APPENDIX H: QUESTIONNAIRES

REPUBLIC OF ZIMBABWE

Central Statistical Office

MULTIPLE INDICATOR MONITORING SURVEY (MIMS) 2009

HOUSEHOLD QUESTIONNAIRE

PROVINCE: **E. A. NUMBER:** **HHOLD:**

HOUSEHOLD QUESTIONNAIRE

Good ……! My name is …… and I am working for Central Statistics Office (CSO). We are working on a nationwide survey concerned with family health and education. We would very much appreciate your participation in this survey. The interview will take about 35 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with the household head and all mothers or others who take care of children in the household.

May I start now? *IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.*

IDENTIFICATION PANEL	**HH**
HH1. LOCALITY NAME _____ CLUSTER NUMBER: ☐☐☐	HH2. HOUSEHOLD NUMBER: ☐☐☐
HH3. INTERVIEWER NAME _____ NUMBER: ☐☐	HH4. FIELD SUPERVISOR'S NAME _____ NUMBER: ☐☐
HH5. DAY/MONTH/YEAR OF INTERVIEW ☐☐/☐☐/**2009**	
HH6. AREA: URBAN ..... 1 RURAL 2	HH7. PROVINCE ☐☐ HH7A. DISTRICT ☐☐
HH 8. NAME OF HEAD OF HOUSEHOLD: _____	

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION.

HH9. RESULT OF HOUSEHOLD INTERVIEW: COMPLETED ..... 1 NOT AT HOME..... 2 REFUSED..... 3 HOUSEHOLD NOT FOUND/STRUCTURE DESTROYED ..... 4 OTHER (*specify*) _____ 6	HH10. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE: NAME:_____ LINE NO: ☐☐ HH11. TOTAL NUMBER OF HOUSEHOLD MEMBERS: ☐☐
HH12. NO. OF WOMEN ELIGIBLE FOR INTERVIEW: ☐☐	HH13. NO. OF WOMEN QUESTIONNAIRES COMPLETED: ☐☐
HH14. NO. OF CHILDREN UNDER AGE 5: ☐☐	HH15. NO. OF UNDER 5 QUESTIONNAIRES COMPLETED: ☐☐

INTERVIEWER/EDITOR/ SUPERVISOR NOTES: *USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC..*

HH16. DATA ENTRY CLERK: Name: …… ☐☐	HH16A. RECORD INTERVIEW TIME (HOUR AND MINUTE) ☐☐ : ☐☐
HH16B. DATA ENTRY SUPERVISOR Name: …… ☐☐	HH16C: FIELD EDITOR: Name: …… ☐☐

MODULE 1: HOUSEHOLD LISTING FORM **HL**

First, please tell me the name of each person who usually lives here or spent the last night in this household, starting with the head of the household.

LIST THE HEAD OF THE HOUSEHOLD IN LINE 01. LIST ALL HOUSEHOLD MEMBERS (HL2), THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD (HL3), AND THEIR SEX (HL4)

Then ask: ***ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK)***. *IF YES, COMPLETE LISTING.*

THEN, ASK QUESTIONS STARTING WITH HL5 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET USED ☐

					ELIGIBLE FOR:		*If* ***age 18-59 years***	*For children* ***age 0-17 years*** *ask HL9-HL12AA*								
HL1. *Line no.*	HL2. *Name*	HL3. What is the relation-ship of (*NAME*) to the head of the house-hold?	HL4. Is (*NAME*) male or female? 1 MALE 2 FEM.	HL5. How old is (*NAME*)? How old was (*name*) on his/her last birthday? *Record in completed years* 98=DK*	HL6. *CIRCLE LINE NO. IF WOMAN IS AGE 15-49* (WOMEN'S INTERVIEW)	HL8. *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER* (UNDER-5 INTERVIEW)	HL8A. Has (*NAME*) been very sick for at least 3 months during the past 12 months?	HL9. Is (*NAME'S*) natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. ***IF ALIVE***: Does (*NAME'S*) natural/ biological mother live in this household? *RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'*	HL10A. *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Has (*name's*) mother been very sick for at least 3 months in the past 12 months?	HL10AA *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Where does (NAME'S) mother live? *(SEE CODES BELOW)*	HL11. Is (*NAME'S*) natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	HL12. ***IF ALIVE:*** Does (*NAME'S*) natural/ biological father live in this household? *RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'*	HL12A. *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Has (*name's*) father been very sick for at least 3 months in the past 12 months?	HL12AA *IF FATHER DOES NOT LIVE IN HOUSEHO LD:* Where does (NAME'S) father live? *(SEE CODES BELOW)*
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
01			1 2	___ ___	01	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
02			1 2	___ ___	02	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
03			1 2	___ ___	03	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
04			1 2	___ ___	04	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
05			1 2	___ ___	05	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___

