

2007 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE  
WITH HIV/AIDS

IDENTIFICATION																									
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
CLUSTER NUMBER .....																									
HOUSEHOLD NUMBER .....																									
PROVINCE .....																									
URBAN/RURAL (URBAN = 1, RURAL = 2) .....																									
LUSAKA = 1/ OTHER CITY = 2/TOWN = 3/VILLAGE = 4 .....																									
IS THIS HOUSEHOLD SELECTED FOR SYPHILIS TESTING? (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 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></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></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><td style="width: 20px; height: 20px;"></td></tr></table>									
TIME	_____	_____											
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				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>  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>  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>  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>									
LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b>				<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>	0	1							
0	1												

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
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></tr></table>			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></tr></table>			<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>			<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>		

## Introduction and Consent

Hello. My name is \_\_\_\_\_ and I am working with Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The interview usually takes between 30 and 60 minutes to complete. Whatever information you will provide will be kept strictly confidential and will not be shown to other persons.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential.

Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

If you have any questions, you may contact the ZDHS Survey Coordinator at \_\_\_\_\_. This person will only be available for a limited time.

GIVE INFORMATION TO RESPONDENT.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 33.	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)	(9A)	(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	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	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 = 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/NEPHEW BY BLOOD  
10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER/STEPCHILD  
13 = NOT RELATED  
98 = DON'T KNOW

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	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 33.	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)	(9A)	(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	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	20	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 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
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  - 10 = NIECE/NEPHEW BY MARRIAGE
  - 11 = OTHER RELATIVE
  - 12 = ADOPTED/FOSTER/STEPCHILD
  - 13 = NOT RELATED
  - 98 = DON'T KNOW

IF AGE 15-59 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'.	<b>IF MOTHER NOT LISTED IN HOUSEHOLD</b>  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'.	<b>IF FATHER NOT LISTED IN HOUSEHOLD</b>  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?	<b>MOTHER AND/OR FATHER DEAD/ SICK</b>	<b>YEAR OF MOTHER'S AND/OR FATHER'S DEATH</b>		<b>BOTH PARENTS ALIVE</b>
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(19A)		(20)
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23

IF AGE 15-59 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	YEAR OF MOTHER'S AND/OR FATHER'S DEATH		BOTH PARENTS ALIVE
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(19A)	(19A)	(20)
11	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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23
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	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 23

LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 5-17 YEARS			IF AGE 0-4 YEARS
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest 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 (2007) school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, (2006)	During that school year, what level and grade did (NAME) attend?  SEE CODES BELOW.	Does (NAME) have a blanket?  (EITHER SHARED OR OWNED)	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	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 = DONT KNOW	
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
01	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
02	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
03	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
04	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
05	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
06	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
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08	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
09	Y N DK 1 2 8 ↓ GO TO 23	Y N 1 2	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 27	LEVEL GRADE [ ][ ]	Y N 1 2 ↓ GO TO 29	LEVEL GRADE [ ][ ]	Y N DK 1 2 8	Y N DK 1 2 8	Y N DK 1 2 8	[ ]	
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CODES FOR Qs. 24, 26, AND 28: EDUCATION

**LEVEL**  
0 = NURSERY/  
KINDERGATERN  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DONT KNOW

**GRADE**  
00 = LESS THAN 1 YEAR COMPLETED  
(USE '00' FOR Q. 24 ONLY.  
THIS CODE IS NOT ALLOWED  
FOR QS. 26 AND 28)  
98 = DONT KNOW





**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

**33** 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 NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A.

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'.  
 FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	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

**HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the <u>main</u> source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 COMMUNAL TAP ..... 13 <b>WATER FROM OPEN WELL</b> OPEN WELL IN YARD/PLOT ..... 21 OPEN PUBLIC WELL/ BOREHOLE ..... 32 <b>COVERED WELL/BOREHOLE</b> PROTECTED WELL/BOREHOLE IN YARD/PLOT ..... 42 PROTECTED PUBLIC WELL ..... 51 <b>SURFACE WATER</b> SPRING ..... 71 RIVER/STREAM ..... 72 POND/LAKE/DAM ..... 73 RAINWATER ..... 81 TANKER TRUCK ..... 91 CART WITH SMALL TANK ..... 92 BOTTLED WATER ..... 93 OTHER ..... 96 (SPECIFY)	→ 106 → 103 → 103 → 103
102	What is the <u>main</u> source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 COMMUNAL TAP ..... 13 <b>WATER FROM OPEN WELL</b> OPEN WELL IN YARD/PLOT ..... 21 OPEN PUBLIC WELL/ BOREHOLE ..... 32 <b>COVERED WELL/BOREHOLE</b> PROTECTED WELL/BOREHOLE IN YARD/PLOT ..... 42 PROTECTED PUBLIC WELL ..... 51 <b>SURFACE WATER</b> SPRING ..... 71 RIVER/STREAM ..... 72 POND/LAKE/DAM ..... 73 RAINWATER ..... 81 TANKER TRUCK ..... 91 CART WITH SMALL TANK ..... 92 BOTTLED WATER ..... 93 OTHER ..... 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES ..... 996 DON'T KNOW ..... 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN/WOMEN ..... 1 ADULT MAN/MEN ..... 2 FEMALE CHILD UNDER 15 YEARS OLD ..... 3 MALE CHILD UNDER 15 YEARS OLD ..... 4 OTHER ..... 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
106	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 108A																																																																		
107	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE/CLORIN ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z																																																																			
108A	How do you store your drinking water?	CLOSED CONTAINER/JERRY CAN ..... 1 OPEN CONTAINER/BUCKET ..... 2 OTHER ..... 6 (SPECIFY)																																																																			
108B	Have you ever seen or heard of a product called <i>Clorin</i> -- a liquid that is sold in a bottle and can be used to make water safe to drink?	YES ..... 1 NO ..... 2	→ 108E																																																																		
108C	Where have you seen or heard messages about <i>Clorin</i> ?  Any other?  CIRCLE ALL MENTIONED	RADIO ..... A TELEVISION ..... B SHOP ..... C LEAFLETS/BOOKLETS ..... D POSTER ..... E COMMUNITY-BASED AGENT ..... F OTHER ..... X (SPECIFY)																																																																			
108D	Is your household water currently treated with <i>Clorin</i> from a bottle?	YES ..... 1 NO ..... 2																																																																			
108E	What kind of toilet facility do members of your household usually use?	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 <b>HANGING TOILET/HANGING</b> 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?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																																																																			
111	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>BED</td><td>1</td><td>2</td></tr> <tr><td>CHAIR</td><td>1</td><td>2</td></tr> <tr><td>TABLE</td><td>1</td><td>2</td></tr> <tr><td>CUPBOARD</td><td>1</td><td>2</td></tr> <tr><td>SOFA</td><td>1</td><td>2</td></tr> <tr><td>CLOCK</td><td>1</td><td>2</td></tr> <tr><td>FAN</td><td>1</td><td>2</td></tr> <tr><td>SEWING MACHINE</td><td>1</td><td>2</td></tr> <tr><td>CASSETTE PLAYER</td><td>1</td><td>2</td></tr> <tr><td>PLOUGH</td><td>1</td><td>2</td></tr> <tr><td>GRAIN GRINDER</td><td>1</td><td>2</td></tr> <tr><td>VCR/DVD</td><td>1</td><td>2</td></tr> <tr><td>TRACTOR</td><td>1</td><td>2</td></tr> <tr><td>VEHICLE</td><td>1</td><td>2</td></tr> <tr><td>HAMMER MILL</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	BED	1	2	CHAIR	1	2	TABLE	1	2	CUPBOARD	1	2	SOFA	1	2	CLOCK	1	2	FAN	1	2	SEWING MACHINE	1	2	CASSETTE PLAYER	1	2	PLOUGH	1	2	GRAIN GRINDER	1	2	VCR/DVD	1	2	TRACTOR	1	2	VEHICLE	1	2	HAMMER MILL	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL/IRON SHEETS ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER (ASBESTORS) ..... 33 CERAMIC TILES/HARVEY TILES ... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36 MUD TILES ..... 37 OTHER _____ 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 MUD ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO/POLE WITH MUD ..... 21 STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARDBOARD ..... 24 REUSED WOOD ..... 25 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS ..... 35 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? 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>BANANA BOAT .....</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	BANANA BOAT .....	1	2	
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BOAT WITH MOTOR .....	1	2																									
BANANA BOAT .....	1	2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 124
123	How much of agricultural land do members of this household own?	LIMA ..... 1 <input type="text"/> ACRES ..... 2 <input type="text"/> HECTARES ..... 3 <input type="text"/> 95 OR MORE HECTARES ..... 995 DON'T KNOW ..... 998	
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'.  Traditional cattle?  Dairy cattle  Beef cattle  Horses, donkeys, or mules?  Goats?  Sheep?  Pigs?  Chickens?  Other Poultry?  Other Livestock?	TRADITIONAL ..... <input type="text"/> DAIRY ..... <input type="text"/> BEEF ..... <input type="text"/> HORSES/DONKEYS/MULES ..... <input type="text"/> GOATS ..... <input type="text"/> SHEEP ..... <input type="text"/> PIGS ..... <input type="text"/> CHICKENS ..... <input type="text"/> OTHER POULTRY ..... <input type="text"/> OTHER LIVESTOCK ..... <input type="text"/>	
126	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
127	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 137A
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 OTHER ..... 6 (SPECIFY)	OBSERVED ..... 1 NOT OBSERVED . 2 OTHER ..... 6 (SPECIFY)	OBSERVED ..... 1 NOT OBSERVED . 2 OTHER ..... 6 (SPECIFY)
129A	Where did you get this net from?	ANC ..... 1 COMMERCIAL SHOP 2 HEALTH CENTRE ... 3 COMMUNITY BASED AGENT ..... 4 OTHER ..... 6 (SPECIFY)	ANC ..... 1 COMMERCIAL SHOP 2 HEALTH CENTRE ... 3 COMMUNITY BASED AGENT ..... 4 OTHER ..... 6 (SPECIFY)	ANC ..... 1 COMMERCIAL SHOP 2 HEALTH CENTRE ... 3 COMMUNITY BASED AGENT ..... 4 OTHER ..... 6 (SPECIFY)
130	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS [ ][ ] AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS [ ][ ] AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS [ ][ ] AGO .....  37 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	'PERMANENT' NET PermaNET ..... 11 OLICET ..... 12 OTHER/ DK BRAND ..... 16 (SKIP TO 135) ←  'PRETREATED' NET K-ONET ..... 21 SAFENITE ..... 22 OTHER/ DK BRAND ..... 26 (SKIP TO 133) ← OTHER ..... 31 (SPECIFY) DK BRAND ..... 98	'PERMANENT' NET PermaNET ..... 11 OLICET ..... 12 OTHER/ DK BRAND ..... 16 (SKIP TO 135) ←  'PRETREATED' NET K-ONET ..... 21 SAFENITE ..... 22 OTHER/ DK BRAND ..... 26 (SKIP TO 133) ← OTHER ..... 31 (SPECIFY) DK BRAND ..... 98	'PERMANENT' NET PermaNET ..... 11 OLICET ..... 12 OTHER/ DK BRAND ..... 16 (SKIP TO 135) ←  'PRETREATED' NET K-ONET ..... 21 SAFENITE ..... 22 OTHER/ DK BRAND ..... 26 (SKIP TO 133) ← OTHER ..... 31 (SPECIFY) DK BRAND ..... 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	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
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS [ ][ ] AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS [ ][ ] AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS [ ][ ] AGO .....  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98
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

