



**ENGLISH**

Appendix C | 157

# A. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HH HEAD	SEX	AGE	RESIDENCE	ELIGIBILITY	ILL PERSONS	EDUCATION	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household?	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household?	ELIGIBILITY (ORPHANS)					
		What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)?	Does (NAME) usually live here?	Did (NAME) stay here last night?	CIRCLE LINE NO. OF ALL WOMEN AGE 15-59	CIRCLE LINE NO. OF ALL CHILD-REN AGE 0-4	IF AGE 18-59 YEARS Has (NAME) been very sick for at least 3 mos. in the past 12 months? By very sick, I mean too sick to work or do normal activities around the house.	IF AGE 5 YRS OR OLDER What is the highest level of school (NAME) has attended?*	Is (NAME) in school?	IF AGE 5-24 YEARS Is (NAME) in school?						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
01			M F 1 2	IN YEARS	YES NO 1 2 1 2	YES NO 1 2 1 2	01	01	01	Y N DK 1 2 8	YES NO 1 2 1 2 8	LEVEL CLASS	YES NO 1 2 1 2 8	Y N DK 1 2 8				01
02			1 2		1 2	1 2	02	02	02	1 2 8	1 2 8		1 2 8	1 2 8				02
03			1 2		1 2	1 2	03	03	03	1 2 8	1 2 8		1 2 8	1 2 8				03
04			1 2		1 2	1 2	04	04	04	1 2 8	1 2 8		1 2 8	1 2 8				04
05			1 2		1 2	1 2	05	05	05	1 2 8	1 2 8		1 2 8	1 2 8				05
06			1 2		1 2	1 2	06	06	06	1 2 8	1 2 8		1 2 8	1 2 8				06
07			1 2		1 2	1 2	07	07	07	1 2 8	1 2 8		1 2 8	1 2 8				07
08			1 2		1 2	1 2	08	08	08	1 2 8	1 2 8		1 2 8	1 2 8				08
09			1 2		1 2	1 2	09	09	09	1 2 8	1 2 8		1 2 8	1 2 8				09
10			1 2		1 2	1 2	10	10	10	1 2 8	1 2 8		1 2 8	1 2 8				10

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HH HEAD	SEX	AGE	RESIDENCE		ELIGIBILITY		ILL PERSONS	EDUCATION				PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				ELIGIBILITY (ORPHANS)
					Does (NAME) usually live here?	Did (NAME) stay here last night?	CIRCLE LINE NO. OF ALL WOMEN AGE 15-59	CIRCLE LINE NO. OF ALL MEN AGE 15-59		IF AGE 18-59 YEARS	IF AGE 5 YRS OR OLDER	IF AGE 5-24 YEARS	Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	CIRCLE LINE NUMBER OF CHILDREN WITH ONE OR BOTH PARENTS DEAD	
(1)				(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
11	Please give me the names or initials 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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)?	Does (NAME) usually live here?	Did (NAME) stay here last night?	CIRCLE LINE NO. OF ALL WOMEN AGE 15-59	CIRCLE LINE NO. OF ALL MEN AGE 15-59	CIRCLE LINE NO. OF ALL CHILD-REN AGE 0-4	Has (NAME) been very sick for at least 3 mos. in the past 12 months? By very sick, I mean too sick to work or do normal activities around the house.	Has (NAME) ever attended school? What is the highest level of school (NAME) has attended?*	What is the highest level of school (NAME) has completed at that level?*	Is (NAME) in school?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name/initials? RECORD '00'	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name/initials? RECORD '00'	CIRCLE LINE NUMBER OF CHILDREN WITH ONE OR BOTH PARENTS DEAD
12			1 2		1 2	1 2	12	12	12	1 2 8	1 2 8		1 2	1 2 8		1 2 8		12
13			1 2		1 2	1 2	13	13	13	1 2 8	1 2 8		1 2	1 2 8		1 2 8		13
14			1 2		1 2	1 2	14	14	14	1 2 8	1 2 8		1 2	1 2 8		1 2 8		14
15			1 2		1 2	1 2	15	15	15	1 2 8	1 2 8		1 2	1 2 8		1 2 8		15
16			1 2		1 2	1 2	16	16	16	1 2 8	1 2 8		1 2	1 2 8		1 2 8		16
17			1 2		1 2	1 2	17	17	17	1 2 8	1 2 8		1 2	1 2 8		1 2 8		17
18			1 2		1 2	1 2	18	18	18	1 2 8	1 2 8		1 2	1 2 8		1 2 8		18

MARK 'X' HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ ENTER EACH IN TABLE NO ☐

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ ENTER EACH IN TABLE NO ☐

\*\*CODES FOR Q. 13

EDUCATION LEVEL:

1 = PRIMARY

2 = 'O' LEVEL

3 = 'A' LEVEL

4 = UNIVERSITY/ TERTIARY

8 = DON'T KNOW

EDUCATION CLASS:

00 = LESS THAN 1 YR

98 = DON'T KNOW

\*\*\*Q.15 THROUGH Q.18

THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.16 AND Q.18, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD.

\*CODES FOR Q. 3

RELATIONSHIP TO HH HEAD:

01 = HEAD

02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = BROTHER OR SISTER

08 = NIECE/NEPHEW BY BLOOD

09 = NIECE/NEPHEW BY MARRIAGE

10 = OTHER RELATIVE

11 = ADOPTED/FOSTER STEPCHILD

12 = NOT RELATED

98 = DON'T KNOW

# A1. HEPATITIS B IMMUNIZATIONS

LINE NUMBER	CHILD'S NAME	IMMUNIZATIONS						DATE OF BIRTH
		Has (NAME) ever received an immunization in the left thigh against hepatitis?	In all, how many doses of the hepatitis vaccine has (NAME) received?	Do you have a health card for his/her vaccinations are recorded?	RECORD NUMBER OF HEPATITIS B DOSES LISTED ON THE CARD.	DAY, MONTH, AND YEAR OF VACCINATIONS		
	RECORD NAME OR INITIALS OF CHILD					FIRST	SECOND	THIRD
RECORD LINE NO. OF CHILDREN AGE 0-4 YEARS FROM COLUMN 10 IN THE HOUSEHOLD SCHEDULE								
(19A)	(19B)	(19C)	(19D)	(19E)	(19F)	(19G)	(19H)	(19I)
		YES NO/DK 1 2 19E		SEEN NOT SEEN 1 2 NEXT		DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /
		1 2 19E		1 2 NEXT		/ /	/ /	/ /

