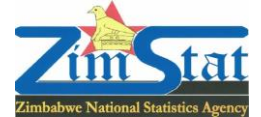




2015 DEMOGRAPHIC AND HEALTH SURVEYS  
HOUSEHOLD QUESTIONNAIRE  
Zimbabwe  
ZIMSTAT



**IDENTIFICATION**

PLACE NAME \_\_\_\_\_

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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
TIME	_____	_____		RESULT*								
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								

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

LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
0	1						
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>	**LANGUAGE CODES: 01 ENGLISH 02 NDEBELE	03 SHONA					

SUPERVISOR _____ NAME	OFFICE EDITOR _____ NAME	KEYED BY _____ NAME								
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> NUMBER				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> NUMBER				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NUMBER		

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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 and other topics all over Zimbabwe. The information we collect will help the government to plan health services. Your household was randomly 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. Participation in the survey is completely voluntary. 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?  
Do you agree to participate in the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_  
CONFIRMING CONSENT STATEMENT  
HAS BEEN READ TO THE RESPONDENT

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1  
↓

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

100	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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></tr></table>				
		MINUTES ..... <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><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></tr></table>				

HOUSEHOLD SCHEDULE

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	11A
1	2	3	4	5	6	7	8	9	10	11	11A
	<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>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 6-14</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people 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, or friends who usually live here? YES  → ADD TO TABLE NO

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

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD
  - 02 = WIFE OR HUSBAND
  - 03 = SON OR DAUGHTER
  - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
  - 05 = GRANDCHILD
  - 06 = PARENT
  - 07 = PARENT-IN-LAW
  - 08 = BROTHER OR SISTER
  - 09 = CO-WIFE
  - 10 = OTHER RELATIVE
  - 11 = ADOPTED/FOSTER/STEPCHILD
  - 12 = NOT RELATED
  - 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 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?  What is the highest grade (NAME) completed at that level?  SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 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"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

<b>LEVEL</b>	<b>GRADE</b>
0 = PRESCHOOL	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

HOUSEHOLD SCHEDULE

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	11A
1	2	3	4	5	6	7	8	9	10	11	11A
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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	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF CONTINUATION SHEET USED

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

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

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
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12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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

