



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

**ENGLISH**

IDENTIFICATION																															
DISTRICT _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>																														
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)																															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE CHILDREN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

TEAM SUPERVISOR	DATA EDITOR	DATA ENTRY CLERK
NAME _____	_____	_____
DATE _____	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

**A. HOUSEHOLD SCHEDULE**

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

LINE NO.	USUAL RESIDENTS AND VISITORS 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.	RELATIONSHIP TO HH HEAD What is the relationship of (NAME) to the head of the household?*	SEX Is (NAME) male or female?	AGE How old is (NAME)?	RESIDENCE		ELIGIBILITY		ILL PERSONS 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.	EDUCATION				PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				ELIGIBILITY (ORPHANS) CIRCLE LINE NUMBER OF CHILDREN WITH ONE OR BOTH PARENTS DEAD ("NO" IN Q. 15 AND/ OR Q. 17)
					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 5 YRS OR OLDER What is the highest level of school (NAME) has attended?*	IF AGE 18-59 YEARS Is (NAME) in school?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name/initials? RECORD MOTHER'S LINE NUMBER, IF NOT IN THE HOUSEHOLD, RECORD '00'	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name/initials? RECORD FATHER'S LINE NUMBER, IF NOT IN THE HOUSEHOLD, RECORD '00'	Is (NAME)'s mother alive?	Is (NAME)'s natural father alive?	Y N DK	Y N DK	
(1)		(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 8	01	01	01	Y N DK 1 2 8	YES NO 1 2 Q. 15	LEVEL CLASS [ ] [ ]	YES NO 1 2	Y N DK 1 2 8	[ ] [ ]	Y N DK 1 2 8	[ ] [ ]	01
02			1 2	[ ] [ ]	1 2 1 2	1 2 8	02	02	02	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	02
03			1 2	[ ] [ ]	1 2 1 2	1 2 8	03	03	03	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	03
04			1 2	[ ] [ ]	1 2 1 2	1 2 8	04	04	04	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	04
05			1 2	[ ] [ ]	1 2 1 2	1 2 8	05	05	05	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	05
06			1 2	[ ] [ ]	1 2 1 2	1 2 8	06	06	06	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	06
07			1 2	[ ] [ ]	1 2 1 2	1 2 8	07	07	07	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	07
08			1 2	[ ] [ ]	1 2 1 2	1 2 8	08	08	08	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	08
09			1 2	[ ] [ ]	1 2 1 2	1 2 8	09	09	09	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	1 2 8	[ ] [ ]	1 2 8	[ ] [ ]	09
10			1 2	[ ] [ ]	1 2 1 2	1 2 8	10	10	10	1 2 8	1 2 Q. 15	[ ] [ ]	1 2	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	IF ALIVE	IF ALIVE	IF ALIVE	IF ALIVE			
(1)	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.																		
11			M F 1 2	IN YEARS	YES NO	YES NO	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
12			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
16			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
17			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
18			1 2		1 2	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

MARK 'X' HERE IF CONTINUATION SHEET USED

Just to make sure that I have a persons 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 COMPLETED 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.

06 = PARENT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = NIECE/NEPHEW BY BLOOD  
10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER STEPCHILD  
13 = NOT RELATED  
00 = 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? IF DON'T KNOW RECORD '8'	Do you have a health card for (NAME) on which his/her vaccinations are recorded? ASK TO SEE THE CARD. RECORD '1' IF CARD AND GO TO SEEN, '2' IF NOT SEEN.	RECORD NUMBER OF HEPATITIS B DOSES LISTED ON THE CARD. RECORD '0' IF NO DOSES ARE LISTED AND GO TO NEXT CHILD.	FIRST	SECOND	THIRD	
(19A)	(19B)	(19C)	(19D)	(19E)	(19F)	(19G)	(19H)	(19I)	(19J)
RECORD LINE NO. OF CHILDREN AGE 0-4 YEARS FROM COLUMN 10 IN THE HOUSEHOLD SCHEDULE	RECORD NAME OR INITIALS OF CHILD	YES NO/DK 1 19E 2		SEEN NOT SEEN 1 2 NEXT	<input type="checkbox"/>	DD/MM/YYYY / /	DD/MM/YYYY / /	DD/MM/YYYY / /	RECORD THE DAY, MONTH, AND YEAR OF BIRTH.  IF THE DAY OR MONTH OF BIRTH IS NOT KNOWN, RECORD '98'.  YOU MUST RECORD A YEAR OF BIRTH FOR EVERY CHILD WHOSE HEALTH CARD IS SEEN.
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /
<input type="checkbox"/>		1 19E 2	<input type="checkbox"/>	1 2 NEXT	<input type="checkbox"/>	/ /	/ /	/ /	/ /