IF MORE THAN 8 CHILDREN UNDER 5 CHILDREN USE CONTINUATION SHEET

B. HOUSEHOLD CHARACTERISTICS																																				
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
20	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO YARD/COMPOUND ... 12 PUBLIC TAP ..... 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING ..... 21 OPEN WELL IN YARD/COMPOUND . 22 OPEN PUBLIC WELL ..... 23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING ..... 31 PROTECTED WELL IN YARD/COMPOUND ..... 32 PROTECTED PUBLIC WELL ..... 33 SURFACE WATER PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RIVER/STREAM ..... 43 POND/LAKE ..... 44 DAM ..... 45 RAINWATER ..... 51 WATER TRUCK ..... 61 BOTTLED WATER ..... 71 GRAVITY FLOW SCHEME ..... 81 OTHER ..... 96 (SPECIFY)																																		
21	What kind of toilet facilities does your household have?	FLUSH TOILET ..... 11 PIT TOILET/LATRINE COVERED TRADITIONAL PIT LATRINE PRIVATE ..... 21 SHARED ..... 22 COVERED VENTILATED IMPROVED PIT LATRINE PRIVATE ..... 23 SHARED ..... 24 UNCOVERED PIT LATRINE ..... 25 NO FACILITY/BUSH/FIELD ..... 31 OTHER ..... 96 (SPECIFY)																																		
22	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A clock?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A mattress?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A black and white television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A colour television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A mobile phone?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A land line?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A cooker?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A clock?	1	2	A mattress?	1	2	A black and white television?	1	2	A colour television?	1	2	A radio?	1	2	A mobile phone?	1	2	A land line?	1	2	A refrigerator?	1	2	A cooker?	1	2	
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A refrigerator?	1	2																																		
A cooker?	1	2																																		
22A	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 23																																	
22B	How many mosquito nets does your household have?  IF 7 OR MORE, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/> <input type="text"/>																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
23	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/RAMMED EARTH . . . 11 DUNG .....12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PAPYRUS/REED/PALM MATS ..... 22 FINISHED FLOOR POLISHED WOOD OR PARQUET ..... 31 CERAMIC TILES ..... 32 CEMENT ..... 33 CARPET ..... 34 BRICKS ..... 35 OTHER _____ 96 (SPECIFY)																			
24	Does any member of your household own:  A bicycle? A motorcycle or motor scooter? A car or a lorry? Any livestock? Any poultry?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>BICYCLE .....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr><tr><td>CAR/LORRY .....</td><td>1</td><td>2</td></tr><tr><td>LIVESTOCK .....</td><td>1</td><td>2</td></tr><tr><td>POULTRY .....</td><td>1</td><td>2</td></tr></table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/LORRY .....	1	2	LIVESTOCK .....	1	2	POULTRY .....	1	2	
	YES	NO																			
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POULTRY .....	1	2																			

# C. SUPPORT FOR VULNERABLE HOUSEHOLDS

## C1. SUPPORT FOR CHRONICALLY ILL PERSONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
25	CHECK COLUMN 11 IN THE HOUSEHOLD SCHEDULE: NUMBER OF SICK PERSONS AGE 18-59  AT LEAST ONE <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>  NONE <input type="checkbox"/>	36																				
26	You told me that in your household, (NUMBER) person/people has(ve) been very sick for at least three of the past 12 months.  I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbours for [that/each of those] person(s).																						
27	CHECK COLUMN 11 IN THE HOUSEHOLD SCHEDULE: FIRST SICK PERSON  LINE NUMBER ..... <input type="checkbox"/> <input type="checkbox"/> NAME OR INITIALS _____																						
28	In the last year, besides any help or support from your relatives, friends or neighbours, has your household received:  a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?  c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MATERIAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PRACTICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEDICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PSYCHOSOCIAL .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
	YES	NO	DK																				
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PRACTICAL .....	1	2	8																				
MEDICAL .....	1	2	8																				
PSYCHOSOCIAL .....	1	2	8																				
29	CHECK Q.25: NUMBER OF SICK PERSONS  MORE THAN ONE SICK PERSON <input type="checkbox"/>	ONE SICK PERSON <input type="checkbox"/>	36																				
30	CHECK COLUMN 11 IN THE HOUSEHOLD SCHEDULE: SECOND SICK PERSON  LINE NUMBER ..... <input type="checkbox"/> <input type="checkbox"/> NAME OR INITIALS _____																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
31	<p>In the last year, besides any help or support from your relatives, friends or neighbours, has your household received:</p> <p>a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?</p> <p>c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MATERIAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PRACTICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEDICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PSYCHOSOCIAL .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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PSYCHOSOCIAL .....	1	2	8																				
32	<p>CHECK Q.25: NUMBER OF SICK PERSONS</p> <p>MORE THAN TWO SICK PERSONS <input type="checkbox"/></p> <p>TWO SICK PERSONS <input type="checkbox"/> → 36</p>																						
33	<p>CHECK COLUMN 11 IN THE HOUSEHOLD SCHEDULE: THIRD SICK PERSON</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <p>NAME OR INITIALS _____</p>																						
34	<p>In the last year, besides any help or support from your relatives, friends or neighbours, has your household received:</p> <p>a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?</p> <p>c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MATERIAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PRACTICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEDICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PSYCHOSOCIAL .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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35	<p>CHECK Q.25: NUMBER OF SICK PERSONS</p> <p>MORE THAN 3 SICK PERSONS <input type="checkbox"/></p> <p>THREE SICK PERSONS <input type="checkbox"/> → 36</p> <p>FOR MORE THAN THREE SICK PERSONS USE ADDITIONAL QUESTIONNAIRES, STARTING WITH Q.27 FOR THE FOURTH SICK PERSON.</p>																						

**C2. SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
36	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has anyone who lived in this household died in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 49 → 49
37	How many household members died in the last 12 months?	NO. OF PERSONS ..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	

38 What was the name or initials of the person who died (most recently/ before him/her)?	38A Was (NAME/ INITIALS) male or female?	38B How old was he/she when he/she died?	38C Was (NAME/INITIALS) very sick for at least 3 of the 12 months before he/she died?	38D ELIGIBLE (AGE 18-59 & 'YES' ON 38C)
_____	M      F 1      2	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	Y      N      DK 1      2      8	Y      N 1      2
_____	1      2	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	1      2      8	1      2
_____	1      2	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	1      2      8	1      2

39	CHECK COLUMN 38D: PERSONS 18-59 WHO HAVE DIED AND WERE SICK  <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             AT LEAST ONE 'YES' <input style="width:20px; height:20px;" type="checkbox"/> </div> <div>             NONE <input style="width:20px; height:20px;" type="checkbox"/> </div> </div>	→ 49
40	CHECK COLUMN 38D: FIRST PERSON WHO DIED  NAME OR INITIALS _____	