		NET #1	NET #2	NET #3
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"/> <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"/>
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137A.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137A.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137A.
137A	In the last twelve months, has your house been sprayed to kill mosquitoes?	YES ..... 1 NO ..... 2 → 138		
137B	Who sprayed?	MINISTRY OF HEALTH(e.g NMCC) ..... A COUNCIL ..... B MINES ..... C SELF ..... D OTHER _____ X (SPECIFY)		
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE (POTASIMUM IODATE).  RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) ..... 1 25 PPM ..... 2 50 PPM ..... 3 75 PPM AND ABOVE ..... 4 NO SALT IN HH ..... 5 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"/> → NONE <input type="checkbox"/> → 301	NUMBER OF SICK PEOPLE AGE 15-59 <input type="text"/> <input type="text"/>		
202	ENTER IN QUESTION 203 THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 15-59, 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 204-215 AS APPROPRIATE FOR EACH OF THE PERSONS AGE 15-59 REPORTED AS HAVING BEEN VERY SICK.  You told me that in your household one (some) of the members of your household has(ve) been 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 of this 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 212A) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212A) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 212A) ← 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		
		1ST SICK PERSON NAME _____	2ND SICK PERSON NAME _____	3RD SICK PERSON NAME _____
212A	ASK SICK PERSON OR CARETAKER Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 214) ←
212B	ASK SICK PERSON OR CARETAKER In the last 30 days, has (NAME) been bed ridden?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
213	ASK SICK PERSON OR CARETAKER When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
214	ASK SICK PERSON OR CARETAKER In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?	YES ..... 1 NO ..... 2 (SKIP TO 216) ←	YES ..... 1 NO ..... 2 (SKIP TO 216) ←	YES ..... 1 NO ..... 2 (SKIP TO 216) ←
214A	ASK SICK PERSON OR CARETAKER Was this problem (were any of these problems) ever severe?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
215	ASK SICK PERSON OR CARETAKER Was (NAME) able to reduce or stop this (these) problem(s) most of the time, some of the time, or not at all?	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3	MOST TIME . 1 SOME TIME . 2 NOT AT ALL . 3
216		GO BACK TO 204 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF THERE ARE NO MORE SICK PEOPLE, GO TO 301.		

**SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			→ 401
302	How many household members died in the last 12 months?	NUMBER OF DEATHS ..... <input type="text"/>			
303	ASK 304-322 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	<15 <input type="checkbox"/> (SKIP TO 318) ←  60+ <input type="checkbox"/> (SKIP TO 318) ←  15-59 <input type="checkbox"/>	<15 <input type="checkbox"/> (SKIP TO 318) ←  60+ <input type="checkbox"/> (SKIP TO 318) ←  15-59 <input type="checkbox"/>	<15 <input type="checkbox"/> (SKIP TO 318) ←  60+ <input type="checkbox"/> (SKIP TO 318) ←  15-59 <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 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical supplies for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 312) ← DK ..... 8	
311	Did your household receive any of this medical support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 314) ← DK ..... 8	
313	Did your household receive any of this emotional or psychological support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 316) ← DK ..... 8	
315	Did your household receive any of this material support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 318) ← DK ..... 8	
317	Did your household receive any of this social support in the last 30 days before (NAME)'s death?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about the health problems (NAME) may have had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL . 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?	YES ..... 1 NO ..... 2 (SKIP TO 322) ←	YES ..... 1 NO ..... 2 (SKIP TO 322) ←	YES ..... 1 NO ..... 2 (SKIP TO 322) ←
320A	Was this problem (were any of these problems) ever severe?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
321	Was (NAME) able to reduce or stop the problems he/she had most of the time, some of the time or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3	MOST TIME 1 SOME TIME 2 NOT AT ALL . 3
322		GO BACK TO 304 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE DEATHS, GO TO 401.		

**SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></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: <b>ANY SICK ADULT AGE 15-59 WHO IS VERY SICK?</b></p> <p>NO SICK ADULT AGE 15-59 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE SICK ADULT AGE 15-59 <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: <b>ANY ADULT AGE 15-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT DEATH AGE 15-59 IN 306 <input type="checkbox"/> ↓</p> <p>AT LEAST ONE ADULT DEATH AGE 15-59 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: <b>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?</b></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	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 SICK FOR AT LEAST THREE MONTHS.				
406	NAME FROM COLUMN 2	1ST CHILD NAME _____	2ND CHILD NAME _____	3RD CHILD NAME _____	4TH CHILD NAME _____
	LINE NUMBER FROM COLUMN 1	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
	AGE FROM COLUMN 7	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <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="checkbox"/> (SKIP TO 417) ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ↓	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ↓
		AGE 5-17 <input type="checkbox"/>	AGE 5-17 <input type="checkbox"/>	AGE 5-17 <input type="checkbox"/>	AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