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"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>Electricity?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A clock?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A mattress?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A black and white television?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A colour television?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A radio?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A mobile phone?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A land line?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A refrigerator?</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>A cooker?</td> <td align="center">1</td> <td align="center">2</td> </tr> </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	
	YES	NO																																		
Electricity?	1	2																																		
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A mobile phone?	1	2																																		
A land line?	1	2																																		
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/LORRY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIVESTOCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POULTRY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	CAR/LORRY .....	1	2	LIVESTOCK .....	1	2	POULTRY .....	1	2	
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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 <input type="text"/> <input type="text"/>  AT LEAST ONE <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="text"/> <input type="text"/> 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 border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>MATERIAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>PRACTICAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>MEDICAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">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																				
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="text"/> <input type="text"/> 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 border="0"> <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																				
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>		36																				
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 border="0"> <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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MEDICAL .....	1	2	8																				
PSYCHOSOCIAL .....	1	2	8																				
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>		36																				

**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 type="text"/> <input 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? M F 1 2	38B How old was he/she when he/she died? <input type="text"/> <input type="text"/>	38C Was (NAME/INITIALS) very sick for at least 3 of the 12 months before he/she died? Y N DK 1 2 8	38D ELIGIBLE (AGE 18-59 & 'YES' ON 38C) Y N 1 2
	_____	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2
	_____	1 2	<input type="text"/> <input type="text"/>	1 2 8	1 2
39	CHECK COLUMN 38D: PERSONS 18-59 WHO HAVE DIED AND WERE SICK				
	AT LEAST ONE 'YES' <input type="checkbox"/>		NONE <input type="checkbox"/>	→ 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?			YES NO DK MATERIAL ..... 1 2 8	
	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?			PRACTICAL ..... 1 2 8	
	c) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?			MEDICAL ..... 1 2 8	
	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?			PSYCHOSOCIAL ..... 1 2 8	
42	CHECK COLUMN 38D: NUMBER OF PERSONS 18-59 WHO HAVE DIED AND WERE SICK				
	MORE THAN ONE PERSON <input type="checkbox"/>		ONE PERSON <input type="checkbox"/>	→ 49	

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 border="0"> <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																				
45	CHECK COLUMN 38D: NUMBER OF PERSONS 18-59 WHO HAVE DIED AND WERE SICK  MORE THAN TWO PERSONS <input type="checkbox"/>	TWO PERSONS <input type="checkbox"/> → 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 border="0"> <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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MATERIAL .....	1	2	8																				
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  MORE THAN THREE PERSONS <input type="checkbox"/>  FOR MORE THAN THREE PERSONS, USE ADDITIONAL QUESTIONNAIRES, STARTING WITH Q.40 FOR THE FOURTH PERSON WHO DIED.	THREE PERSONS <input type="checkbox"/> → 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	52A You told me that in your household, there is/are (NUMBER) child(ren) under 18 years old. ↓ 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].	52B You told me that in your household, there is/are (NUMBER) child(ren) whose (mother/father/mother and father) is/are not alive. ↓																													
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:  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?  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?  c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  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?  e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  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?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>SCHOOLING .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>VOCATIONAL/TECH . . .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>MATERIAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>PRACTICAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>MEDICAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>PSYCHOSOCIAL .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </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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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	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  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?  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?  c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  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?  e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  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?	<table border="0"> <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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58	CHECK Q.50 OR 51: NUMBER OF ORPHANS/VULNERABLE CHILDREN  MORE THAN TWO CHILDREN <input type="checkbox"/> TWO CHILDREN <input type="checkbox"/> → 68																														
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	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  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?  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?  c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  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?  e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  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?	<table border="0"> <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>	→ 68																												
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 _____																														
63	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  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?  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?  c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  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?  e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></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>SCHOOLING .....</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>VOCATIONAL/TECH . . .</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>MATERIAL .....</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>PRACTICAL .....</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>MEDICAL .....</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>PSYCHOSOCIAL .....</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	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>	→ 68																												
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 _____																														
66	In the last year, besides any help or support from your relatives, friends or neighbors, has your household received:  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?  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?  c) Any material support for (NAME/INITIALS), such as monetary support, clothes or food for which you did not have to pay?  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?  e) Any kind of medical support for (NAME/INITIALS), such as medical care or medicine, for which you did not have to pay?  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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></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>SCHOOLING .....</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>VOCATIONAL/TECH . . .</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>MATERIAL .....</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>PRACTICAL .....</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>MEDICAL .....</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>PSYCHOSOCIAL .....</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	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 ↓  FOR MORE THAN FIVE CHILDREN, USE ADDITIONAL QUESTIONNAIRES,  STARTING WITH Q.53 FOR THE SIXTH ORPHAN/VULNERABLE CHILD. </p>	<p style="text-align: center;"> FIVE <input type="checkbox"/> CHILDREN ↓ </p>	
68	<p>In the last 12 months, has any member of your household received any support for income-generation activities?</p>	<p>YES ..... 1  NO ..... 2</p>	