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

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

NAME OF SELECTED WOMAN \_\_\_\_\_

HH LINE NUMBER OF SELECTED WOMAN



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13  PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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)	→ 106   → 103   → 103
102	What is the main 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 PIPED TO NEIGHBOR ..... 13  PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105
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	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
107	Do you do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 109		
108	What do you usually do to make the water safer to drink?  Anything else?  RECORD ALL MENTIONED.	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			
109	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<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 LATRII ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23  BUCKET TOILET ..... 31 NO FACILITY/BUSH/FIELD ..... 41  OTHER _____ 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3			
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LP GAS ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 PARAFFIN/KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 ANIMAL DUNG . . . . . 10  NO FOOD COOKED IN HOUSEHOLD. . . . . 95  OTHER _____ 96 (SPECIFY)	→ 116		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
114	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)	} → 116																																																									
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2																																																										
116	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																																																										
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 119																																																									
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Cattle? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Chickens or other poultry? f) Rabbits? g) Pigs?	<table border="1"> <tr><td>a) CATTLE .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>b) HORSES/DONKEYS/MULES .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>c) GOATS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>d) SHEEP .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>e) CHICKENS/POULTRY .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>f) RABBITS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>f) PIGS .....</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	a) CATTLE .....	<input type="text"/>	<input type="text"/>	b) HORSES/DONKEYS/MULES .....	<input type="text"/>	<input type="text"/>	c) GOATS .....	<input type="text"/>	<input type="text"/>	d) SHEEP .....	<input type="text"/>	<input type="text"/>	e) CHICKENS/POULTRY .....	<input type="text"/>	<input type="text"/>	f) RABBITS .....	<input type="text"/>	<input type="text"/>	f) PIGS .....	<input type="text"/>	<input type="text"/>																																					
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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, RECORD '950'.	ACRES ..... <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE ACRES ..... 950 DON'T KNOW ..... 998																																																										
121	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) Electricity?</td><td>1</td><td>2</td></tr> <tr><td>b) A radio?</td><td>1</td><td>2</td></tr> <tr><td>c) A television?</td><td>1</td><td>2</td></tr> <tr><td>d) A non-mobile telephone?</td><td>1</td><td>2</td></tr> <tr><td>e) A computer?</td><td>1</td><td>2</td></tr> <tr><td>f) A refrigerator?</td><td>1</td><td>2</td></tr> <tr><td>g) Battery or generator for power?</td><td>1</td><td>2</td></tr> <tr><td>h) Solar panel?</td><td>1</td><td>2</td></tr> <tr><td>i) Pushing tray?</td><td>1</td><td>2</td></tr> <tr><td>j) Axe/hoe?</td><td>1</td><td>2</td></tr> <tr><td>k) Chair/stool?</td><td>1</td><td>2</td></tr> <tr><td>l) Plow?</td><td>1</td><td>2</td></tr> <tr><td>m) Wardrobe?</td><td>1</td><td>2</td></tr> <tr><td>n) Satellite dish/decoder?</td><td>1</td><td>2</td></tr> <tr><td>o) Washing machine?</td><td>1</td><td>2</td></tr> <tr><td>p) Borehole?</td><td>1</td><td>2</td></tr> <tr><td>q) Mattress?</td><td>1</td><td>2</td></tr> <tr><td>r) Bed?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A television?	1	2	d) A non-mobile telephone?	1	2	e) A computer?	1	2	f) A refrigerator?	1	2	g) Battery or generator for power?	1	2	h) Solar panel?	1	2	i) Pushing tray?	1	2	j) Axe/hoe?	1	2	k) Chair/stool?	1	2	l) Plow?	1	2	m) Wardrobe?	1	2	n) Satellite dish/decoder?	1	2	o) Washing machine?	1	2	p) Borehole?	1	2	q) Mattress?	1	2	r) Bed?	1	2	
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MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
130	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
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) ← OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) ← OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 134) ← OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a school distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, SCHOOL DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4	YES, SCHOOL DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4	YES, SCHOOL DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 136) ← NO ..... 4
135	Where did you get the net?	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 MISSION HOSPITAL ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 09	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 MISSION HOSPITAL ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 09	GOVT. HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 MISSION HOSPITAL ..... 06 SCHOOL ..... 07 OTHER ..... 08 DON'T KNOW ..... 09
136	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 138) ← NOT SURE ..... 8

MOSQUITO NETS

		NET #1	NET #2	NET #3
137	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <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> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <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> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NO. .... <input type="text"/> <input type="text"/></p>
138		<p>GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.</p>	<p>GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 139.</p>	<p>GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 139.</p>

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE ..... 1 OBSERVED, MOBILE ..... 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 3 NOT OBSERVED, NO PERMISSION TO SEE ..... 4 NOT OBSERVED, OTHER REASON ..... 5	→ 142
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	WATER IS AVAILABLE ..... 1 WATER IS NOT AVAILABLE ..... 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING.  RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A ASH, MUD, SAND ..... B  NONE ..... C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  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 ..... 31 WOOD ..... 32 ASBESTOS ..... 33 TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>MUD ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>STONE WITH MUD ..... 21</p> <p>PLYWOOD ..... 22</p> <p>CARDBOARD ..... 23</p> <p>REUSED WOOD ..... 24</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>WOOD PLANKS/SHINGLES ..... 35</p> <p>OTHER _____ 96 (SPECIFY)</p>									
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" data-bbox="1204 918 1348 974"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p> <p>MINUTES ..... <table border="1" data-bbox="1204 974 1348 1030"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p>									



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, MPH.  
Phone number: 0772 711 060

Cluster Number: \_\_\_\_\_  
Household Number: \_\_\_\_\_  
Line Number: \_\_\_\_\_