41	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?  c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>MATERIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8
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42	CHECK COLUMN 38D: NUMBER OF PERSONS 18-59 WHO HAVE DIED AND WERE SICK  <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             MORE THAN ONE PERSON <input style="width:20px; height:20px;" type="checkbox"/> </div> <div>             ONE PERSON <input style="width:20px; height:20px;" type="checkbox"/> </div> </div>	→ 49
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
43	CHECK COLUMN 38D: SECOND PERSON WHO DIED  NAME OR INITIALS _____																						
44	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?  c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MATERIAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PRACTICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEDICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PSYCHOSOCIAL .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
	YES	NO	DK																				
MATERIAL .....	1	2	8																				
PRACTICAL .....	1	2	8																				
MEDICAL .....	1	2	8																				
PSYCHOSOCIAL .....	1	2	8																				
45	CHECK COLUMN 38D: NUMBER OF PERSONS 18-59 WHO HAVE DIED AND WERE SICK  <div style="display: flex; justify-content: space-around; align-items: center;"> <div> MORE THAN TWO PERSONS <input type="checkbox"/> </div> <div> TWO PERSONS <input type="checkbox"/> </div> </div>		49																				
46	CHECK COLUMN 38D: THIRD PERSON WHO DIED  NAME OR INITIALS _____																						
47	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  a) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  b) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services, for which you did not have to pay?  c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  d) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MATERIAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PRACTICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MEDICAL .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>PSYCHOSOCIAL .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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PRACTICAL .....	1	2	8																				
MEDICAL .....	1	2	8																				
PSYCHOSOCIAL .....	1	2	8																				
48	CHECK COLUMN 38D: NUMBER OF PERSONS 18-59 WHO HAVE DIED AND WERE SICK  <div style="display: flex; justify-content: space-around; align-items: center;"> <div> MORE THAN THREE PERSONS <input type="checkbox"/> </div> <div> THREE PERSONS <input type="checkbox"/> </div> </div> FOR MORE THAN THREE PERSONS, USE ADDITIONAL QUESTIONNAIRES, STARTING WITH Q.40 FOR THE FOURTH PERSON WHO DIED.		49																				

### C3. SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
49	CHECK Q. 38B:  AT LEAST ONE PERSON AGE 18-59 WHO DIED <input type="checkbox"/>	NO PERSON AGE 18-59 WHO DIED <input type="checkbox"/> → 51																													
50	CHECK COLUMN 5 IN THE HOUSEHOLD SCHEDULE:  RECORD TOTAL NUMBER OF PERSONS AGE 0-17 YEARS	NONE ..... 00 → 68  NO. OF PERSONS ..... <input type="text"/> <input type="text"/> → 52A																													
51	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: RECORD NUMBER OF CHILDREN WHOSE MOTHER, FATHER, OR BOTH ARE DEAD.	NONE ..... 00 → 68  NO. OF ORPHANS ..... <input type="text"/> <input type="text"/> → 52B																													
52A/52B	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>52A You told me that in your household, there is/are (NUMBER) child(ren) under 18 years old.</p> <p style="text-align: center;">↓</p> <p>I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for [that child/each of those children].</p> </div> <div style="width: 45%;"> <p>52B You told me that in your household, there is/are (NUMBER) child(ren) whose (mother/father/ mother and father) is/are not alive.</p> <p style="text-align: center;">↓</p> </div> </div>																														
53	CHECK HOUSEHOLD SCHEDULE: FIRST ORPHAN/VULNERABLE CHILD  LINE NUMBER . <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/> NAME OR INITIALS _____																														
54	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr> <td>a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?	1	2	8	b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?	1	2	8	c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?	1	2	8	d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?	1	2	8	e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?	1	2	8	f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?	1	2	8	
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55	CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN  MORE THAN ONE CHILD <input type="checkbox"/> ONE CHILD <input type="checkbox"/> → 68																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
56	CHECK HOUSEHOLD SCHEDULE: SECOND ORPHAN/VULNERABLE CHILD																														
	LINE NUMBER . <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/> NAME OR INITIALS _____																														
57	<p>In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:</p> <p>a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?</p> <p>b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?</p> <p>c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?</p> <p>e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>SCHOOLING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VOCATIONAL/TECH .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MATERIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	SCHOOLING .....	1	2	8	VOCATIONAL/TECH .	1	2	8	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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PSYCHOSOCIAL .....	1	2	8																												
58	<p>CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN</p> <p>MORE THAN TWO CHILDREN <input type="checkbox"/> TWO CHILDREN <input type="checkbox"/> → 68</p>																														
59	CHECK HOUSEHOLD SCHEDULE: THIRD ORPHAN/VULNERABLE CHILD																														
	LINE NUMBER . <input type="text"/> <input type="text"/> AGE . <input type="text"/> <input type="text"/> NAME OR INITIALS _____																														
60	<p>In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:</p> <p>a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?</p> <p>b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?</p> <p>c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?</p> <p>e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>SCHOOLING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VOCATIONAL/TECH .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MATERIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	SCHOOLING .....	1	2	8	VOCATIONAL/TECH .	1	2	8	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
61	CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN																														
	<div style="text-align: center;"> MORE THAN <input type="checkbox"/>  THREE CHILDREN </div> <div style="text-align: center;"> THREE <input type="checkbox"/>  CHILDREN </div>	<div style="text-align: center;"> → 68 </div>																													
62	CHECK HOUSEHOLD SCHEDULE: FOURTH ORPHAN/VULNERABLE CHILD																														
	LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NAME OR INITIALS <input type="text"/>																														
63	<p>In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:</p> <p>a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?</p> <p>b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?</p> <p>c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?</p> <p>e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>SCHOOLING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VOCATIONAL/TECH ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MATERIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	SCHOOLING .....	1	2	8	VOCATIONAL/TECH ..	1	2	8	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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64	CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN																														
	<div style="text-align: center;"> MORE THAN <input type="checkbox"/>  FOUR CHILDREN </div> <div style="text-align: center;"> FOUR <input type="checkbox"/>  CHILDREN </div>	<div style="text-align: center;"> → 68 </div>																													
65	CHECK HOUSEHOLD SCHEDULE: FIFTH ORPHAN/VULNERABLE CHILD																														
	LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NAME OR INITIALS <input type="text"/>																														
66	<p>In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:</p> <p>a) IF AGE 5-17, ASK: Any kind of financial or material support for (NAME'S/INITIALS') schooling, such as an allowance, free admission, or free books?</p> <p>b) IF AGE 13-17, ASK: Any financial or material support for (NAME/INITIALS) for vocational or technical training, such as an allowance or tools?</p> <p>c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?</p> <p>d) Any practical support for (NAME/INITIALS), such as help in household work, training for caregivers, or legal services for which you did not have to pay?</p> <p>e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?</p> <p>f) Any kind of social, spiritual, or emotional support for (NAME/INITIALS), such as companionship or advice from a counselor which you received at home and for which you did not have to pay?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>SCHOOLING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VOCATIONAL/TECH ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MATERIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PRACTICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	SCHOOLING .....	1	2	8	VOCATIONAL/TECH ..	1	2	8	MATERIAL .....	1	2	8	PRACTICAL .....	1	2	8	MEDICAL .....	1	2	8	PSYCHOSOCIAL .....	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
67	<p>CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN</p> <p style="text-align: center;"> MORE THAN <input type="checkbox"/> FIVE CHILDREN  ↓ </p> <p style="text-align: center;"> FIVE <input type="checkbox"/> CHILDREN  ↓ </p> <p>FOR MORE THAN FIVE CHILDREN, USE ADDITIONAL QUESTIONNAIRES, STARTING WITH Q.53 FOR THE SIXTH ORPHAN/VULNERABLE CHILD.</p>		
68	In the last 12 months, has any member of your household received any support for income-generation activities?	YES ..... 1 NO ..... 2	

