

MALAWI DEMOGRAPHIC AND HEALTH SURVEY 2010
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																
PLACE 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> </table>															
DISTRICT _____																
CLUSTER NUMBER																
HOUSEHOLD NUMBER																
HOUSEHOLD SELECTED FOR MALE SURVEY, DOMESTIC VIOLENCE MODULE, ANTHROPOMETRY, AND BLOOD WORK? (YES =1, NO =2) <input type="checkbox"/>																
NAME OF HOUSEHOLD HEAD _____																

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. CODE <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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
*RESULT CODES:				TOTAL NUMBER OF VISITS <input type="checkbox"/>								
1 COMPLETED				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>								
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>								
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>								
4 POSTPONED				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>								
5 REFUSED												
6 DWELLING VACANT OR ADDRESS NOT A DWELLING												
7 DWELLING DESTROYED												
8 DWELLING NOT FOUND												
9 OTHER _____ (SPECIFY)												

LANGUAGE OF QUESTIONNAIRE** ENGLISH	<table border="1" style="margin: auto;"> <tr><td style="text-align: center;">4</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	4			
4					
LANGUAGE OF INTERVIEW**					
NATIVE LANGUAGE OF RESPONDENT**					
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)					
**LANGUAGE CODES: 1 CHICHEWA 3 YAO 6 OTHER _____ (SPECIFY) 2 TUMBUKA 4 ENGLISH					

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY						
NAME _____	NAME _____	_____	_____						
DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				DATE _____ <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				_____	_____

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER. CIRCLE LINE NUMBER OF ALL MEN AGE 15-54 IF HH SELECTED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.	CHECK COVER. CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 IF HH SELECTED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.
(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="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS						
LINE NO.	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	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'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	01
02	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	02
03	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	03
04	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	04
05	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	05
06	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	06
07	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	07
08	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	08
09	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	09
10	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	10

LINE NO.	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			
	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During the 2010 school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2009 school year?	During the 2009 school year, what level and class did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	How many meals did (NAME) eat yesterday?
	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N 1 2 ↓ GO TO 29	LEVEL CLASS □ □ □ □	Y N 1 2 ↓ GO TO 27	LEVEL CLASS □ □ □ □	Y N 1 2 ↓ GO TO 29	LEVEL CLASS □ □ □ □	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	NO. OF MEALS □
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										

CODES FOR Qs. 24, 26, AND 28: EDUCATION

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

CLASS: STANDARD/FORM/YEAR
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED
FOR Qs. 26 AND 28)
98 = DON'T KNOW

Qs. 25 & 26:

USE THE 2009-2010
SCHOOL YEAR

Qs. 27 & 28:

FOR PRIVATE SCHOOLS, USE
THE 2008-2009 SCHOOL YEAR

CODES FOR Q. 32

0 = NONE
1 = 1 MEAL
2 = 2 MEALS
3 = 3+ MEALS
8 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CHECK COVER. CIRCLE LINE NUMBER OF ALL MEN AGE 15-54 IF HH SELECTED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.		CHECK COVER. CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 IF HH SELECTED FOR MALE SURVEY, ANTHRO, AND BLOOD-WORK.			
(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="checkbox"/>	11	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	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

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	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 19	<input type="text"/>	Y N DK 1 2 8	
11	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	11
12	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	12
13	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	13
14	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	14
15	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	15
16	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	16
17	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	17
18	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	18
19	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	19
20	1 2 8	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 19	<input type="text"/>	1 2 8	20

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	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N	LEVEL CLASS	Y N DK	Y N DK	Y N DK	NO. OF MEALS
11	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
12	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
13	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
14	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
15	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
16	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
17	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
18	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
19	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>
20	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	<input type="text"/>

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL
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3 = HIGHER
8 = DON'T KNOW

CLASS: STANDARD/FORM/YEAR
00 = LESS THAN 1 YEAR COMPLETED
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FOR Qs. 26 AND 28)
98 = DON'T KNOW

Qs. 25 & 26:

USE THE 2009-2010
SCHOOL YEAR

Qs. 27 & 28:

FOR PRIVATE SCHOOLS, USE
THE 2008-2009 SCHOOL YEAR

CODES FOR Q. 32

0 = NONE
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2 = 2 MEALS
3 = 3+ MEALS
8 = DON'T KNOW

33 TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE TO SEE IF HOUSEHOLD IS SELECTED FOR DOMESTIC VIOLENCE SECTION

HOUSEHOLD IS SELECTED FOR DV



HOUSEHOLD IS NOT SELECTED FOR DV



101

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE ROW YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO. FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE WOMAN WHO WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS. THEN, ENTER THE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE OF THE SELECTED WOMAN INTO THE BOXES AT THE BOTTOM OF THE KISH GRID.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE BOX ('2'). SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07', THEN THE ELIGIBLE WOMAN FOR DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE ONE ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	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

ENTER LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE.