NO.	CODING CATEGORIES				
406	NAME FROM COLUMN 2  LINE NUMBER FROM COLUMN 1  AGE FROM COLUMN 7	5TH CHILD NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	6TH CHILD NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	7TH CHILD NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/>	8TH CHILD NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> 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 emotional or psychological support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 413) ← DK ..... 8
412	Did your household receive any material support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DK ..... 8
414	Did your household receive any social support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <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 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5 YEARS

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).  CHECK COLUMN 11 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD 0-5?</b>  AT LEAST ONE CHILD AGE 0-5 <input type="checkbox"/>	NO CHILD AGE 0-5 <input type="checkbox"/> → 515		
		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	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <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"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2002 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 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"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/>
506	HEIGHT IN CENTIMETERS  FOR CHILDREN AGED 24 MONTHS AND BELOW, MEASURE HEIGHT IN LYING POSITION	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____
509	GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.			



**WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5 YEARS**

		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	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	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 2002 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"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
506	HEIGHT IN CENTIMETERS FOR CHILDREN AGED 24 MONTHS AND BELOW, MEASURE HEIGHT IN LYING POSITION	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY)	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY)	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY)
509		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.		
TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE.		<input type="checkbox"/>		

WEIGHT AND HEIGHT MEASUREMENT, HIV AND SYPHLIS 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).  A FINAL OUTCOME FOR THE HIV TEST PROCEDURE MUST RECORDED IN 527 FOR EACH ELIGIBLE WOMAN.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	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 _____
517	WEIGHT IN KILOGRAMS	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____	MEASURED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SPECIFY) _____
520	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 523) ↙
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 6 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ↙	CODE 6 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ↙	CODE 6 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 523) ↙
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"/> <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"/>

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>	LINE NUMBER ..... <input type="text"/>
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
523	PREGNANT STATUS ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
524	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)
525	CHECK 524 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).  A FINAL OUTCOME FOR THE HIV TEST PROCEDURE MUST BE RECORDED IN FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON			
526	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
527	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
528	CHECK 527: SAMPLE COLLECTED?	FILTER PAPER ..... 1 NO SAMPLE ..... 2	FILTER PAPER ..... 1 NO SAMPLE ..... 2	FILTER PAPER ..... 1 NO SAMPLE ..... 2
<b>CONSENT STATEMENT FOR HIV TEST</b>				
<p>READ CONSENT STATEMENT TO EACH FEMALE RESPONDENT. CIRCLE CODE '1' IN FIELD 524 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.</p> <p>FOR NEVER-MARRIED WOMEN AGE 15-17 YEARS, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 524 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we are asking people all over the country to give a few drops of blood for 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 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 name will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>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. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (NAME OF ADOLESCENT) take the HIV test?</p>				

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)  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"/>
529	CHECK 527: OUTCOME OF HIV TEST	BLOOD TAKEN <input type="checkbox"/>  BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/>  BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/>  BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN
530	READ THE CONSENT STATE- MENT FOR ADDITIONAL TESTS. FOR NEVER-IN UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  _____ (SIGN)
531	ADDITIONAL TESTS	CHECK 530:  IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530:  IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530:  IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
<b>CONSENT STATEMENT FOR ADDITIONAL TESTS</b>				
READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530 IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.				
FOR NEVER-MARRIED WOMEN AGE 15-17 YEARS, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
We ask you to allow the Ministry of Health and Central Statistical Office to store part of the blood sample at the laboratory to be used for testing or research in the future. At this time we are not certain about what tests might be done.				
The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV and syphilis testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?				

