 1113 NO 2	YES ... 1 GO TO 1113 NO ... 2	YES 1 GO TO 1113 NO 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES.... 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES ... 1 NO ... 2	YES 1 NO 2
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1201							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							

SECTION 12. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1201	<p>CHECK HOUSEHOLD QUESTIONNAIRE, QH21 AND COVER PAGE.</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>WOMAN NOT SELECTED <input type="checkbox"/></p>		1234																																			
1202	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED..... 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		1233																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																						
1203	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		1217																																			
1204	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOFAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NOFAMILY	1	2	8	WHERE YOU ARE	1	2	8												
	YES	NO	DK																																			
JEALOUS	1	2	8																																			
ACCUSES	1	2	8																																			
NOT MEET FRIENDS ...	1	2	8																																			
NOFAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1205	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2 ↓				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
a) YES	1 →	1	2	3																																		
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b) NO	2 ↓																																					
c) YES	1 →	1	2	3																																		
c) NO	2 ↓																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1210	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES.....	1
		NO .....	.....	.....	2 1212
1211	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN .....	.....	.....	1
		SOMETIMES .	.....	.....	2
		NOTATALL.....	.....	.....	3
1212	Does (did) your (last) (husband/partner) drink alcohol?	YES.....	.....	.....	1
		NO .....	.....	.....	2 1214
1213	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN .....	.....	.....	1
		SOMETIMES . . . .	.....	.....	2
		NEVER .....	.....	.....	3
1214	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . .	.....	.....	1
		SOMETIMES AFRAID.	.....	.....	2
		NEVER AFRAID . .	.....	.....	3
1215	CHECK 609: MARRIED MORE THAN ONCE MARRIED ONLY ONCE				1217
1216	A So far we have been talking about the behaviour of your (current/last) (husband/partner). Now I want to ask you about the behaviour of any previous (husband/partner). Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen?			
		EVER	0-11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
	YES	1	1	2	3
	NO	2			
	YES	1	1	2	3
	NO	2			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1217	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER. 3</p>	<p>1220</p>
1218	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHERRELATIVE E</p> <p>CURRENTBOYFRIEND F</p> <p>FORMERBOYFRIEND..... G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHERIN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1219	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOTATALL..... 3</p>	
1220	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN PREGNANT <input type="checkbox"/></p> <p>(YES ON 201 OR 226 OR 230)</p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>1223</p>
1221	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>1223</p>
1222	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHERRELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENTBOYFRIEND H</p> <p>FORMERBOYFRIEND..... I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHERIN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1223B
1223A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES..... 1..... NO 2..... REFUSED TO ANSWER/ NO ANSWER .3	→ 1224 → 1225A
1223B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES..... 1..... NO 2..... REFUSED TO ANSWER/ NOANSWER ..... .3.....	→ 1227
1224	Who was the person who was forcing you the first time?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER . . . 02..... CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER04..... BROTHER/STEP-BROTHER 05..... OTHERRELATIVE 06..... IN-LAW 07..... OWN FRIEND/ACQUAINTANCE . . . 08..... FAMILYFRIEND ..... .09..... TEACHER 10..... EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12..... PRIEST/RELIGIOUS LEADER 13..... STRANGER 14..... OTHER _____ 96 (SPECIFY)	
1225	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES..... 1 NO 2	→ 1226
1225A	CHECK 1206A (h-j) and 1216A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1227
1226	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'TKNOW ..... .98.....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1227	CHECK 1206A (a-j), 1216A (a,b), 1217, 1221, 1223A, AND 1223B: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		1231
1228	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES..... 1 NO 2	1230
1229	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOUR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	1231
1230	Have you ever told any one about this?	YES..... 1 NO 2	
1231	As far as you know, did your father ever beat your mother?	YES..... 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1232	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES</td> <td>YES, MORE</td> <td></td> </tr> <tr> <td></td> <td>ONCE</td> <td>THAN ONCE</td> <td>N</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	YES, MORE			ONCE	THAN ONCE	N	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES	YES, MORE																					
	ONCE	THAN ONCE	N																				
HUSBAND	1	2	3																				
OTHER MALE ADULT ...	1	2	3																				
FEMALE ADULT	1	2	3																				

1233 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

1234	RECORD THE TIME.	HOUR MINUTES.....	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K STANDARD DAYS
- L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM METHOD
- N WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