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 BLOOD DRAW AND TESTING DECISION	15-59 YEARS SYPHILIS DECISION	0-59 YEARS STORAGE DECISION	
(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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
<input type="checkbox"/>		00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS .....1 ≥18 MOS .....2	<input type="checkbox"/>	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 <input type="checkbox"/>								

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 BLOOD DRAW AND TESTING DECISION	15-59 YEARS SYPHILIS DECISION	0-59 YEARS STORAGE DECISION	
(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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
<input type="checkbox"/>	_____	00-17 .....1 18-59 .....2 GO TO 74 ↓	<18 MOS.....1 ≥18 MOS.....2	<input type="checkbox"/>	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 SHEET USED

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

**ENGLISH**

IDENTIFICATION																															
DISTRICT _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>																														
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) .....																															

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
NEXT VISIT: DATE	_____	_____		INTERVIEWER NUMBER <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
TIME	_____	_____		RESULT <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
				TOTAL NUMBER OF VISITS <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
*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>	Q LANGUAGE <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td>0</td><td>7</td></tr></table>	0	7	
0	7			
NATIVE LANGUAGE OF RESPONDENT _____	N LANGUAGE <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>			
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)	TRANSLATOR USED? <table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>			
LANGUAGE: 01 ATESO-KARAMOJONG      05 RUNYANKOLE-RUKIGA				
02 LUGANDA                      06 RUNYORO-RUTORO				
03 LUGBARA                      07 ENGLISH				
04 LUO                              08 OTHER				

TEAM SUPERVISOR	DATA EDITOR	DATA ENTRY CLERK						
NAME _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>			
DATE _____	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="width:100%; height:100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>			