#### 4. BLOOD TESTING DECISIONS

CHECK COLUMNS (8) THROUGH (10): RECORD THE LINE NUMBER, NAME AND AGE OF ALL ELIGIBLE PERSONS

LINE NO. FROM COL. (8)-(10)	NAME OR INITIALS FROM COL. (2)	CHECK COL. (5) AGE	RECORD WHETHER AGE <18 MTHS OR ≥18 MTHS	LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT	READ CONSENT 2 OR CONSENT 3 (LABORATORY TECHNICIAN MUST SIGN)			SAMPLE COLLECTED?
					0-59 YEARS	15-59 YEARS	0-59 YEARS	
					BLOOD DRAW AND TESTING DECISION	SYNPHILIS DECISION	STORAGE DECISION	
(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)
<div><div></div><div></div></div>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<div><div></div><div></div></div>	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3 SIGN _____	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	TEST TUBE .....1 FILTER PAPER .....2 NO SAMPLE .....3
<div><div></div><div></div></div>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<div><div></div><div></div></div>	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3 SIGN _____	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	TEST TUBE .....1 FILTER PAPER .....2 NO SAMPLE .....3
<div><div></div><div></div></div>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<div><div></div><div></div></div>	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3 SIGN _____	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	TEST TUBE .....1 FILTER PAPER .....2 NO SAMPLE .....3
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<div><div></div><div></div></div>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<div><div></div><div></div></div>	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3 SIGN _____	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	AGREE .....1 REFUSE .....2 ABSENT/OTHER .....3	TEST TUBE .....1 FILTER PAPER .....2 NO SAMPLE .....3
MARK HERE IF CONTINUATION PAGE USED <div><div></div><div></div></div>								

4. BLOOD TESTING DECISIONS (Continued)

CHECK COLUMNS (8) THROUGH (10): RECORD THE LINE NUMBER, NAME AND AGE OF ALL ELIGIBLE PERSONS

LINE NO. FROM COL. (8)-(10)	NAME OR INITIALS FROM COL. (2)	CHECK COL. (5)  AGE	RECORD WHETHER AGE <18 MTHS OR ≥18 MTHS	LINE NO. OF PARENT OR OTHER RESPONSIBLE ADULT	READ CONSENT 2 OR CONSENT 3 (LABORATORY TECHNICIAN MUST SIGN)			SAMPLE COLLECTED?
					0-59 YEARS	15-59 YEARS	0-59 YEARS	
					BLOOD DRAW AND TESTING DECISION	SYPHILIS DECISION	STORAGE DECISION	
(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)
<div>00-17.....1 18-59.....2 GO TO 74 ↓</div>			<18 MOS.....1 ≥18 MOS.....2	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	TEST TUBE.....1 FILTER PAPER...2 NO SAMPLE.....3
<div>00-17.....1 18-59.....2 GO TO 74 ↓</div>			<18 MOS.....1 ≥18 MOS.....2	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3 SIGN _____</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	<div>AGREE.....1 REFUSE.....2 ABSENT/OTHER.....3</div>	TEST TUBE.....1 FILTER PAPER...2 NO SAMPLE.....3
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MARK HERE IF CONTINUATION SHEET USED ☐

**UGANDA HIV/AIDS SERO-BEHAVIORAL SURVEY  
INDIVIDUAL QUESTIONNAIRE**

**ENGLISH**

IDENTIFICATION																												
DISTRICT _____ SUB-COUNTY/DIVISION _____ PARISH _____ LC1 _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... REGION ..... DISTRICT ..... URBAN/RURAL (URBAN=1, RURAL=2) ..... KAMPALA/SMALL CITY/TOWN/RURAL ..... (KAMPALA=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME (OR INITIALS) AND LINE NUMBER OF RESPONDENT _____ SEX OF RESPONDENT (MALE=1, FEMALE=2) .....	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																											
INTERVIEWER VISITS																												
	1	2	3	FINAL VISIT																								
DATE   INTERVIEWER'S NAME  RESULT*	_____   _____  _____	_____   _____  _____	_____   _____  _____	DAY  MONTH  YEAR INTERVIEWER NUMBER  RESULT																								
NEXT VISIT: DATE  TIME	_____  _____	_____  _____	_____  _____	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 30px; float: right; margin-top: -20px;"></div>																								
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)																												
LANGUAGE OF QUESTIONNAIRE <b>ENGLISH</b>  NATIVE LANGUAGE OF RESPONDENT _____  TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)  LANGUAGE: 01 ATESO-KARAMOJONG      05 RUNYANKOLE-RUKIGA 02 LUGANDA      06 RUNYORO-RUTORO 03 LUGBARA      07 ENGLISH 04 LUO      08 OTHER				Q LANGUAGE <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">07</div>  N LANGUAGE <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">  </div>  TRANSLATOR USED? <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">  </div>																								
TEAM SUPERVISOR NAME _____ DATE _____			DATA EDITOR <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">  </div>	DATA ENTRY CLERK <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">  </div>																								

# SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT [IF RESPONDENT IS 15-17 YEARS OLD, READ IN PRESENCE OF A PARENT OR GUARDIAN.]

Good morning/afternoon. My name is .... And I am from the Ministry of Health. The Ministry of Health is conducting a national HIV/AIDS sero-behavioral survey and we are asking people from all over the country if they can participate. This survey will help develop better health services for the people of Uganda. You have been selected at random from your community.

Participation in this survey is voluntary. If you agree to participate, I will ask you some questions about yourself (for example, your age and your education). Other questions will be about your thoughts and behavior related to your health. Some questions will be about your personal sexual behavior. This interview will take about 30 minutes. All of your answers will be kept strictly confidential.

Some questions may make you feel uncomfortable. You are free to refuse to answer any questions. Also, you can stop the interview at any time.

There are no direct benefits to you for choosing to participate in this interview. However, you will be helping MOH develop better programs to help Ugandans in the future.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to tell us. You can speak to the head of the survey team or I can give you contact numbers for one of the leaders of the project or the Vice Chairman of the Ethics Committee.