			1	2
	12 DEC	01		
	11 NOV	02		
	10 OCT	03		
	09 SEP	04		
2	08 AUG	05		2
0	07 JUL	06		0
1	06 JUN	07		1
3	05 MAY	08		3
	04 APR	09		
	03 MAR	10		
	02 FEB	11		
	01 JAN	12		
<hr/>				
	12 DEC	13		
	11 NOV	14		
	10 OCT	15		
	09 SEP	16		
2	08 AUG	17		2
0	07 JUL	18		0
1	06 JUN	19		1
2	05 MAY	20		2
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	03 MAR	22		
	02 FEB	23		
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	12 DEC	25		
	11 NOV	26		
	10 OCT	27		
	09 SEP	28		
2	08 AUG	29		2
0	07 JUL	30		0
1	06 JUN	31		1
1	05 MAY	32		1
	04 APR	33		
	03 MAR	34		
	02 FEB	35		
	01 JAN	36		
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	12 DEC	37		
	11 NOV	38		
	10 OCT	39		
	09 SEP	40		
2	08 AUG	41		2
0	07 JUL	42		0
1	06 JUN	43		1
0	05 MAY	44		0
	04 APR	45		
	03 MAR	46		
	02 FEB	47		
	01 JAN	48		
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	12 DEC	49		
	11 NOV	50		
	10 OCT	51		
	09 SEP	52		
2	08 AUG	53		2
0	07 JUL	54		0
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9	05 MAY	56		9
	04 APR	57		
	03 MAR	58		
	02 FEB	59		
	01 JAN	60		
<hr/>				
	12 DEC	61		
	11 NOV	62		
	10 OCT	63		
	09 SEP	64		
2	08 AUG	65		2
0	07 JUL	66		0
0	06 JUN	67		0
8	05 MAY	68		8
	04 APR	69		
	03 MAR	70		
	02 FEB	71		
	01 JAN	72		

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE
 WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																						
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTERNUMBER HOUSEHOLDNUMBER PROVINCE RURAL/URBAN(RURAL=1, URBAN =2) LUSAKA=1/OTHERCITY=2/TOWN=3/VILLAGE=4 NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
TIME	_____	_____	_____								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)											
**LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				0	1					TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
0	1										
**LANGUAGE CODES: 01 ENGLISH 02 BEMBA 03 KAONDE 04 LOZI 05 LUNDA 06 LUVALE 07 NYANJA 08 TONGA 09 OTHER											
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY							
NAME _____	NAME _____		NAME _____	NAME _____							
DATE _____	DATE _____		DATE _____	DATE _____							