**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 ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	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"/> 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 <input type="text"/> <input type="text"/>	
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 ..... <input type="text"/> <input type="text"/>	
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	<p style="text-align: center;">MALE <input type="checkbox"/></p> <p>Are you currently working?</p> <p style="text-align: center;">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>	YES ..... 1 NO ..... 2	→ 112
111	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 113
112	<p>What is your occupation, that is, what kind of work do you mainly do?</p> <p>INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.</p>	<hr/> <hr/> <hr/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 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	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?</p> <p>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</p>	YEARS ..... <input type="text"/> <input type="text"/> 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 ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
117	Have you ever had a blood transfusion?	YES ..... 1 NO ..... 2	→ 119								
118	When was the <b>last</b> time you had a blood transfusion?	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4 <table border="1" data-bbox="1268 237 1349 426" style="display: inline-table; vertical-align: middle;"> <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> <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>									
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 <table border="1" data-bbox="1268 548 1349 598" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
121	Have you ever had an immunization against yellow fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 123								
122	When was the <b>last</b> time you had an immunization against yellow fever?	MONTHS AGO ..... 1 YEARS AGO ..... 2 <table border="1" data-bbox="1268 730 1349 827" style="display: inline-table; vertical-align: middle;"> <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>									
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 ..... <table border="1" data-bbox="1268 1014 1349 1064" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			→ 201						
125	The <b>last</b> 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 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 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"/></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 NO ..... 2</p>	→ 206
205	<p>How many children live elsewhere?</p>	<p>CHILDREN LIVING ELSEWHERE ..... <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 NO ..... 2</p>	→ 208
207	<p>How many children have died?</p>	<p>CHILDREN DEAD ..... <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"/></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>	<p>→</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"/> DON'T KNOW YEAR ..... 9998	→ 214
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 LATER ..... 2 NOT AT ALL ..... 3	→ 301 → 301 → 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 align="center">MALE <input type="checkbox"/></p> <p>Have you ever been married or lived together with a woman as if married?</p>	<p align="center">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 align="center"><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 align="center"><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 align="center"><b>AFTER RECORDING, SKIP TO 307B.</b></p>		<p align="right">LINE NO</p> <p>NAME/INITIALS _____ <input type="text"/> <input type="text"/></p>	
306	<p align="center">MALE <input type="checkbox"/></p> <p>Have you been married or lived with a woman only once or more than once?</p>	<p align="center">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	<p>MALE <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)</p>	<p>FEMALE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p>	
307B	<p>Now I would like to ask about when you married or began living with a woman as if married for the very first time.</p> <p>In what month and year did you <u>first</u> marry or start living with a woman as if married?</p>	<p>Now I would like to ask about when you married or began living with a man as if married for the very first time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p>	<p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 309
308	<p>How old were you when you started living with her?</p>	<p>How old were you when you started living with him?</p>	<p>AGE ..... <input type="text"/> <input type="text"/></p>	
309	<p>CHECK 302: CURRENTLY MARRIED OR LIVING TOGETHER?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 311	
310	<p>CHECK 306:</p> <p>ONLY ONCE <input type="checkbox"/></p> <p>MORE THAN ONCE <input type="checkbox"/></p>		→ 312	
311	<p>Do you have a previous wife/husband who died?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
312	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you <u>first</u> had sexual intercourse (if ever)?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER ..... 95</p>	→ 343	
313	<p>CHECK 103:</p> <p>AGE 15-24 <input type="checkbox"/> AGE 25-59 <input type="checkbox"/></p>		→ 316	
314	<p>The <u>first</u> time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>		
315	<p>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?</p>	<p>FORCED TO HAVE SEX ..... 1</p> <p>BOTH AGREED TO IT ..... 2</p> <p>FORCED PARTNER TO HAVE SEX ... 3</p>		
316	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	→ 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	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> MALE <input type="checkbox"/> ↓ In the last 12 months, did you pay anyone to have sex? </td> <td style="width: 50%; text-align: center; vertical-align: top;"> FEMALE <input type="checkbox"/> ↓ In the last 12 months, did any man pay you to have sex? </td> </tr> </table>	MALE <input type="checkbox"/> ↓ In the last 12 months, did you pay anyone to have sex?	FEMALE <input type="checkbox"/> ↓ In the last 12 months, did any man pay you to have sex?	YES ..... 1 NO ..... 2	→ 342
MALE <input type="checkbox"/> ↓ In the last 12 months, did you pay anyone to have sex?	FEMALE <input type="checkbox"/> ↓ In the last 12 months, did any man pay you to have sex?				
340	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">The last time you paid someone to have sex, was a condom used?</td> <td style="width: 50%; vertical-align: top;">The last time you were paid to have sex, was a condom used?</td> </tr> </table>	The last time you paid someone to have sex, was a condom used?	The last time you were paid to have sex, was a condom used?	YES ..... 1 NO ..... 2	→ 342
The last time you paid someone to have sex, was a condom used?	The last time you were paid to have sex, was a condom used?				
341	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Do you use a condom all the time or only sometimes when you pay to have sex?</td> <td style="width: 50%; vertical-align: top;">Is a condom used all the time or only sometimes when you are paid to have sex?</td> </tr> </table>	Do you use a condom all the time or only sometimes when you pay to have sex?	Is a condom used all the time or only sometimes when you are paid to have sex?	ALL THE TIME ..... 1 ONLY SOMETIMES ..... 2	
Do you use a condom all the time or only sometimes when you pay to have sex?	Is a condom used all the time or only sometimes when you are paid to have sex?				
342	In total, how many different people have you had sex with in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98			
343	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 345		
344	Where is that?  PROBE: Any other place?  RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C MOBILE CLINIC ..... D GOVT. COMMUNITY BASED DISTRIBUTOR ..... E OTHER PUBLIC _____ F (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/PRIVATE CLINIC/DOCTOR ..... G PHARMACY/DRUG STORE ..... H MOBILE CLINIC ..... I FIELDWORKER ..... J OTHER PRIVATE MEDICAL _____ K (SPECIFY)  OTHER SOURCE SHOP ..... L TRADITIONAL HEALER ..... M RELIGIOUS INSTITUTION ..... N STREET VENDOR ..... O BAR ..... P FRIENDS/RELATIVES ..... Q LODGE ..... R  OTHER _____ X (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
345	ANY 'YES' IN 314, 317, <input type="checkbox"/> 325, 332, 340 OR <input type="checkbox"/> 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?	YES ..... 1 NO ..... 2	→ 406
404	What was the highest level of school he attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 UNIVERSITY/TERTIARY ..... 4 DON'T KNOW ..... 8	→ 406
405	What was the highest (class/year) he completed at that level?	CLASS/YEAR ..... <input type="text"/> DON'T KNOW ..... 98	
406	<p>CHECK 401: 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
513	<p>What can a person do?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER ..... N AVOID MOSQUITO BITES ..... M ASK SPOUSE/PARTNER TO GET TESTED ..... O OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
514	Have you heard of any drugs that <u>can cure</u> a person who has the virus that causes AIDS?	YES ..... 1 NO ..... 2	
515	Have you heard of any drugs that <u>can prolong the life</u> of a person who has the virus that causes AIDS?	YES ..... 1 NO ..... 2	→ 519
516	<p>What drugs do you know about?</p> <p>PROBE: Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	ANTI-RETROVIRAL DRUGS (ARVs) ... A HERBAL DRUGS ..... B OTHER DRUGS _____ X (SPECIFY) DON'T KNOW ..... Z	
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?	LESS THAN ONE YEAR ..... 1 ONE YEAR OR MORE ..... 2 REST OF LIFE ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
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?	ALWAYS ..... 1 ALMOST ALWAYS ..... 2 ONLY SOMETIMES ..... 3 DON'T KNOW ..... 8	
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?	ALWAYS ..... 1 ALMOST ALWAYS ..... 2 ONLY SOMETIMES ..... 3 DON'T KNOW ..... 8	
521	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