[INTERVIEWER: IF CONTACT NUMBERS ARE REQUESTED, PROVIDE THE FOLLOWING NUMBERS:

Ministry of Health: Dr. Joshua Musinguzi at 041-257409 or Dr. Wilford Kirungi at 041-257409

Ethics Committee (UVRI): Dr. Pontiano Kaleebu at 041-320272]

[INTERVIEWER: RECORD DECISION ON HOUSEHOLD QUESTIONNAIRE FOR EACH ELIGIBLE PERSON AGE 15-59.]

May I begin the interview now?

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.  IF TIME IS 1:00 PM OR LATER, ADD 12 TO HOUR.	HOUR ..... MINUTES .....	
102	In what month and year were you born?	MONTH ..... DON'T KNOW MONTH ..... 98 YEAR ..... DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
105	What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 UNIVERSITY/TERTIARY ..... 4	
106	What is the highest (class/year) you completed at that level?	CLASS/YEAR	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4 CANNOT READ ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
110	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MALE <input type="checkbox"/></p> <p>Are you currently working?</p> </div> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?</p> </div> </div>	YES ..... 1 NO ..... 2	→ 112
111	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 113
112	What is your occupation, that is, what kind of work do you mainly do?  INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	→ 114
113	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 01 LOOKING FOR WORK ..... 02 RETIRED ..... 03 TOO ILL TO WORK ..... 04 HANDICAPPED, CANNOT WORK ..... 05 HOUSEWORK/CHILD CARE ..... 06 OTHER ..... 96 (SPECIFY)	
114	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> ALWAYS ..... 95 VISITOR ..... 96	
115	What is your religion?	CATHOLIC ..... 01 ANGLICAN/PROTESTANT ..... 02 SDA ..... 03 ORTHODOX ..... 04 PENTECOSTAL ..... 05 OTHER CHRISTIAN ..... 06 MOSLEM ..... 07 BAHAI ..... 08 OTHER NON-CHRISTIAN ..... 09 TRADITIONAL ..... 10 NONE ..... 11	
116	What is your ethnic group? _____	ETHNIC GROUP ..... <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	Have you ever had a blood transfusion?	YES ..... 1 NO ..... 2	→ 119
118	When was the <u>last</u> time you had a blood transfusion?	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	
119	In the last 12 months, have you received any injections that were given to you by a doctor, a nurse, a pharmacist, or another health professional?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 121
120	In the last 12 months, how many injections have you received from a doctor, a nurse, or another health professional?	NUMBER OF INJECTIONS	
121	Have you ever had an immunization against yellow fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 123
122	When was the <u>last</u> time you had an immunization against yellow fever?	MONTHS AGO ..... 1 YEARS AGO ..... 2	
123	In your work or at home, do you have any contact with the blood of other persons?	AT WORK ONLY ..... 1 AT HOME ONLY ..... 2 AT WORK AND AT HOME ..... 3 NO, NEITHER ..... 4	
124	In the last three months, how many times did you seek health care outside of your home?	NONE ..... 00 NUMBER .....	→ 201
125	The <u>last</u> time you went for health care, where did you go?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 MOBILE CLINIC ..... 14 FIELDWORKER ..... 15  OTHER PUBLIC ..... 16 (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/PRIVATE CLINIC/DOCTOR ..... 21 PHARMACY/DRUG SHOP ..... 22 MOBILE CLINIC ..... 23 FIELDWORKER ..... 24 OTHER PRIVATE MEDICAL ..... 25 (SPECIFY)  OTHER SOURCE SHOP ..... 31 TRADITIONAL HEALER ..... 32  OTHER ..... 96 (SPECIFY)	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	<p>MALE <input type="checkbox"/></p> <p>Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all of the births you have had during your lifetime. Have you ever given birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206
202	<p>Do you have any children whom you have fathered who are now living with you?</p>	<p>Do you have any children to whom you have given birth who are now living with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 204
203	<p>How many children whom you have fathered are living with you?</p>	<p>How many children to whom you have given birth are living with you?</p>	<p>CHILDREN AT HOME ..... <input type="text"/> <input type="text"/></p>	
204	<p>Do you have any children whom you have fathered who are alive but do not live with you?</p>	<p>Do you have any children to whom you have given birth who are alive but do not live with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206
205	<p>How many children live elsewhere?</p>		<p>CHILDREN LIVING ELSEWHERE ..... <input type="text"/> <input type="text"/></p>	
206	<p>MALE <input type="checkbox"/></p> <p>Have you ever fathered a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 208
207	<p>How many children have died?</p>		<p>CHILDREN DEAD ..... <input type="text"/> <input type="text"/></p>	
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>		<p>TOTAL ..... <input type="text"/> <input type="text"/></p>	
209	<p>MALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have fathered _____ children in your lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> →</p>	<p>FEMALE <input type="checkbox"/></p> <p>Just to make sure that I have this right: you have had _____ births in your lifetime. Is that correct?</p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p>		
210	<p>MALE <input type="checkbox"/> →</p> <p>FEMALE <input type="checkbox"/></p>			301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		216
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 214 DON'T KNOW YEAR ..... 9998	
213	About how many years ago was your last birth?	YEARS AGO <input type="text"/> <input type="text"/>	
214	Was this birth registered?	YES ..... 1 NO ..... 2 UNSURE ..... 8 → 216	
215	Where was the birth registered?	LOCAL COUNCIL (LC I, II, III) ..... 1 DISTRICT ..... 2 PARISH/SUB-COUNTY ..... 3 HOSPITAL ..... 4 HEALTH CENTER ..... 5 REGISTRAR OF BIRTHS ..... 6 OTHER ..... 7	
216	CHECK 103: AGE 15-49 <input type="checkbox"/> AGE 50-59 <input type="checkbox"/>		301
217	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8 → 219	
218	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want to have any (more) children at all?	THEN ..... 1 → 301 LATER ..... 2 → 301 NOT AT ALL ..... 3 → 301	
219	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2 → 301	
220	Which method are you using?  RECORD ALL MENTIONED.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD/COIL ..... D INJECTIONS ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMENORRHEA METHOD (LAM) ..... K PERIODIC ABSTINENCE/RHYTHM ..... L WITHDRAWAL ..... M OTHER ..... X (SPECIFY)	