SECTION 1. RESPONDENT'S BACKGROUND

Introduction and Consent

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/>MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'TKNOWMONTH 98.. YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'TKNOWYEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES..... 1. NO 2.	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1. SECONDARY 2. HIGHER 3.	
106	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES..... 1 NO 2 DON'TKNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES..... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES..... 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
	Have you ever fathered a son or a daughter 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..... DON'TKNOW 8.....	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYSDEAD <input type="text"/> <input type="text"/> GIRLSDEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES..... 1..... NO 2.....	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGEINYEARS <input type="text"/> <input type="text"/>	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ NO LIVING CHILDREN <input type="checkbox"/> →		→ 301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How old is your (youngest) child?	AGEINYEARS <input type="text"/> <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS	OTHER	301
	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD (NAME OF (YOUNGEST) CHILD)	<input type="text"/>	
217	When (NAME)'s mother was pregnant with (NAME) did she have any antenatal check-ups?	YES..... 1 NO 2 DON'TKNOW 8	219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOTPRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 DON'TKNOW 6 OTHER 8	220
219A	Why didn't (NAME)'s mother deliver in a health facility? PROBE: Any other reason?	COSTTOOMUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION ... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER ATFACILITY E I/FAMILY DID NOT ALLOW ... F SHORTLABOUR G NOTNECESSARY H NOTCUSTOMARY I OTHER X (SPECIFY)	
220	When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUTTHE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'TKNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Standard Days Method (Cycle Beads): A woman uses string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES 1 NO 2	
10	LACTATIONALAMENORRHEAMETHOD(LAM).	YES..... 1 NO 2	
11	Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO..... . 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . 1 2	
303	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES..... . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. 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?	YES..... . 1 NO 2 DON'T KNOW 8	→305A
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURINGHERPERIOD 2 RIGHT AFTER HER PERIODHASENDED 3 HALFWAY BETWEEN TWOPERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
305A	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES..... . 1 NO 2 DONTKNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07) KNOWS MALE CONDOM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get male condoms?	YES..... . 1 NO 2	→ 311
309	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/POST . . . B MOBILE HOSPITAL/CLINIC C FAMILY PLANNING CLINIC D COMMUNITY BASED AGENT/FIELDWORKER E OTHER PUBLIC SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G MISSION HOSPITAL/CLINIC H PHARMACY I PRIVATE DOCTOR J COMMUNITY BASED AGENT/FIELDWORKER K MOBILE HOSPITAL/CLINIC L OTHER PRIVATE MEDICAL SECTOR M (SPECIFY) OTHER SOURCE SHOP N CHURCH..... O FRIENDS/RELATIVES P OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a male condom?	YES..... 1 NO 2	
311	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
312	Do you know of a place where a person can get female condoms?	YES..... 1 NO 2	401
313	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/POST ... B MOBILE HOSPITAL/CLINIC C FAMILY PLANNING CLINIC D COMMUNITY BASED AGENT/FIELDWORKER E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G MISSION HOSPITAL/CLINIC H PHARMACY..... I PRIVATEDOCTOR J COMMUNITY BASED ...AGENT/FIELDWORKER ... K MOBILE HOSPITAL/CLINIC L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N CHURCH..... O FRIENDS/RELATIVES P OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES..... 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ... 1. YES, LIVING WITH A WOMAN ... 2 NO, NOT IN UNION 3..	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2. NO 3.	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1. DIVORCED 2. SEPARATED 3.	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1. STAYING ELSEWHERE 2..																
405	Do you have more than one wife or woman you live with as if married?	YES 1. NO 2.	→ 407															
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife/the woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your wives or each woman you are living with as if married.</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1. MORE THAN ONCE 2..	→ 411A															
411	In what month and year did you start living with your wife/partner?	.MONTH... <input type="text"/>																
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH 98																
		YEAR <input type="text"/>	→ 413															
		DON'T KNOW YEAR 9998																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some family life issue. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGEINYEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	414C 414C
414A	CHECK 103: 15-24 YEARS OLD 25-59 YEARS OLD		501
414B	Do you intend to wait until you get married to have sexual intercourse for the first time? <input type="checkbox"/>	YES..... 1. NO <input type="checkbox"/> 2. DON'T KNOW/UNSURE 8	501
414C	CHECK 103: 15-24 YEARS OLD 25-59 YEARS OLD		415
414D	The <u>first</u> time you had sexual intercourse, was a female or male condom used? <input type="checkbox"/>	YES..... 1. NO <input type="checkbox"/> 2. DON'T KNOW/DON'T REMEMBER . 8	
Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
When was the <u>last</u> time you had sexual intercourse?			
IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.			
IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.			
		DAYSAGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARSAGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse with this (second/third) person, was a female or male condom used?	YES.... 1 NO 2 (SKIP TO 420) ←	YES.... 1 NO 2 (SKIP TO 420) ←	YES.... 1 NO 2 (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES.... 1 NO 2	YES.... 1 NO 2	YES.... 1 NO 2
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF WIFE/PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEXWORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF WIFE/PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEXWORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 LINE NUMBER OF WIFE/PARTNER GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEXWORKER 5 OTHER 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 423A) ↓	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 423A) ↓	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 423A) ↓
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
423A	The last time you had sexual intercourse with this (second/third) person did you or this person drink alcohol?	YES..... 1 NO 2 (SKIP TO 424) ←	YES..... 1 NO 2 (SKIP TO 424) ←	YES..... 1 NO 2 (SKIP TO 424) ←
423B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER..... 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER..... 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER..... 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES..... 1 (GO BACK TO 417) ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	YES..... 1 (GO BACK TO 417) ← IN NEXT COLUMN) NO 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES..... 1. NO 2.	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES..... 1. NO 2.	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a female or male condom used?	YES..... 1. NO 2.	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES..... 1. NO 2. DK 8.	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME..... <input type="text"/> <input type="text"/> DON'TKNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438
436	You told me that a condom was used the last time you had sex. What brand name of the female or male condoms did you use? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUM CLASSIC 01. MAXIMUM SCENTED 02. ROUGH RIDER 03. DUREX 04. CARE FEMALE CONDOM 05. FEMIDOM 06. REALITY 07. PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) 08. OTHER SPECIFY _____ 96 (SPECIFY) DON'TKNOW 98.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the female or male condom the last time?</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 15</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY .....23</p> <p>PRIVATE DOCTOR .....24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>MOBILE HOSPITAL/CLINIC 26</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE:</p> <p>Did you use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES..... D</p> <p>IMPLANTS E</p> <p>PILL..... F</p> <p>CONDOM..... G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>STANDARD DAYS K</p> <p>LAM L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		509
503	(Is your wife (partner)/Are any of your wives (partners)) currently pregnant?	YES.... ..1.... NO .... ..2.... DON'TKNOW ..... ..8....	505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . ..1.... NOMORE ..... ..2.... UNDECIDED/DON'T KNOW ..8....	506 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..1.... NO MORE/NONE . . . . . ..2.... SAYS COUPLE CAN'T GET PREGNANT . ..3.... WIFE (WIVES)/PARTNER(S) STERILIZED..... ..4.... UNDECIDED/DON'T KNOW ..8....	509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT <input type="checkbox"/> WIFE/PARTNER PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW .....993 COUPLE INFECUND . . . . . ..994... OTHER _____ 996 (SPECIFY) DON'TKNOW ..... ..998...	509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW ..... ..993... HE/ALL HIS WIVES/PARTNERS ARE INFECUND . . . . . ..994... OTHER _____ 996 (SPECIFY) DON'TKNOW ..... ..998...	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES..... 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES..... 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES..... 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCEINAWHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 INKINDONLY 3 NOTPAID 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY..... 3 SOMEONEELSE 4 OTHER _____ 6 SPECIFY	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY..... 3 SOMEONEELSE 4 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 SPECIFY	
611B	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 SPECIFY	
612	Do you own this or any other house either alone or jointly with someone else?	ALONEONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY..... 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONEONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY..... 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOESOUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNSFOOD 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES..... 1 NO 2 DON'TKNOW 8	→ 723																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES..... 1 NO 2 DON'TKNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES..... 1 NO 2 DON'TKNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO 2 DON'TKNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO 2 DON'TKNOW 8																	
705A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES..... 1 NO 2 DON'TKNOW 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES..... 1 NO 2 DON'TKNOW 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO 2 DON'TKNOW 8																	
707A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NORISK 4 OTHER 6 DON'TKNOW 8																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY . . .	1	2	8	BREASTFEEDING . . .	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY . . .	1	2	8																
BREASTFEEDING . . .	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/> → 710A																		
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES..... 1 NO 2 DON'TKNOW 8																	
710A	Have you heard about antiretroviral drugs (ARVs) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES..... 1 NO 2 DON'TKNOW 8	→ 711																
710B	Do you know anyone on antiretroviral therapy (ART) treatment?	YES..... 1 NO 2 DON'TKNOW 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES..... 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWOORMOREYEARS..... 95	
713A	For your most recent test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKEDFORTHETEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
714	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO 2	
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/POST . 12 STAND-ALONE VCT CENTRE ... 13 FAMILY PLANNING CLINIC 14 MOBILE HOSPITAL/CLINIC 15 COMMUNITY BASED AGENT/FIELDWORKER 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 MISSION HOSPITAL/CLINIC ... 22 STAND-ALONE VCT CENTRE ... 23 MOBILE HOSPITAL/CLINIC 24 COMMUNITY BASED AGENT/FIELDWORKER 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE PRISON 31 OTHER _____ 96 (SPECIFY)	→ 718
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES..... 1 NO 2	→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where is that?</p> <p>Any other 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(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	
719	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
720	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
721A	<p>Do you personally know someone who has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	
721B	<p>Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW 8</p>	
722	<p>Should children age 12-14 be taught about using a condom to avoid getting the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722A	<p>Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722B	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED) (MORE THAN ONE ANSWER IS POSSIBLE)	FEEL THEY ARE NOT AT RISK . . . A FEAROFRESULTS B FEAR OF STIGMA/DISCRIMINATION . C DON'T KNOW WHERE TO GO . . . D OTHER _____ X (SPECIFY)	
723	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES..... 1 NO .. 2	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES..... 1 NO 2 DON'TKNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES..... 1 NO 2 DON'TKNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES..... 1 NO 2 DON'TKNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES..... 1 NO 2	→ 732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	<p>Where did you go?</p> <p>Any other 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(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
732	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	1
732A	<p>Husband and wives do not always agree in everything.</p> <p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	2
733	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women other than his wife/wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	1
733A	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES..... 1 NO 2 DON'TKNOW 8	<input type="checkbox"/> → 805
802	How old were you when you got circumcised?	AGE CIRCUMCISED <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) ... 95 DON'TKNOW 98	
802A	Why were you circumcised?	TRADITIONAL CUSTOM A TREATMENT FOR DISEASE B HYGIENE..... C PREVENTION FROM A DISEASE ... D INCREASE SEXUAL PLEASURE E OTHER _____ X (SPECIFY) DON'TKNOW Z	
803	Who performed your circumcision?	HEALTH PROFESSIONAL DOCTOR 11 TRAINED NURSE/MIDWIFE 12 OTHER HEALTH PROFESSIONAL _____ 16 (SPECIFY) TRADITIONAL TRADITIONAL CIRCUMCISOR ... 21 OTHER TRADITIONAL _____ 26 (SPECIFY) OTHER 36	
804	Where was it performed?	HEALTHFACILITY 1 HOME OF A HEALTH WORKER/ PROFESSIONAL 2 CIRCUMCISION DONE AT HOME ... 3 RITUALSITE 4 OTHERHOME/PLACE 5 OTHER 6 DON'TKNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	<input type="checkbox"/> → 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	<input type="checkbox"/> → 808