528A CHECK COVER OF HOUSEHOLD QUESTIONNAIRE TO DETERMINE IF HOUSEHOLD SELECTED FOR SYPHILIS TESTING.				
HOUSEHOLD SELECTED FOR SYPHILIS TESTING <input type="checkbox"/>		HOUSEHOLD NOT SELECTED FOR SYPHILIS TESTING <input type="checkbox"/> → 536		
		WOMAN 1	WOMAN 2	WOMAN 3
LINE NUMBER (QUESTION 9)	LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
NAME (QUESTION 2)	NAME	NAME	NAME	NAME
532	READ THE SYPHILIS TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)
533	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
534	OUTCOME OF SYPHILIS TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
535	CHECK 534: OUTCOME OF SYPHILIS TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT WOMAN
<b>CONSENT STATEMENT FOR SYPHILIS TEST</b>				
READ CONSENT STATEMENT TO EACH FEMALE RESPONDENT. CIRCLE CODE '1' IN 532 IF RESPONDENT CONSENTS TO THE SYPHILIS TEST AND CODE '3' IF SHE REFUSES.				
FOR NEVER-MARRIED WOMEN AGE 15-17 YEARS ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 532 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.				
As part of the survey we are asking people all over the country to give a small amount of blood for a syphilis test. Syphilis can cause serious problems if it is not treated. The results from this survey will help the government to develop programs to prevent and treat syphilis.				
For the syphilis test, we need a small amount of blood from your arm. 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 tonight and if you want to know the test result, I will be back tomorrow to give you the result if you tell me when you will be here. If the test shows you have syphilis, we would provide free treatment for you and your partner(s) at home or at the nearest health center. No one will know the results of your test except for you and me.				
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 (NAME OF ADOLESCENT) to take the syphilis test?				
Will you an d(NAME OF ADOLESCENT) want to know th e test result and to be treated if (NAME OF ADOLESCENT) has syphilis?				

HIV AND SYPHILIS TESTING FOR MEN AGE 15-59

536	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 537. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).  A FINAL OUTCOME FOR THE HIV TEST PROCEDURE MUST RECORDED IN 544 FOR EACH ELIGIBLE MAN.				
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:25%; text-align:center;">MAN 1</th> <th style="width:25%; text-align:center;">MAN 2</th> <th style="width:25%; text-align:center;">MAN 3</th> </tr> </thead> </table>		MAN 1	MAN 2	MAN 3
	MAN 1	MAN 2	MAN 3		
537	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;">                     LINE NUMBER (COLUMN 10)                       NAME (COLUMN 2)                 </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER ..... <input type="text"/> <input type="text"/>                       NAME _____                 </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER ..... <input type="text"/> <input type="text"/>                       NAME _____                 </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER ..... <input type="text"/> <input type="text"/>                       NAME _____                 </td> </tr> </table>	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 _____
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 _____		
538	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;">                     AGE: CHECK COLUMN 7.                 </td> <td style="width:25%; vertical-align: top;">                     15-17 YEARS ..... 1                      18-59 YEARS ..... 2                      (GO TO 541) ←                 </td> <td style="width:25%; vertical-align: top;">                     15-17 YEARS ..... 1                      18-59 YEARS ..... 2                      (GO TO 541) ←                 </td> <td style="width:25%; vertical-align: top;">                     15-17 YEARS ..... 1                      18-59 YEARS ..... 2                      (GO TO 541) ←                 </td> </tr> </table>	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←
AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (GO TO 541) ←		
539	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;">                     MARITAL STATUS: CHECK COLUMN 8.                 </td> <td style="width:25%; vertical-align: top;">                     CODE 6 (NEVER IN UNION) ..... 1                      OTHER ..... 6                      (GO TO 541) ←                 </td> <td style="width:25%; vertical-align: top;">                     CODE 6 (NEVER IN UNIO ..... 1                      OTHER ..... 6                      (GO TO 541) ←                 </td> <td style="width:25%; vertical-align: top;">                     CODE 6 (NEVER IN UNION ..... 1                      OTHER ..... 6                      (GO TO 541) ←                 </td> </tr> </table>	MARITAL STATUS: CHECK COLUMN 8.	CODE 6 (NEVER IN UNION) ..... 1 OTHER ..... 6 (GO TO 541) ←	CODE 6 (NEVER IN UNIO ..... 1 OTHER ..... 6 (GO TO 541) ←	CODE 6 (NEVER IN UNION ..... 1 OTHER ..... 6 (GO TO 541) ←
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540	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;">                     RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.                 </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> </td> <td style="width:25%; vertical-align: top;">                     LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/> </td> </tr> </table>	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE 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"/>
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541	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; vertical-align: top;">                     READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 540 BEFORE ASKING RESPONDENT'S CONSENT.                 </td> <td style="width:25%; vertical-align: top;">                     GRANTED ..... 1                      PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2                      RESPONDENT REFUSED ..... 3                      _____                      (SIGN)                 </td> <td style="width:25%; vertical-align: top;">                     GRANTED ..... 1                      PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2                      RESPONDENT REFUSED ..... 3                      _____                      (SIGN)                 </td> <td style="width:25%; vertical-align: top;">                     GRANTED ..... 1                      PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2                      RESPONDENT REFUSED ..... 3                      _____                      (SIGN)                 </td> </tr> </table>	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 540 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)
READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 540 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3 _____ (SIGN)		