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
301	<p>MALE <input type="checkbox"/></p> <p>Have you ever been married or lived together with a woman as if married?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever been married or lived together with a man as if married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 312
302	<p>Are you currently married or living together with a woman as if married?</p>	<p>Are you currently married or living together with a man as if married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 306
303	<p>At this time, do you have more than one wife or woman with whom you are living as if married?</p>	<p>Besides yourself, does your husband/partner have other wives or does he live with any other women as if married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 305
304	<p>Altogether, how many wives or live-in partners do you have now?</p>	<p>Including yourself, how many wives or live-in partners does your husband/partner have now?</p>	<p>NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/></p>	
305	<p>WRITE NAME(S) OR INITIALS, AND THEN RECORD THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE(S) AND LIVE-IN PARTNER(S). IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>FEMALE <input type="checkbox"/> → Please tell me the name or initials of your husband (the man you are now living together with as if married).</p> <p><b>AFTER RECORDING, GO TO 306.</b></p> <p>MALE <input type="checkbox"/> → CHECK 303 AND 304:  <u>IF ONE WIFE/PARTNER:</u> Please tell me the name or initials of your wife (the woman you are now living with as if married).</p> <p><b>AFTER RECORDING, GO TO 306.</b></p> <p><u>IF MORE THAN ONE WIFE/PARTNER:</u>  Please tell me the name or initials of each of your current wives (and/or of each woman you are now living with as if married).</p> <p><b>AFTER RECORDING, SKIP TO 307B.</b></p>		<p>LINE NO</p> <p>NAME/INITIALS ..... <input type="text"/> <input type="text"/></p> <p>NAME/INITIALS ..... <input type="text"/> <input type="text"/></p> <p>NAME/INITIALS ..... <input type="text"/> <input type="text"/></p> <p>NAME/INITIALS ..... <input type="text"/> <input type="text"/></p> <p>NAME/INITIALS ..... <input type="text"/> <input type="text"/></p>	
306	<p>MALE <input type="checkbox"/></p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you been married or lived with a man only once or more than once?</p>	<p>ONLY ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>	→ 307B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
307A	<div> <div>MALE <input type="checkbox"/></div> <div>In what month and year did you start living with your wife/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)</div> </div>	<div> <div>FEMALE <input type="checkbox"/></div> <div>In what month and year did you start living with your husband/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)</div> </div>	<div>MONTH ..... <input type="text"/></div> <div>DON'T KNOW MONTH ..... 98</div> <div>YEAR ..... <input type="text"/></div> <div>DON'T KNOW YEAR ..... 9998</div>	
307B	<div>Now I would like to ask about when you married or began living with a woman as if married for the very first time.</div> <div>In what month and year did you <u>first</u> marry or start living with a woman as if married?</div>	<div>Now I would like to ask about when you married or began living with a man as if married for the very first time.</div> <div>In what month and year did you <u>first</u> marry or start living with a man as if married?</div>		→ 309
308	How old were you when you started living with her?	How old were you when you started living with him?	AGE ..... <input type="text"/>	
309	CHECK 302: CURRENTLY MARRIED OR LIVING TOGETHER?			
	<div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div>			→ 311
310	CHECK 306:			
	<div>ONLY ONCE <input type="checkbox"/></div> <div>MORE THAN ONCE <input type="checkbox"/></div>			→ 312
311	Do you have a previous wife/husband who died?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
312	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.	NEVER ..... 00		→ 343
	How old were you when you <u>first</u> had sexual intercourse (if ever)?	AGE IN YEARS ..... <input type="text"/>		
		FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER ..... 95		
313	CHECK 103:			
	<div>AGE 15-24 <input type="checkbox"/></div> <div>AGE 25-59 <input type="checkbox"/></div>			→ 316
314	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8		
315	The first time you had sexual intercourse, were you forced to have sex, did you both agree to it, or did you force your partner to have sex?	FORCED TO HAVE SEX ..... 1 BOTH AGREED TO IT ..... 2 FORCED PARTNER TO HAVE SEX ... 3		
316	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO ..... 1		
	RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	WEEKS AGO ..... 2		
		MONTHS AGO ..... 3		
		YEARS AGO ..... 4		→ 342

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 319
318	Why wasn't a condom used the last time you had sexual intercourse?  PROBE: Any other reasons?  RECORD ALL MENTIONED.	NO KNOWLEDGE OF CONDOMS ... A NO KNOWLEDGE OF SOURCE ..... B SOURCE NOT ACCESSIBLE ..... C DID NOT HAVE A CONDOM THEN ... D COST TOO MUCH ..... E TOO MESSY/INCONVENIENT ..... F CONDOMS NOT EFFECTIVE ..... G DOESN'T LIKE CONDOMS ..... H RESPONDENT WANTED TO GET PREGNANT/WANTED PARTNER TO GET PREGNANT ..... I TRUST SPOUSE/PARTNER, SPOUSE /PARTNER DOESN'T HAVE DISEASE . J RESPONDENT DOESN'T HAVE A DISEASE ..... K PARTNER INSISTED ON NOT USING . L RELIGIOUS PROHIBITION ..... M OTHER ..... X (SPECIFY)	
319	What was your relationship to the person with whom you last had sex?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married at that time?	HUSBAND/WIFE ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ..... 05 OTHER ..... 96 (SPECIFY)	→ 323
320	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25-59 <input type="checkbox"/>		→ 323
321	How old is this woman/man?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 323
322	Do you think that she/he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER ... 1 NO, LESS THAN 10 YEARS OLDER ... 2 OLDER, DON'T KNOW DIFFERENCE ... 3 SAME AGE ..... 4 YOUNGER ..... 5 DON'T KNOW ..... 8	
323	The last time you had sexual intercourse, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	
324	Have you had sex with any other person in the last 12 months?	YES ..... 1 NO ..... 2	→ 342
325	The last time you had sexual intercourse with another person, was a condom used?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	What was your relationship to this person at that time?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?	HUSBAND/WIFE ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ... 05 OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 330
327	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25-59 <input type="checkbox"/>		→ 330
328	How old is this woman/man?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 330
329	Do you think that she/he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER ... 1 NO, LESS THAN 10 YEARS OLDER ... 2 OLDER, DON'T KNOW DIFFERENCE . 3 SAME AGE ..... 4 YOUNGER ..... 5 DON'T KNOW ..... 8	
330	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	
331	Other than these two people, have you had sex with anyone else in the last 12 months?	YES ..... 1 NO ..... 2	→ 342
332	The last time you had sexual intercourse with this third person, was a condom used?	YES ..... 1 NO ..... 2	
333	What was your relationship to this person at that time?  IF BOYFRIEND/GIRLFRIEND: Were you living together as if married at that time?	HUSBAND/WIFE ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANCE ..... 04 COMMERCIAL SEX WORKER ... 05 OTHER ..... 96 (SPECIFY)	<input type="checkbox"/> → 337
334	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25-59 <input type="checkbox"/>		→ 337
335	How old is this woman/man?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 337
336	Do you think that she/he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER ... 1 NO, LESS THAN 10 YEARS OLDER ... 2 OLDER, DON'T KNOW DIFFERENCE . 3 SAME AGE ..... 4 YOUNGER ..... 5 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY ..... 1 PARTNER ONLY ..... 2 RESPONDENT AND PARTNER ..... 3 NEITHER ..... 4	
338	In total, how many different people have you had sex with in the last 12 months?	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>	
339	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MALE <input type="checkbox"/></p> <p>In the last 12 months, did you pay anyone to have sex?</p> </div> <div style="width: 45%;"> <p>FEMALE <input type="checkbox"/></p> <p>In the last 12 months, did any man pay you to have sex?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 342
340	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>The last time you paid someone to have sex, was a condom used?</p> </div> <div style="width: 45%;"> <p>The last time you were paid to have sex, was a condom used?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 342
341	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Do you use a condom all the time or only sometimes when you pay to have sex?</p> </div> <div style="width: 45%;"> <p>Is a condom used all the time or only sometimes when you are paid to have sex?</p> </div> </div>	<p>ALL THE TIME ..... 1</p> <p>ONLY SOMETIMES ..... 2</p>	
342	<p>In total, how many different people have you had sex with in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
343	Do you know of a place where a person can get condoms?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 345
344	<p>Where is that?</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>GOVT. COMMUNITY BASED DISTRIBUTOR ..... E</p> <p>OTHER PUBLIC ..... F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/PRIVATE CLINIC/DOCTOR ..... G</p> <p>PHARMACY/DRUG STORE ..... H</p> <p>MOBILE CLINIC ..... I</p> <p>FIELDWORKER ..... J</p> <p>OTHER PRIVATE MEDICAL ..... K</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... L</p> <p>TRADITIONAL HEALER ..... M</p> <p>RELIGIOUS INSTITUTION ..... N</p> <p>STREET VENDOR ..... O</p> <p>BAR ..... P</p> <p>FRIENDS/RELATIVES ..... Q</p> <p>LODGE ..... R</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p>	