--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 11 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 111																																				
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111																																				
110	How many households use this toilet facility, including your household?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98																																					
111	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td style="text-align: center;">ELECTRICITY 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Koloboyi?</td> <td style="text-align: center;">KOLOBOYI 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A paraffin lamp other than a koloboyi?</td> <td style="text-align: center;">PARAFFIN LAMP 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A radio?</td> <td style="text-align: center;">RADIO 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A television?</td> <td style="text-align: center;">TELEVISION 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A cellular phone?</td> <td style="text-align: center;">CELL PHONE 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A telephone (landline)?</td> <td style="text-align: center;">TELEPHONE (LANDLINE) 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A bed with a mattress?</td> <td style="text-align: center;">BED WITH MATTRESS 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A sofa set?</td> <td style="text-align: center;">SOFA SET 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A table and chair(s)?</td> <td style="text-align: center;">TABLE AND CHAIR(S) 1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A refrigerator?</td> <td style="text-align: center;">REFRIGERATOR 1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY 1	2	Koloboyi?	KOLOBOYI 1	2	A paraffin lamp other than a koloboyi?	PARAFFIN LAMP 1	2	A radio?	RADIO 1	2	A television?	TELEVISION 1	2	A cellular phone?	CELL PHONE 1	2	A telephone (landline)?	TELEPHONE (LANDLINE) 1	2	A bed with a mattress?	BED WITH MATTRESS 1	2	A sofa set?	SOFA SET 1	2	A table and chair(s)?	TABLE AND CHAIR(S) 1	2	A refrigerator?	REFRIGERATOR 1	2	
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A refrigerator?	REFRIGERATOR 1	2																																					
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 ANIMAL DUNG 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 115 → 117																																				
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER _____ 6 (SPECIFY)	→ 115																																				
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> → 117 </div>
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 BROKEN BRICKS 23 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO/GRASS 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/TREE TRUNKS WITH MUD . 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 UNBURNT BRICKS 34 CEMENT BLOCKS 35 WOOD PLANKS 36 OTHER _____ 96 (SPECIFY)																			
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																			
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? An oxcart?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OX CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	OX CART	1	2	
	YES	NO																			
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BICYCLE	1	2																			
MOTORCYCLE/SCOOTER ...	1	2																			
CAR/TRUCK	1	2																			
OX CART	1	2																			
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																		
123	How much agricultural land do members of this household own? RECORD IN UNITS RESPONDENT USES.	ACRES 1 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> . <input type="text"/> FOOTBALL PITCHES ... 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES/HECTARES/FOOTBALL PITCHES 9995 DON'T KNOW 9998																			
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126																		
125	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Goats? Pigs? Cattle? Sheep? Poultry (chickens, ducks, pigeons)? Other? _____ (SPECIFY)	GOATS <input type="text"/> <input type="text"/> PIGS <input type="text"/> <input type="text"/> CATTLE <input type="text"/> <input type="text"/> SHEEP <input type="text"/> <input type="text"/> POULTRY <input type="text"/> <input type="text"/> OTHER <input type="text"/> <input type="text"/>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Does any member of this household have a bank account?	YES 1 NO 2	
126A	At any time in the past 12 months, has anyone come into your house to spray the interior walls of your dwelling against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 127
126B	How many months ago was the house sprayed? IF LESS THAN 1 MONTH AGO, RECORD '00'	MONTHS <input type="text"/> <input type="text"/>	
126C	Who sprayed the house?	ARMY/POLICE 1 OTHER GOVERNMENT WORKER/ PROGRAMME 2 PRIVATE COMPANY 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
127	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	<input type="checkbox"/> → 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU 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
129A	OBSERVE (OR ASK ABOUT) THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
129B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	GREEN 1 DARK BLUE 2 LIGHT BLUE 3 WHITE 4 OTHER 6	GREEN 1 DARK BLUE 2 LIGHT BLUE 3 WHITE 4 OTHER 6	GREEN 1 DARK BLUE 2 LIGHT BLUE 3 WHITE 4 OTHER 6
129C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2	CONICAL 1 RECTANGLE 2	CONICAL 1 RECTANGLE 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
130B	Is this net a long-lasting net, retreatable, or an untreated net? OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. ITN/LONG-LASTING NET DURANET (GREEN, SQUARE) OLYSNET (LIGHT BLUE, SQUARE) LIFENET (WHITE, SQUARE) PERMANET (GREEN, SQUARE) CONVENTIONAL NETS: CAN BE RETREATABLE OR UNTREATED SAFI NET (DARK BLUE, CONICAL) THERE ARE OTHER BRANDS BE AWARE THAT MANY BRANDS MAY EXIST AND BE DISTRIBUTED BY DIFFERENT ORGANIZATIONS.	ITN/LONG-LASTING NET DURANET 11 OLYSNET 12 LIFENET 13 PERMANET 14 OTHER/ DK BRAND ... 16 (SKIP TO 135) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 133) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSNET 12 LIFENET 13 PERMANET 14 OTHER/ DK BRAND ... 16 (SKIP TO 135) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 133) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSNET 12 LIFENET 13 PERMANET 14 OTHER/ DK BRAND ... 16 (SKIP TO 135) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 133) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98
130C	When you received this net, did it come with a treatment kit?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	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	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
135	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 137) ← NOT SURE 8
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/> NAME _____ LINE NO. <input type="text"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	What color of mosquito net do you prefer?		BLUE 1 GREEN 2 WHITE 3 OTHER 6 (SPECIFY) DK/NO PREFERENCE 8	
139	What shape of mosquito net do you prefer?		CONICAL 1 RECTANGULAR 2 DK/NO PREFERENCE 8	
139A	Please show me where members of your household most often wash their hands.		OBSERVED 1 NO SPECIFIC PLACE 2 NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4	→ 140