**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 read, or have had read to you, 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 read, or have had read to you, 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. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.</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 read, or have had read to you, 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 _____
Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____
<p><b>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.</b> 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. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikeya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>		



Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, MPH.  
Phone number: 0772 711 060

Cluster Number: \_\_\_\_\_  
Household Number: \_\_\_\_\_  
Line Number: \_\_\_\_\_

ANAEMIA TESTING	PARENTAL CONSENT 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. 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 read, or have had read to you, 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 read, or have had read to you, 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 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. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.</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 read, or have had read to you, the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____
Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____
Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (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 _____
My participation in this research study is voluntary. I have, or have had read to me, 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.	My participation in this research study is voluntary. I have, or have had read to me, 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.	My participation in this research study is voluntary. I have, or have had read to me, 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.
Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____
<p><b>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.</b> 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. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikeya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>		



Zimbabwe Demographic and Health Survey  
 Principal Investigator: Portia Manangazira, MPH.  
 Phone number: 0772 711 060

Cluster Number: \_\_\_\_\_  
 Household Number: \_\_\_\_\_  
 Line Number: \_\_\_\_\_

ADOLESCENT ASCENT FORM 7 – 12 YEARS		
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. 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 read, or have had read to you, 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 read, or have had read to you, 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 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. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.</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 read, or have had read to you, the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
<p>Name of child 1 (please print) _____ Date/Time _____</p> <p>Name of child 2 (please print) _____ Date/Time _____</p> <p>Name of child 3 (please print) _____ Date/Time _____</p> <p>Name of parent (please print) _____</p> <p>Signature of parent or legally authorized representative _____</p> <p>Relationship to child  <b>For children 7-12 years old:</b>                      My participation in this research study is voluntary. I have, or have had read to me, 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>Signature of child _____</p>	<p>Name of child 1 (please print) _____ Date/Time _____</p> <p>Name of child 2 (please print) _____ Date/Time _____</p> <p>Name of child 3 (please print) _____ Date/Time _____</p> <p>Name of parent (please print) _____</p> <p>Signature of parent or legally authorized representative _____</p> <p>Relationship to child  <b>For children 7-12 years old:</b>                      My participation in this research study is voluntary. I have, or have had read to me, 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>Signature of child _____</p>	<p>Name of child 1 (please print) _____ Date/Time _____</p> <p>Name of child 2 (please print) _____ Date/Time _____</p> <p>Name of child 3 (please print) _____ Date/Time _____</p> <p>Name of parent (please print) _____</p> <p>Signature of parent or legally authorized representative _____</p> <p>Relationship to child  <b>For children 7-12 years old:</b>                      My participation in this research study is voluntary. I have, or have had read to me, 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>Signature of child _____</p>
<p>Name of Interviewer _____ Signature _____</p>	<p>Name of Interviewer _____ Signature _____</p>	<p>Name of Interviewer _____ Signature _____</p>
<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. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikeya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>		



Cluster Number: \_\_\_\_\_  
Household Number: \_\_\_\_\_  
Line Number: \_\_\_\_\_

Zimbabwe Demographic and Health Survey  
Principal Investigator: Portia Manangazira, MPH.  
Phone number: 0772 711 060

ADOLESCENT ASCENT FORM 13 – 17 YEARS		
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. 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 read, or have had read to you, 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 read, or have had read to you, 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. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.</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. 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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 read, or have had read to you, the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____
Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____
Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (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 <b>For children 13-17 years old:</b> My participation in this research study is voluntary. I have, or have had read to me, 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. _____ Signature of child	Relationship to child <b>For children 13-17 years old:</b> My participation in this research study is voluntary. I have, or have had read to me, 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. _____ Signature of child	Relationship to child <b>For children 13-17 years old:</b> My participation in this research study is voluntary. I have, or have had read to me, 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. _____ Signature of child
Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____
<p><b>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.</b> 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. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikeya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>		