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
345	ANY 'YES' IN 314, 317, <input type="checkbox"/> 325, 332, 340 OR NEVER IN Q312 OTHER <input type="checkbox"/> ↓		→ 400
346	Have you ever used a condom?	YES ..... 1 NO ..... 2	

SECTION 4. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
400	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>		→ 501
401	<p>CHECK 301 AND 302:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		→ 403 → 501
402	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
403	Did your (last) husband/partner ever attend school?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 406
404	What was the highest level of school he attended: primary, 'O' level, 'A' level, or university or tertiary?	<p>PRIMARY ..... 1</p> <p>'O' LEVEL ..... 2</p> <p>'A' LEVEL ..... 3</p> <p>UNIVERSITY/TERTIARY ..... 4</p> <p>DON'T KNOW ..... 8</p>	→ 406
405	What was the highest (class/year) he completed at that level?	<p>CLASS/YEAR ..... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
406	<p>CHECK 401:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p> <p>INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK HUSBAND/PARTNER DOES.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/></p>	

SECTION 5. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 601
502	What are the main channels of communication from which you receive HIV/AIDS information and education?  PROBE: Any other channels?  RECORD ALL MENTIONED.	RADIO ..... 01 TELEVISION ..... 02 FILM ..... 03 DRAMA ..... 04 NEWSPAPERS/MAGAZINES ..... 05 BROCHURES ..... 06 POSTERS ..... 07 BILLBOARDS ..... 08 COMMUNITY NOTICES ..... 09 FAMILY ..... 10 FRIENDS ..... 11 PEERS ..... 12 HEALTH WORKERS ..... 13 TEACHERS ..... 14 POLITICAL LEADERS ..... 15 TRADITIONAL LEADERS ..... 16 RELIGIOUS LEADERS ..... 17 INTERNET ..... 18 OTHER ..... 96 (SPECIFY)	
503	CHECK 502: MORE THAN ONE <input type="checkbox"/> ONLY ONE <input type="checkbox"/> RESPONSE CIRCLED RESPONSE CIRCLED		→ 505
504	From which source have you learned <u>most</u> about HIV or AIDS?	RADIO ..... 01 TELEVISION ..... 02 FILM ..... 03 DRAMA ..... 04 NEWSPAPERS/MAGAZINES ..... 05 BROCHURES ..... 06 POSTERS ..... 07 BILLBOARDS ..... 08 COMMUNITY NOTICES ..... 09 FAMILY ..... 10 FRIENDS ..... 11 PEERS ..... 12 HEALTH WORKERS ..... 13 TEACHERS ..... 14 POLITICAL LEADERS ..... 15 TRADITIONAL LEADERS ..... 16 RELIGIOUS LEADERS ..... 17 INTERNET ..... 18 OTHER ..... 19 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	What is the most important message you have learned from this source?	ABSTAIN FROM SEX ..... 01 USE CONDOMS ..... 02 LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... 03 LIMIT NUMBER OF SEXUAL PARTNERS ..... 04 FOLLOW THE ABC'S ..... 05 AVOID SEX WITH PROSTITUTES ... 06 AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... 07 AVOID SEX WITH HOMOSEXUALS ... 08 AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . 09 AVOID BLOOD TRANSFUSIONS ..... 10 AVOID INJECTIONS ..... 11 ANTI-RETROVIRAL DRUGS AVAILABLE 12 PREVENT MOTHER TO CHILD TRANSMISSION ..... 13 AVOID DISCRIMINATION AGAINST PERSONS LIVING WITH AIDS ..... 14 ANYONE CAN GET AIDS ..... 15 GET TESTED FOR HIV ..... 16 AIDS IS A KILLER ..... 17 DON'T TAKE CHANGES ..... 18 OTHER ..... 96 (SPECIFY)	
506	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
507	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
508	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
509	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
510	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
511	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
512	Is there anything (else) a person can do to avoid or reduce the chances of getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	 514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513	<p>What can a person do?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	<p>ABSTAIN FROM SEX ..... A</p> <p>USE CONDOMS ..... B</p> <p>LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C</p> <p>LIMIT NUMBER OF SEXUAL PARTNERS ..... D</p> <p>AVOID SEX WITH PROSTITUTES .... E</p> <p>AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F</p> <p>AVOID SEX WITH HOMOSEXUALS ... G</p> <p>AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H</p> <p>AVOID BLOOD TRANSFUSIONS ..... I</p> <p>AVOID INJECTIONS..... J</p> <p>AVOID SHARING RAZORS/BLADES . K</p> <p>AVOID KISSING ..... L</p> <p>AVOID MOSQUITO BITES ..... M</p> <p>SEEK PROTECTION FROM TRADITIONAL HEALER ..... N</p> <p>AVOID MOSQUITO BITES ..... M</p> <p>ASK SPOUSE/PARTNER TO GET TESTED ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
514	Have you heard of any drugs that <u>can cure</u> a person who has the virus that causes AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
515	Have you heard of any drugs that <u>can prolong the life</u> of a person who has the virus that causes AIDS?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 519
516	<p>What drugs do you know about?</p> <p>PROBE: Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTI-RETROVIRAL DRUGS (ARVs)... A</p> <p>HERBAL DRUGS ..... B</p> <p>OTHER DRUGS ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
517	<p>CHECK 516:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p>		→ 519
518	For how long should a person with the AIDS virus take ARVs?	<p>LESS THAN ONE YEAR ..... 1</p> <p>ONE YEAR OR MORE ..... 2</p> <p>REST OF LIFE ..... 3</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	
519	If a <u>man</u> has the virus that causes AIDS, does his sexual partner always have the AIDS virus, almost always, or only sometimes?	<p>ALWAYS ..... 1</p> <p>ALMOST ALWAYS ..... 2</p> <p>ONLY SOMETIMES ..... 3</p> <p>DON'T KNOW ..... 8</p>	
520	If a <u>woman</u> has the virus that causes AIDS, does her sexual partner always have the AIDS virus, almost always, or only sometimes?	<p>ALWAYS ..... 1</p> <p>ALMOST ALWAYS ..... 2</p> <p>ONLY SOMETIMES ..... 3</p> <p>DON'T KNOW ..... 8</p>	
521	Is it possible for a healthy-looking person to have the AIDS virus?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
522	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 525																
523	Can the virus that causes AIDS be transmitted from a mother to a child:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREGNANCY .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREGNANCY .	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREGNANCY .	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
524	Are there any special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
525	If you knew that a market vendor had the AIDS virus, would you buy sugar or fresh vegetables or other food from that person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
526	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
527	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
528	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	CAN CONTINUE ..... 1 SHOULD NOT CONTINUE ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
529	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8																	
530	What are the chances that you yourself might get the virus that causes AIDS -- would you say it is very likely, somewhat likely, not likely, or there is no chance at all?	VERY LIKELY ..... 1 SOMEWHAT LIKELY ..... 2 NOT LIKELY ..... 3 NO CHANCE AT ALL ..... 4 ALREADY HAVE HIV OR AIDS ..... 5 DK/NOT SURE/DEPENDS ..... 8																	
531	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		→ 541																
532	CHECK 212 AND 213: NO BIRTHS (212 BLANK) <input type="checkbox"/> LAST BIRTH SINCE JANUARY 2002/ WITHIN PAST 2 YEARS <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2002/ THREE YEARS OR MORE AGO <input type="checkbox"/>		→ 541																
533	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES ..... 1 NO ..... 2	→ 541																



