

2010 DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE (ENGLISH)

ZIMBABWE  
ZIMSTAT

IDENTIFICATION							
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER .....							
HOUSEHOLD NUMBER .....							

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></tr></table>									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>									
TIME	_____	_____											
*RESULT CODES: 1 COMPLETED 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>									

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <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>				NAME _____ <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>				<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>		

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE 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		
				5	6		7	8	9	10
1	2	3	4	5	6	7	8	9	10	11
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?  IF YES: What is her name? RECORD MOTHER'S LINE NUMBER.  IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night?  IF YES: What is his name? RECORD FATHER'S LINE NUMBER.  IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?  SEE CODES BELOW.  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During this/that school year, what level and grade [is/was] (NAME) attending?  SEE CODES BELOW.	Does (NAME) have a birth certificate?  IF NO, PROBE: Has (NAME)'s birth ever been registered with the Births and Deaths Registry?  1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

<b>LEVEL</b>	<b>GRADE</b>
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.)
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		MARITAL STATUS	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status?  1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? 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 = OTHER RELATIVE  
10 = ADOPTED/FOSTER/STEPCHILD  
11 = NOT RELATED  
98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Qs. 17 AND 19: EDUCATION**

LEVEL	GRADE
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.)
2 = SECONDARY	THIS CODE IS NOT ALLOWED FOR Q. 19)
3 = HIGHER	
8 = DON'T KNOW	98 = DON'T KNOW

**SELECTION OF RESPONDENT FOR SECTION ON HOUSEHOLD RELATIONS**

**21** ONLY ONE WOMAN PER HOUSEHOLD SHOULD BE SELECTED FOR HR MODULE.

USE THE TABLE BELOW TO SELECT THE WOMAN IN THIS HOUSEHOLD TO BE INTERVIEWED WITH HR MODULE.

HOUSEHOLD LINE NUMBER ..... 

--	--

NAME .....

GO TO COLUMN 9 IN THE HOUSEHOLD SCHEDULE AND WRITE 'HR' NEXT TO THE LINE NUMBER OF THE WOMAN

**HOW TO USE THE TABLE FOR SELECTION OF RESPONDENT FOR HR MODULE**

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE NUMBER ON THE COVER SHEET. THIS IS THE NUMBER OF THE ROW YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED 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 HOUSEHOLD RELATIONS QUESTIONS. GO TO COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND PUT A 'HR' NEXT TO THE LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN. RECORD HER NAME AND LINE NUMBER IN THE SPACE PROVIDED ABOVE.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS 3716, GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3, FIND THE BOX WHERE THE TWO LINES MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS THAT YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATION QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A 'HR' NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND THE WOMAN'S NAME IN THE SPACE PROVIDED AT THE TOP OF THIS PAGE.