DEMOGRAPHIC AND HEALTH SURVEYS  
BIOMARKER QUESTIONNAIRE  
Zimbabwe  
ZIMSTAT

FORMATTING DATE: 14 April 2015



IDENTIFICATION							
PLACE NAME _____							
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"></table>			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
TIME	_____	_____					
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 40px; height: 20px; text-align: center;">1</table>		LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>		TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table>			
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH                      03 SHONA 02 NDEBELE					
SUPERVISOR _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER		FIELD EDITOR _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER		OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> NUMBER			
				KEYED BY <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> NUMBER			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2010-2015?	YES ..... 1 NO ..... 2 (SKIP TO 121) ←	YES ..... 1 NO ..... 2 (SKIP TO 121) ←	YES ..... 1 NO ..... 2 (SKIP TO 121) ←
105	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
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
108A	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2



101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ANAEMIA TEST**

111	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD DBS COLLECTION**

113	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
114	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ADDITIONAL TESTING**

115	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
116	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3
117	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____
118	ADDITIONAL TESTS.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
119	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
120	PLACE BAR CODE LABEL.  CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):  <b>IF LESS THAN 2 YEARS, USE A BAR CODE ON BLUE PAPER</b>  <b>IF 2 YEARS OR MORE, USE A BAR CODE ON WHITE PAPER</b>	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT      99994 REFUSED            99995 OTHER               99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT      99994 REFUSED            99995 OTHER               99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  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.
121	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 122.			

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

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2010-2015?	YES ..... 1 NO ..... 2 (SKIP TO 121) ←	YES ..... 1 NO ..... 2 (SKIP TO 121) ←	YES ..... 1 NO ..... 2 (SKIP TO 121) ←
105	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
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
108A	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 113) ←  OLDER ..... 2

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ANEMIA TEST				
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD DBS COLLECTION				
113	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
114	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2  (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT ..... 3 (SKIP TO 117) ←

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ADDITIONAL TESTING				
115	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
116	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 3
117	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: 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 _____
118	ADDITIONAL TESTS.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
119	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED .....995 OTHER .....996	G/DL .... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED .....995 OTHER .....996	G/DL .... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED .....995 OTHER .....996
120	PLACE BAR CODE LABEL.  CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):  <b>IF LESS THAN 2 YEARS, USE A BAR CODE ON BLUE PAPER</b>  <b>IF 2 YEARS OR MORE, USE A BAR CODE ON WHITE PAPER</b>	<div style="border: 2px 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: 2px 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: 2px 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.
121	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 122.			

HIV TESTING FOR CHILDREN AGE 6-14

122	CHECK COLUMN 11A IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 6-14 YEARS IN QUESTION 123; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
123	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 11A.  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 _____
124	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	6-11 YEARS ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2	6-11 YEAR ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2	6-11 YEAR ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2
125	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2

**EMANCIPATED ADOLESCENT CONSENT FOR DBS COLLECTION**

126	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
127	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND ENTER YOUR INTERVIEWER NUMBER)</u> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND ENTER YOUR INTERVIEWER NUMBER)</u> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND ENTER YOUR INTERVIEWER NUMBER)</u> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←

**EMANCIPATED ADOLESCENT CONSENT FOR ADDITIONAL TESTING**

128	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
129	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND SKIP TO 140)</u>	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND SKIP TO 140)</u>	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← <u>(SIGN AND SKIP TO 140)</u>

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION</b>				
130	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
131	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)
132	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2
<b>MINOR RESPONDENT CONSENT FOR DBS COLLECTION</b>				
133	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
134	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

135	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
136	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)

137	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS ..... 1 (SKIP TO 140) ← 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 140) ← 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 140) ← 7-14 YEARS ..... 2
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**MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING**

138	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
139	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

140	ADDITIONAL TESTS.	IF EMANCIPATED ADOLESCENT RESPONDENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
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141	PLACE BAR CODE LABEL.	<div style="border: 2px 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: 2px 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: 2px 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.
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142	GO BACK TO 123 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN GO TO 201.			
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		CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
123	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 11A.  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 _____
124	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	6-11 YEARS ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2	6-11 YEARS ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2	6-11 YEARS ..... 1 (SKIP TO 130) ← 12-14 YEARS ..... 2
125	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER ..... 2