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
545	CHECK 302: CURRENTLY MARRIED OR LIVING TOGETHER? YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/> ↓		→ 547
546	CHECK 312: EVER HAD SEX? NEVER HAD SEX (CODE '00') <input type="checkbox"/> OTHER <input type="checkbox"/> ANSWER ↓		→ 548
547	Did you tell (any of) your spouse(s)/partner(s) your HIV status?	YES ..... 1 NO ..... 2	
548	In your lifetime, how many times have you been tested to see if you have the AIDS virus?	TIMES ..... <input type="text"/> <input type="text"/>	→ 550
549	Why have you never had a test for the AIDS virus?  PROBE: Any other reason?  RECORD ALL MENTIONED.	NO KNOWLEDGE ABOUT HIV TEST . A DON'T KNOW WHERE TO GET ONE . B TEST COSTS TOO MUCH ..... C DON'T NEED TEST/LOW RISK ..... D DON'T WANT TO KNOW IF I HAVE THE VIRUS ..... E CAN'T GET TREATMENT IF HAVE HIV. F OTHER ..... X (SPECIFY)	
550	CHECK 302: CURRENTLY MARRIED OR LIVING TOGETHER? YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/> ↓		→ 552
551	CHECK 312: EVER HAD SEX? NEVER HAD SEX (CODE '00') <input type="checkbox"/> OTHER <input type="checkbox"/> ANSWER ↓		→ 601
552	CHECK 538 AND 547:  'YES IN EITHER OR BOTH <input type="checkbox"/>  OTHER <input type="checkbox"/> ↓		→ 554
553	Have you ever discussed AIDS or the virus that causes AIDS with your spouse(s)/(any of) your partner(s)?	YES (WITH ALL) ..... 1 DISCUSSED WITH SOME ..... 2 NO, NEVER DISCUSSED ..... 3	
554	Do you know whether or not your spouse(s)/(any of) your partner(s) has the virus that causes AIDS?	YES, KNOW STATUS (FOR ALL) ..... 1 YES, KNOW STATUS FOR SOME .... 2 NO, DON'T KNOW STATUS (FOR ANY) 3	

SECTION 6. OTHER REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<div style="display: flex; justify-content: space-between;"> <div>MALE <input type="checkbox"/></div> <div>FEMALE <input type="checkbox"/></div> </div>		→ 603
602	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2	
603	Have you ever undergone any (other) traditional practices that involve tattooing or cutting of the skin?	YES ..... 1 NO ..... 2	
604	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
605	CHECK 312: <div style="display: flex; justify-content: space-between;"> <div>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></div> <div>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></div> </div>		→ 613
606	CHECK 604: <div style="display: flex; justify-content: space-between;"> <div>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></div> <div>HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></div> </div>		→ 608
607	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
608	<div style="display: flex;"> <div style="flex: 1; border-right: 1px dashed black; padding-right: 10px;">           MALE <input type="checkbox"/>             Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?         </div> <div style="flex: 1; padding-left: 10px;">           FEMALE <input type="checkbox"/>             Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?         </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
609	<div style="display: flex;"> <div style="flex: 1; border-right: 1px dashed black; padding-right: 10px;">           Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?         </div> <div style="flex: 1; padding-left: 10px;">           Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?         </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
610	CHECK 607, 608, 609: <div style="display: flex; justify-content: space-between;"> <div>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></div> <div>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></div> </div>		→ 613
611	The last time you had (PROBLEM FROM 607/608/609), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
612	<p>Where did you go?</p> <p>PROBE: Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVT. HEALTH CENTER . . . . . B</p> <p>FAMILY PLANNING CLINIC . . . . C</p> <p>MOBILE CLINIC . . . . . D</p> <p>FIELDWORKER . . . . . E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/PRIVATE CLINIC/DOCTOR . . . . . G</p> <p>PHARMACY/DRUG STORE . . . . H</p> <p>MOBILE CLINIC . . . . . I</p> <p>FIELDWORKER . . . . . J</p> <p>OTHER PRIVATE MEDICAL _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . L</p> <p>TRADITIONAL HEALER . . . . . M</p> <p>OTHER _____ X (SPECIFY)</p>									
613	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW/DEPENDS . . . . . 8</p>									
614	<p>When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW/DEPENDS . . . . . 8</p>									
615	<p>RECORD THE TIME.</p> <p>IF TIME IS 1:00 PM OR LATER, ADD 12 TO HOUR.</p>	<p>HOUR . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><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 RESPONDENT:

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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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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_