**TABLE FOR SELECTION OF RESPONDENTS FOR HOUSEHOLD RELATIONS MODULE**

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE 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	<p>How often does anyone smoke inside your house?            Would you say daily, weekly, monthly, less often than once a month, or never?</p>	<p>DAILY ..... 1            WEEKLY ..... 2            MONTHLY ..... 3            LESS OFTEN THAN ONCE A MONTH ..... 4            NEVER ..... 5</p>				
102	<p>What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER            PIPED INTO DWELLING ..... 11            PIPED TO YARD/PLOT ..... 12            PUBLIC TAP/STANDPIPE ..... 13            TUBE WELL OR BOREHOLE ..... 21            DUG WELL            PROTECTED WELL ..... 31            UNPROTECTED WELL ..... 32            WATER FROM SPRING            PROTECTED SPRING ..... 41            UNPROTECTED SPRING ..... 42            RAINWATER ..... 51            TANKER TRUCK ..... 61            CART WITH SMALL TANK ..... 71            SURFACE WATER (RIVER/DAM/            LAKE/POND/STREAM/CANAL/            IRRIGATION CHANNEL) ..... 81            BOTTLED WATER ..... 91             OTHER _____ 96            (SPECIFY)</p>	<p>→ 105       → 105</p>			
103	<p>Where is that water source located?</p>	<p>IN OWN DWELLING ..... 1            IN OWN YARD/PLOT ..... 2            ELSEWHERE ..... 3</p>	<p>→ 105</p>			
104	<p>How long does it take to go there, get water, and come back?</p>	<p>MINUTES ..... <table border="1" data-bbox="1193 1160 1337 1211"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>            DON'T KNOW ..... 998</p>				
105	<p>Do you do anything to the water to make it safer to drink?            IF YES, PROBE: Always or sometimes?</p>	<p>YES, ALWAYS ..... 1            YES, SOMETIMES ..... 2            NO ..... 3            DON'T KNOW ..... 8</p>	<p>→ 107</p>			
106	<p>What do you usually do to make the water safer to drink?             Anything else?             RECORD ALL MENTIONED.</p>	<p>BOIL ..... A            ADD BLEACH/CHLORINE ..... 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</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET ... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 110																														
108	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 110																														
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98																															
110	Does your dwelling unit/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>BATTERY/GENERATOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLAR PANEL .....</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>COMPUTER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	BATTERY/GENERATOR .....	1	2	SOLAR PANEL .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	MOBILE TELEPHONE .....	1	2	NON-MOBILE TELEPHONE ...	1	2	REFRIGERATOR .....	1	2	COMPUTER .....	1	2	
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REFRIGERATOR .....	1	2																															
COMPUTER .....	1	2																															
111	What type of fuel/energy does your household mainly use for cooking?	ELECTRICITY ..... 01 LIQUID PROPANE GAS (LPG) ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 PARAFFIN/KEROSENE ..... 05 JELLY ..... 06 COAL, LIGNITE ..... 07 CHARCOAL ..... 08 WOOD ..... 09 STRAW/SHRUBS/GRASS ..... 10 MAIZE/AGRICULTURAL CROP WASTE ... 11 ANIMAL DUNG ..... 12  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 114																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	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)	} → 114
113	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
114	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
115	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH ..... 12 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 23 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 ASBESTOS ..... 33 TILES ..... 34 CEMENT ..... 35  OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS ..... 12 MUD ..... 13 RUDIMENTARY WALLS STONE WITH MUD ..... 22 PLYWOOD ..... 24 CARTON ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
117	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																												
118	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A tractor? A boat with a motor? A wheelbarrow?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <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>ANIMAL-DRAWN CART .....</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>TRACTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEELBARROW .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	TRACTOR .....	1	2	BOAT WITH MOTOR .....	1	2	WHEELBARROW .....	1	2	
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WHEELBARROW .....	1	2																												
119	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 121																											
120	How many acres of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	ACRES ..... <input type="text"/> <input type="text"/> <input type="text"/>  95 OR MORE ACRES ..... 950 DON'T KNOW ..... 998																												
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 123																											
122	How many of the following animals does this household own?  IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.  Cattle?  Horses?  Donkeys or mules?  Goats?  Sheep?  Chickens or other poultry?  Rabbits?  Pigs?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">CATTLE .....</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td>HORSES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DONKEYS/MULES .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS/POULTRY .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	CATTLE .....	<input type="text"/>	<input type="text"/>	HORSES .....	<input type="text"/>	<input type="text"/>	DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS/POULTRY .....	<input type="text"/>	<input type="text"/>	RABBITS .....	<input type="text"/>	<input type="text"/>	PIGS .....	<input type="text"/>	<input type="text"/>				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
124	At any time in the past 12 months, has anyone come to your dwelling to spray the interior walls and outside eaves against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) ..... C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Y	
126	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 137
127	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
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD  IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
135	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p>
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136		<p>GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.</p>	<p>GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.</p>	<p>GO TO 128 IN FIRST COLUMN OF NEXT PAGE FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.</p>

		NET #4	NET #5	NET #6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ... 95  NOT SURE ..... 98
130	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET ..... 11 PERMANET ... 12 OTHER/ DK BRAND ... 16 (SKIP TO 134) ←  'PRETREATED' NET KO TAB123 ... 21 IRONET ..... 22 OTHER/ DK BRAND ... 26 (SKIP TO 132) ←  OTHER BRAND ... 96 DK BRAND ..... 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 134) ← NOT SURE ..... 8
133	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/> <input type="text"/>  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98
134	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 136) ← NOT SURE ..... 8