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806A	<p>The last time you had an injection given to you by a trained health worker where did you go to get the injection?</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST . . . 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>DENTAL CLINIC/OFFICE 23</p> <p>MOBILE HOSPITAL/CLINIC 24</p> <p>.....PHARMACY</p> <p>OFFICE OR HOME OF NURSE/ HEALTHWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>ATHOME 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
807	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'TKNOW 8</p>	
808	<p>Do you currently smoke cigarettes?</p>	<p>YES..... 1</p> <p>NO 2</p>	→ 810
809	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>	
810	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES..... 1</p> <p>NO 2</p>	→ 811A
811	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
811A	<p>Do you drink alcohol?</p>	<p>YES..... 1</p> <p>NO 2</p>	→ 811C
811B	<p>In the last one week how many days did you drink alcohol?</p>	<p>NUMBER OF DAYS <input type="text"/></p>	
811C	<p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES..... 1</p> <p>NO 2</p>	→ 812
811D	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'TKNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811E	Can tuberculosis be cured?	YES..... 1 NO 2 DON'TKNOW 8	
811F	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'TKNOW 8	
811G	If a member of your family got tuberculosis, would you care for them?	YES..... 1 NO 2 DON'T KNOW/DEPENDS 8	
812	Are you covered by any health (insurance/scheme)?	YES..... 1 NO 2	→ 813A
813	What type of health (insurance/scheme)? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTHINSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIALSECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D LOW COST PRE-PAYMENT SCHEME/STANDARD E HIGH COST PRE-PAYMENT SCHEME/PREMIUM F OTHER _____ X (SPECIFY)	
813A	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 ↓ OTHER <input type="checkbox"/>		→ 813C
813B	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES..... 1 NO 2 UNSURE 8	
813C	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES..... 1 NO 2	→ 901
813D	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES..... 1 NO 2 UNSURE 8	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>					
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						→ 914
903	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>					
904	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (2)	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (3)	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (4)	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (5)	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (6)	YES... 1 NO ... 2 GO TO 908 DK ... 8 GO TO (7)
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)
	How many years ago did (NAME) die?						<input type="text"/> <input type="text"/>
	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
910	Was (NAME) pregnant when she died?	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2
911	Did (NAME) die during childbirth?	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2	YES... 1 GO TO 913 NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