**EMANCIPATED ADOLESCENT CONSENT FOR DBS COLLECTION**

126	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
127	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142) ←

**EMANCIPATED ADOLESCENT CONSENT FOR ADDITIONAL TESTING**

128	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
129	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION</b>				
130	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
131	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT ..... 3 (SKIP TO 142)
132	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 135) 7-14 YEARS ..... 2
<b>MINOR RESPONDENT CONSENT FOR DBS COLLECTION</b>				
133	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE MINOR WITH ASSENT FORM.		
134	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)

HIV TESTING FOR CHILDREN AGE 6-14

	CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

135	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
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136	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ][ ] (IF REFUSED, SKIP TO 140) NOT PRESENT ..... 3 (SKIP TO 140)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ][ ] (IF REFUSED, SKIP TO 140) NOT PRESENT ..... 3 (SKIP TO 140)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ][ ] (IF REFUSED, SKIP TO 140) NOT PRESENT ..... 3 (SKIP TO 140)
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137	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS ..... 1 (SKIP TO 140) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 140) 7-14 YEARS ..... 2	6 YEARS ..... 1 (SKIP TO 140) 7-14 YEARS ..... 2
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**MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING**

138	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
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139	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)
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140	ADDITIONAL TESTS.	IF EMANCIPATED ADOLESCENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF EMANCIPATED ADOLESCENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF EMANCIPATED ADOLESCENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
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141	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  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.
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142	GO BACK TO 123 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN GO TO 201.			
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE:  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 _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
205	WEIGHT IN KILOGRAMS.	KG. .... <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
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	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
208	CHECK 203: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

210	ASK CONSENT FOR ANEMIA TEST.	PROVIDE ADULT CONSENT FORM.		
211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT ..... 3 (SKIP TO 212) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT ..... 3 (SKIP TO 212) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT ..... 3 (SKIP TO 212) ←
211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

212	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADULT CONSENT FORM.		
213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

214	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT CONSENT FORM.		
215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)

216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)
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		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST</b>				
217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
218	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←

<b>MINOR RESPONDENT CONSENT FOR ANEMIA TEST</b>				
219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT ..... 3 (SKIP TO 221) ←
220A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION</b>				
221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>MINOR RESPONDENT CONSENT FOR DBS COLLECTION</b>				
223	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
224	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT ..... 3 (SKIP TO 229)
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING</b>				
225	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)
<b>MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING</b>				
227	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
228	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
229	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
230	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	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
232	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px;">                     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;">                     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;">                     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.
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			



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

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE:  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 _____
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS ..... 1 18-54 YEARS ..... 2	15-17 YEARS ..... 1 18-54 YEARS ..... 2	15-17 YEARS ..... 1 18-54 YEARS ..... 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
305	WEIGHT IN KILOGRAMS.	KG. .... <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"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
306	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
307	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
308	CHECK 303: AGE	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>ADULT RESPONDENT CONSENT FOR ANEMIA TEST</b>				
310	ASK CONSENT FOR ANEMIA TEST.	PROVIDE ADULT CONSENT FORM.		
311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT ..... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT ..... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT ..... 3
<b>ADULT RESPONDENT CONSENT FOR DBS COLLECTION</b>				
312	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADULT CONSENT FORM.		
313	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)
<b>ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING</b>				
314	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT CONSENT FORM.		
315	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)
316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST</b>				
317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT ..... 3 (SKIP TO 321) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT ..... 3 (SKIP TO 321) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT ..... 3 (SKIP TO 321) ←

<b>MINOR RESPONDENT CONSENT FOR ANEMIA TEST</b>				
319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT ..... 3

<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION</b>				
321	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
322	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329) ←

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**MINOR RESPONDENT CONSENT FOR DBS COLLECTION**

323	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
324	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT ..... 3 (SKIP TO 329)

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

325	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
326	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)

**MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING**

327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
328	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
330	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
331	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
332	PLACE 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.
333	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