		NET #4	NET #5	NET #6
135	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
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136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.
137	Please show me where members of your household most often wash their hands.	OBSERVED ..... 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2 NOT OBSERVED, NO PERMISSION TO SEE ..... 3 NOT OBSERVED, OTHER REASON ..... 4 (SKIP TO 140) ←		
138	OBSERVATION ONLY:  OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2		
139	OBSERVATION ONLY:  OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B NONE ..... Y		
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT.  TEST SALT FOR IODINE.	IODINE PRESENT ..... 1 NO IODINE ..... 2  NO SALT IN HOUSEHOLD ..... 3 SALT NOT TESTED ..... 6 (SPECIFY REASON) _____		

**BIOMARKER DATA COLLECTION FORM**  
WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE 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
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

BIOMARKER DATA COLLECTION FORM

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES ..... 1 NO ..... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN 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
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: 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 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2	0-5 MONTHS ..... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.)  OLDER ..... 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2	CONSENT FORM SIGNED 1 _____ (SIGN) ← REFUSED ..... 2
212	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
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

**BIOMARKER DATA COLLECTION FORM**  
 WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

CLUSTER NUMBER

HOUSEHOLD NUMBER

NAME OF HH HEAD: \_\_\_\_\_

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).					
	WOMAN 1		WOMAN 2		WOMAN 3	
215	LINE NUMBER FROM COLUMN 9	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 FROM COLUMN 2	NAME _____
216	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996		
217	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <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"/> <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"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996		
218	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 229.) ↙		
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙	CODE 4 (NEVER IN UNION) ... 1 OTHER ..... 2 (GO TO 229.) ↙		
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COL. 1 OF HOUSEHOLD SCHEDULE). 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"/>		
221	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.				
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>				
		<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)		
223	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>				
		<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 225.)		

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
224	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
<b>DBS COLLECTION FOR HIV TESTING</b>				
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 235.)
<b>DBS COLLECTION FOR HIV TESTING</b>				
226	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)
<b>ADDITIONAL TESTING</b>				
227	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
<b>ADDITIONAL TESTING</b>				
228	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
229	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
		<b>ANEMIA TEST</b>		
230	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 232.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 232.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 232.)
231	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
		<b>DBS COLLECTION FOR HIV TESTING</b>		
232	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 235.)
		<b>ADDITIONAL TESTING</b>		
233	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)
234	ADDITIONAL TESTS	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
236	RECORD HEMOGLOBIN 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
237	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.
238	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

**WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54**

CLUSTER NUMBER    HOUSEHOLD NUMBER   NAME OF HH HEAD: \_\_\_\_\_

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).					
	MAN 1		MAN 2		MAN 3	
244	LINE NUMBER FROM COLUMN 10 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 _____		
245	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996		
246	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		
247	AGE: CHECK COLUMN 7.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 257.) ←		
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←	CODE 4 (NEVER IN UNION) ..... 1 OTHER ..... 2 (GO TO 257.) ←		
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). 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"/>		
250	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.				
251	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>				
251		<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, GO TO 253.)		
252		<b>ANEMIA TEST</b>				
252	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2  _____ (SIGN)		

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 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 _____
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>DBS COLLECTION FOR HIV TESTING</b>		
		<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 262.)
254	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DBS COLLECTION FOR HIV TESTING</b>		
		<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)
255	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b>		
		<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
256	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b>		
		<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	<b>DID ADOLESCENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 ADOLESCENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
257	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		



		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 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 _____
258	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ANEMIA TEST</b>		
		<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	<b>DBS COLLECTION FOR HIV TESTING</b>		
		<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, GO TO 262.)
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<b>ADDITIONAL TESTING</b>		
		<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)	<b>DID RESPONDENT GRANT CONSENT?</b> CONSENT FORM SIGNED ..... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN)
261	ADDITIONAL TESTS	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
262	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
263	RECORD HEMOGLOBIN 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
264	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </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.
265	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

All communications should be  
Addressed to "THE DIRECTOR"



Cluster Number:     — — — —  
Household Number   — — — —  
Line Number         — — — —

Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, M.D.  
Phone number: 0912 711 060