		NET #1	NET #2	NET #3
139B	OBSERVATION ONLY: CHECK AVAILABILITY OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.		WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
139C	OBSERVATION ONLY: CHECK AVAILABILITY OF SOAP AT THE SPECIFIC PLACE FOR HANDWASHING. CIRCLE ALL THAT APPLY.		SOAP OR DETERGENT (BAR, LIQUID, POWDER OR PASTE) A ASH/MUD/SAND B NONE Y	
140	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)		0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 6 _____ (SPECIFY REASON)	

SUPPORT FOR SICK PEOPLE

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

PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			<input type="checkbox"/> → 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS <input type="text"/>			
303	ASK 304-308 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	AGE . <input type="text"/> <input type="text"/>	
307	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ <input type="checkbox"/> (SKIP TO 401) ↙ 18-59 ↓ <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 401) ↙ 18-59 ↓ <input type="checkbox"/>	<18/60+ <input type="checkbox"/> (SKIP TO 401) ↙ 18-59 ↓ <input type="checkbox"/>	
308	Was (NAME) very sick for at least three of the 12 months before (he/she) died, that is (NAME) was too sick to work or do normal activities?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/> ↓</p> <p>NO CHILD AGE 0-17 <input type="checkbox"/> →</p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/> →</p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>
403	<p>CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/> →</p>	<p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> ↓</p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/> →</p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>	AGE 0-4 <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8
416A	What type of assistance did you receive for (NAME'S) schooling? PROBE: Anything else? RECORD ALL MENTIONED.	MONEY FOR SCHOOL FEES .A OTHER MONEY. .B UNIFORM . . . C NOTEBOOKS . .D OTHER X	MONEY FOR SCHOOL FEES .A OTHER MONEY. .B UNIFORM . . . C NOTEBOOKS . .D OTHER X	MONEY FOR SCHOOL FEES .A OTHER MONEY. .B UNIFORM . . . C NOTEBOOKS . .D OTHER X	MONEY FOR SCHOOL FEES .A OTHER MONEY. .B UNIFORM . . . C NOTEBOOKS . .D OTHER X
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

NO.	CODING CATEGORIES				
406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. AGE <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. AGE <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. AGE <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE <input type="text"/> <input type="text"/> NO. AGE <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of this emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of this material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8	YES 1 NO 2 (SKIP TO 417) ← DK 8
416A	What type of assistance did you receive for (NAME'S) schooling? PROBE: Anything else? RECORD ALL MENTIONED.	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM ... C NOTEBOOKS ... D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM ... C NOTEBOOKS ... D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM ... C NOTEBOOKS ... D OTHER X	MONEY FOR SCHOOL FEES A OTHER MONEY. B UNIFORM ... C NOTEBOOKS ... D OTHER X
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
502	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 _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <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"/>
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	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
506	HEIGHT IN CENTIMETERS	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
507	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
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
511A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 (SIGN) _____	GRANTED 1 REFUSED 2 (SIGN) _____	GRANTED 1 REFUSED 2 (SIGN) _____
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
502	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 _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <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"/>
504	CHECK 503: CHILD BORN IN JANUARY 2005 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ←
505	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
506	HEIGHT IN CENTIMETERS	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
507	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
509	CHECK 503: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2	0-5 MONTHS 1 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515) ← OLDER 2
510	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
511	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
511A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 (SIGN) ←	GRANTED 1 REFUSED 2 (SIGN) ←	GRANTED 1 REFUSED 2 (SIGN) ←
512	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
514	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			

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

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> NOT PRESENT 9994 (GO TO 527) ↙ REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 (GO TO 527) ↙ REFUSED 9995 OTHER 9996	CM. <input type="text"/> NOT PRESENT 9994 (GO TO 527) ↙ REFUSED 9995 OTHER 9996
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523C) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523C) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 523C) ↙
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523C) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523C) ↙	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 523C) ↙
522	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"/>
523A	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the results told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p>		
523B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED PARENT/OTHER RESPONSIBLE 1 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525A).	GRANTED PARENT/OTHER RESPONSIBLE 1 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525A).	GRANTED PARENT/OTHER RESPONSIBLE 1 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525A).