542	CHECK 541 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
A FINAL OUTCOME OF THE HIV TEST PROCEDURE MUST BE RECORDED IN 544 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.				
543	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
544	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
545	CHECK 544: SAMPLE COLLECTED?	FILTER PAPER ..... 1 NO SAMPLE ..... 2	FILTER PAPER ..... 1 NO SAMPLE ..... 2	FILTER PAPER ..... 1 NO SAMPLE ..... 2
<b>CONSENT STATEMENT FOR HIV TEST</b>				
<p>READ CONSENT STATEMENT TO EACH MALE RESPONDENT. CIRCLE CODE '1' IN 541 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-MARRIED MEN AGE 15-17 YEARS ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 540) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 541 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we are asking people all over the country to give a few drops of blood for 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 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 name will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>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. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (NAME OF ADOLESCENT) take the HIV test?</p>				





528A CHECK COVER OF HOUSEHOLD QUESTIONNAIRE TO DETERMINE IF HOUSEHOLD SELECTED FOR SYPHILIS TESTING.				
HOUSEHOLD SELECTED FOR SYPHILIS TESTING <input type="checkbox"/>		HOUSEHOLD NOT SELECTED FOR SYPHILIS TESTING <input type="checkbox"/> → END		
		MAN 1	MAN 2	MAN 3
LINE NUMBER (QUESTION 10)	LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
NAME (QUESTION 2)	NAME	NAME	NAME	NAME
549 READ THE SYPHILIS TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 540 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 RESPONDENT REFUSED ..... 3  (SIGN)
550 BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
551 OUTCOME OF SYPHILIS TEST PROCEDURE	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6	BLOOD TAKEN ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6
552 CHECK 550: OUTCOME OF SYPHILIS TEST	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN	BLOOD TAKEN <input type="checkbox"/> BLOOD NOT TAKEN <input type="checkbox"/> GO TO NEXT MAN
<b>CONSENT STATEMENT FOR SYPHILIS TEST</b>				
<p>READ CONSENT STATEMENT TO EACH MALE RESPONDENT. CIRCLE CODE '1' IN 549 IF RESPONDENT CONSENTS TO THE SYPHILIS TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-MARRIED MEN AGE 15-17 YEARS ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 540) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 549 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we are asking people all over the country to give a small amount of blood for a syphilis test. Syphilis can cause serious problems if it is not treated. The results from this survey will help the government to develop programs to prevent and treat syphilis.</p> <p>For the syphilis test, we need a small amount of blood from your arm. 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 tonight and if you want to know the test result, I will be back tomorrow to give you the result if you tell me when you will be here. If the test shows you have syphilis, we would provide free treatment for you and your partner(s) at home or at the nearest health center. No one will know the results of your test except for you and me.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you (NAME OF ADOLESCENT) to take the syphilis test?</p> <p>Will you a d(NAME OF ADOLESCENT) want to know th e test result and to be treated if (NAME OF ADOLESCENT) has syphilis?</p>				