ADULT CONSENT FORM					
ANAEMIA TESTING	HIV TESTING	ADDITIONAL TESTING			
<p><b>PURPOSE</b> As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. You are one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to have an anaemia test, you will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you to the nearest health facility.</p> <p><b>CONFIDENTIALITY</b> If you indicate your willingness to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes to the test or you can say no. If you decide not to be tested, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>	<p><b>PURPOSE</b> As part of this survey, we are asking people all over the country to provide a blood sample for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. You are one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to provide a blood sample for HIV testing, you will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your blood will be labeled using a code and not your name, no one will be able to know your HIV test results. We will not be able to tell you the results of the test.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.</p> <p><b>CONFIDENTIALITY</b> If you are willing to provide a blood sample for HIV testing, the results will not be linked to you and will be strictly confidential. You are assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your blood collected and tested for HIV. If you decide not to give a sample for HIV testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>	<p><b>PURPOSE</b> As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected for HIV testing for additional testing or research. We are not certain about what additional tests might be done.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify you. The results of the additional tests will not be returned to you.</p> <p><b>BENEFITS</b> We cannot offer you any direct benefits from the testing.</p> <p><b>CONFIDENTIALITY</b> If you are willing for your blood sample to be stored and used for additional testing, the results of any tests will not be linked to you and will remain strictly confidential. You are ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your blood stored for additional testing. If you decide not to allow your blood sample to be stored for additional testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to allow your blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>			
Name of respondent (please print)	Date/Time	Name of respondent (please print)	Date/Time	Name of respondent (please print)	Date/Time
Signature of respondent or legally authorized representative		Signature of respondent or legally authorized representative		Signature of respondent or legally authorized representative	
<p>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).</p>					

Cluster Number:     \_\_\_ \_\_\_  
Household Number   \_\_\_ \_\_\_  
Child's Line Number  \_\_\_ \_\_\_

Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, M.D.  
Phone number: 0912 711 060

PARENTAL CONSENT AND ADOLESCENT ASSENT FORM		
ANAEMIA TESTING	HIV TESTING (CHILDREN AGE 15-17 ONLY)	ADDITIONAL TESTING (CHILDREN AGE 15-17 ONLY)
<p><b>PURPOSE</b> As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to allow your child to have an anaemia test, your child will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you or your child any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you and your child to the nearest health facility.</p> <p><b>CONFIDENTIALITY</b> If you indicate your willingness for your child to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes to the test or you can say no. If you decide not to allow your child to be tested, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to allow your child to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>	<p><b>PURPOSE</b> As part of this survey, we are asking people all over the country to provide a blood sample that will be used for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. Your child is one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to allow your child to provide a blood sample for HIV testing, your child will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your child's blood will be labeled using a code and not your child's name, no one will be able to know your child's HIV test results. We will not be able to tell you the results of your child's test.</p> <p><b>RISKS AND DISCOMFORTS</b> The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.</p> <p><b>BENEFITS</b> We cannot offer you or your child any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.</p> <p><b>CONFIDENTIALITY</b> If you are willing for your child to provide a blood sample for HIV testing, the results will not be linked to your child and will be strictly confidential. Your child is assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your child's blood collected and tested for HIV. If you decide not to allow your child to give a sample for HIV testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to allow your child to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.</p>	<p><b>PURPOSE</b> As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done.</p> <p><b>PROCEDURES AND DURATION</b> If you decide to allow your child to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify your child. The results of the additional tests will not be returned to you or your child.</p> <p><b>BENEFITS</b> We cannot offer your child any direct benefits from the testing.</p> <p><b>CONFIDENTIALITY</b> If you are willing for your child's blood sample to be stored and used for additional testing, the results of any tests will not be linked to your child and will remain strictly confidential. Your child is ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p><b>VOLUNTARY PARTICIPATION</b> You can say yes or no to having your child's blood stored for additional testing. If you decide not to allow your child's blood sample to be stored for additional testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p><b>QUESTIONS</b> Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p><b>AUTHORIZATION</b> You are making a decision whether or not to allow your child's blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
Name of child (please print) _____ Date/Time _____	Name of child (please print) _____ Date/Time _____	Name of child (please print) _____ Date/Time _____
Name of parent (please print) _____	Name of parent (please print) _____	Name of parent (please print) _____
Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____
Relationship to child _____	Relationship to child _____	Relationship to child _____
<p><b>For children 15-17 years old:</b> My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>	<p><b>For children 15-17 years old:</b> My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>	<p><b>For children 15-17 years old:</b> My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.</p>
Signature of child _____	Signature of child _____	Signature of child _____
<p>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).</p>		