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (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
523C	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the results told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p>		
523D	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 524A).	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 524A).	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 524A).
524	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
524A	CHECK 520 AND 521	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525C) ←	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525C) ←	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525C) ←
525A	ASK CONSENT FOR HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 AS 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 Malawi.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell (NAME OF ADOLESCENT) the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know whether she has HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
525B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 526).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 526).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 526).

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (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 _____
525C	HIV STATUS DISCLOSURE: CHECK WOMAN'S QUESTIONNAIRE: 1317	POSITIVE 1 NEGATIVE 2 (SKIP TO 525E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 525D) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 525E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 525D) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 525E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 525D) ←
525D	ASK CONSENT FOR HIV TEST 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 Malawi.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test? → SKIP TO 525F</p>		
525E	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. I know that you already told me/my colleague the result of your last test for the AIDS virus. However, it is important for everyone in the survey to participate in the test, even those who already told us their results, to see how big the AIDS problem is in Malawi.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>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.</p> <p>If you want to be retested and receive the result or to receive advice and counseling, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
525F	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, ENTER YOUR INTERVIEWER CODE.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 526).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 526).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 526).

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9) NAME (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 _____
525G	CHECK 520 AND 521	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525K) ←	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525K) ←	520 = 1 AND 521 = 1 1 OTHER 2 (GO TO 525K) ←
525H	ASK CONSENT FOR FUTURE TESTING FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 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 to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other information attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>		
525J	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525M).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525M).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 525M).
525K	ASK CONSENT FOR FUTURE TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for later use, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>		
525L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 526).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 526).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 526).
525M	ADDITIONAL TESTS	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 525J AND 525L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
526	CHECK 523B/523D AND 525B/525F AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
527	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531.			

		WOMAN 1	WOMAN 2	WOMAN 3
LINE NUMBER (COLUMN 9)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER	LINE NUMBER
NAME (COLUMN 2)	NAME	_____	NAME	NAME

HIV TESTING FOR MEN AGE 15-54

531	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (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 _____
533	RECORD WHETHER RESPONDENT IS PRESENT OR NOT.	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ←	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ←	RESPONDENT PRESENT 1 RESPONDENT NOT PRESENT 2 (GO TO 544) ←
536	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 540C) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 540C) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 540C) ←
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 540C) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 540C) ←	CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 540C) ←
538	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"/>
540A	ASK CONSENT FOR HIV TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 AS 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 Malawi.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know whether he has HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
540B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 544).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 544).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 544).

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
540C	HIV STATUS DISCLOSURE: CHECK MAN'S QUESTIONNAIRE 907	POSITIVE 1 NEGATIVE 2 (SKIP TO 540E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 540D) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 540E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 540D) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 540E) ← UNDETERMINED 3 REFUSED TO ANSWER 4 BLANK 6 (CONTINUE TO 540D) ←
540D	ASK CONSENT FOR HIV TEST 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 Malawi.</p> <p>For the HIV test, we need a few drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test? → SKIP TO 540F</p>		
540E	ASK CONSENT FOR HIV TEST FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. I know that you already told me/my colleague the result of your last test for the AIDS virus. It is important for everyone in the survey to participate in the test, even those who already told us their results, to see how big the AIDS problem is in Malawi.</p> <p>For the HIV test, we need a few drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>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.</p> <p>If you want to be retested and receive the result or to receive advice and counseling, I can provide you with a list of nearby facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p>		
540F	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME, ENTER YOUR INTERVIEWER CODE.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 544).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 544).	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 544).

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 10) NAME (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
540G	CHECK 536 AND 537	536 = 1 AND 537 = 1 1 OTHER 2 (GO TO 540K) ←	536 = 1 AND 537 = 1 1 OTHER 2 (GO TO 540K) ←	536 = 1 AND 537 = 1 1 OTHER 2 (GO TO 540K) ←
540H	ASK CONSENT FOR FUTURE TESTING FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 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 to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other information attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>		
540J	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 540M).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 540M).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 540M).
540K	ASK CONSENT FOR FUTURE TESTING FROM RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for later use, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>		
540L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 541).	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 541).	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 541).
540M	ADDITIONAL TESTS	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 540J AND 540L: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
541	CHECK 540B/540F TO VERIFY THAT CONSENT FOR HIV TEST HAS BEEN GRANTED. PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST AND PROCEED WITH THE TEST.			
544	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
545	GO BACK TO 536 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			