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?	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 → 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																								
534	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Children getting the AIDS virus from their mother? Getting tested for the AIDS virus? Things that you can do to prevent getting the AIDS virus? Getting tested for syphilis? Using family planning?	<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>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AIDS TEST .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PREVENT AIDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SYPHILIS TEST ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAMILY PLANNING .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	AIDS TEST .....	1	2	8	PREVENT AIDS ...	1	2	8	SYPHILIS TEST ...	1	2	8	FAMILY PLANNING .	1	2	8	
	YES	NO	DK																								
AIDS FROM MOTHER	1	2	8																								
AIDS TEST .....	1	2	8																								
PREVENT AIDS ...	1	2	8																								
SYPHILIS TEST ...	1	2	8																								
FAMILY PLANNING .	1	2	8																								
535	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES ..... 1 NO ..... 2	→ 541																								
536	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																									
537	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 539																								
538	Did you tell your husband/(any of) your partner(s) your HIV status?	YES ..... 1 NO ..... 2																									
539	Where was the test done?  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 ..... 22 MOBILE CLINIC ..... 23 FIELDWORKER ..... 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY)  OTHER SOURCE SHOP ..... 31 HOME ..... 32 OTHER _____ 96 (SPECIFY)																									
540	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 542 → 552																								
541	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 549																								
542	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12-23 MONTHS AGO ..... 2 2 YEARS AGO OR MORE ..... 3																									
543	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																									
544	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 548																								

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 ANSWER <input type="checkbox"/>		→ 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"/>	→ 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 ANSWER <input type="checkbox"/>		→ 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	<p>MALE <input type="checkbox"/></p> <p style="text-align: right;">FEMALE <input type="checkbox"/></p>		→ 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: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 613		
606	CHECK 604: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/>		→ 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	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; 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?                         </td> <td style="width: 50%; 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?                         </td> </tr> </table>	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?	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?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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?	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?				
609	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; 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?                         </td> <td style="width: 50%; padding-left: 10px;">                             Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?                         </td> </tr> </table>	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?	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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?	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?				
610	CHECK 607, 608, 609: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 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 her 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" data-bbox="1252 1094 1344 1136" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES . . . . . <table border="1" data-bbox="1252 1142 1344 1184" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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: \_\_\_\_\_