904 What was the name given to your oldest (next oldest) brother or sister? (7) (8) (9) (10) (11) (12)

905	Is (NAME) male or female?	MALE FEMALE	1 2	MALE FEMALE	1 2	MALE FEMALE	1 2	MALE FEMALE	1 2	MALE FEMALE	1 2	
906	Is (NAME) still alive?	YES... NO ... GO TO 908 DK ... 8 GO TO (8)	1 2	YES... NO ... GO TO 908 DK ... 8 GO TO (9)	1 2	YES... NO ... GO TO 908 DK ... 8 GO TO (10)	1 2	YES... NO ... GO TO 908 DK ... 8 GO TO (11)	1 2	YES... NO ... GO TO 908 DK ... 8 GO TO (12)	1 2	
907	How old is (NAME)?	<input type="text"/> GO TO (8)		<input type="text"/> GO TO (9)		<input type="text"/> GO TO (10)		<input type="text"/> GO TO (11)		<input type="text"/> GO TO (12)		
	How many years ago did (NAME) die?	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)		<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)		<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)		<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)		<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)		
910	Was (NAME) pregnant when she died?	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	
911	Did (NAME) die during childbirth?	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	YES... GO TO 913 NO ...	1 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... NO ...	1 2	YES... NO ...	1 2	YES... NO ...	1 2	YES... NO ...	1 2	YES... NO ...	1 2	
	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
IF NO MORE BROTHERS OR SISTERS, GO TO 914.												
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>												
914	RECORD THE TIME.							HOURS	<input type="text"/>			
								MINUTES.....	<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: _____