HL1. *Line no.*	HL2. *Name*	HL3. What is the relation-ship of (*NAME*) to the head of the house-hold?	HL4. Is (*NAME*) male or female? 1 MALE 2 FEM.	HL5. How old is (*NAME*)? How old was (*name*) on his/her last birthday? *Record in completed years* 98=DK*	HL6. *CIRCLE LINE NO. IF WOMAN IS AGE 15-49*	HL8. *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER*	HL8A. Has *(NAME)* been very sick for at least 3 months during the past 12 months?	HL9. Is *(NAME'S)* natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. ***IF ALIVE***: Does *(NAME'S)* natural/ biological mother live in this household? *RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'*	HL10A. *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Has (*name's*) mother been very sick for at least 3 months in the past 12 months?	HL10AA *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Where does (NAME'S) mother live? *(SEE CODES BELOW)*	HL11. Is *(NAME'S)* natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	HL12. ***IF ALIVE:*** Does *(NAME'S)* natural/ biological father live in this household? *RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'*	HL12A. *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Has (*name's*) father been very sick for at least 3 months in the past 12 months?	HL12AA *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Where does (NAME'S) father live? *(SEE CODES BELOW)*
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
06			1 2	___ ___	06	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
07			1 2	___ ___	07	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
08			1 2	___ ___	08	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
09			1 2	___ ___	09	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
10			1 2	___ ___	10	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
11			1 2	___ ___	11	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
12			1 2	___ ___	12	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
13			1 2	___ ___	13	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___

HL1. *Line no.*	HL2. *Name*	HL3. What is the relation-ship of (*NAME*) to the head of the house-hold?	HL4. Is (*NAME*) male or female? 1 MALE 2 FEM.	HL5. How old is (*NAME*)? How old was (*name*) on his/her last birthday? *Record in completed years* 98=DK*	HL6. *CIRCLE LINE NO. IF WOMAN IS AGE 15-49*	HL8. *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER*	HL8A. Has *(NAME)* been very sick for at least 3 months during the past 12 months?	HL9. Is *(NAME'S)* natural/ biological mother alive? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. ***IF ALIVE***: Does *(NAME'S)* natural/ biological mother live in this household? *RECORD LINE NO. OF MOTHER AND SKIP TO HL11 OR 00 FOR 'NO'*	HL10A. *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Has (*name's*) mother been very sick for at least 3 months in the past 12 months?	HL10AA *IF MOTHER DOES NOT LIVE IN HOUSE-HOLD* Where does (NAME'S) mother live? *(SEE CODES BELOW)*	HL11. Is *(NAME'S)* natural/ biological father alive? 1 YES 2 NO⇨ NEXT LINE 8 DK⇨ NEXT LINE	HL12. ***IF ALIVE:*** Does *(NAME'S)* natural/ biological father live in this household? *RECORD LINE NO. OF FATHER AND SKIP TO NEXT MODULE OR 00 FOR 'NO'*	HL12A. *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Has (*name's*) father been very sick for at least 3 months in the past 12 months?	HL12AA *IF FATHER DOES NOT LIVE IN HOUSEHO LD:* Where does (NAME'S) father live? *(SEE CODES BELOW)*
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	MLOC	Y N DK	father	Y N DK	FLOC
14			1 2	___ ___	14	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___
15			1 2	___ ___	15	___ ___	1 2 8	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___	1 2 8	___ ___

HL1. *Line no.*	HL2. *Name*	HL3. What is the relation-ship of (*NAME*) to the head of the house-hold?	HL4. Is (*NAME*) male or female? 1 male 2 fem.	HL5. How old is (*NAME*)? How old was (*name*) on his/her last birthday? *Record in completed years* 98=dk*	HL6. *CIRCLE LINE NO. IF WOMAN IS AGE 15-49*	HL8. *FOR EACH CHILD UNDER 5:* Who is the mother or primary caretaker of this child? *RECORD LINE NO. OF MOTHER/ CARETAKER*	HL8A. Has *(NAME)* been very sick for at least 3 months during the past 12 months?	HL9. Is *(NAME'S)* natural/ biological mother alive? 1 yes 2 no⇨ HL11 8 dk⇨ HL11	HL10. ***IF ALIVE***: Does *(NAME'S)* natural/ biological mother live in this household? *RECORD LINE NO. OF MOTHER OR 00 FOR 'NO'*	HL10A. *IF MOTHER DOES NOT LIVE IN HOUSEHOLD* Has (*name's*) mother been very sick for at least 3 months in the past 12 months?	HL10AA *IF MOTHER DOES NOT LIVE IN HOUSEHOLD* Where does (NAME'S) mother live? *(SEE CODES BELOW)*	HL11. Is *(NAME'S)* natural/ biological father alive? 1 yes 2 no⇨ next line 8 dk⇨ next line	HL12. ***IF ALIVE:*** Does *(NAME'S)* natural/ biological father live in this household? RECORD LINE NO. OF FATHER OR 00 FOR 'NO'	HL12A. *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Has (*name's*) father been very sick for at least 3 months in the past 12 months?	HL12AA *IF FATHER DOES NOT LIVE IN HOUSEHOLD:* Where does (NAME'S) father live? *(SEE CODES BELOW)*

NOW FOR EACH WOMAN AGE 15-49 YEARS, WRITE HER NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE WOMEN'S QUESTIONNAIRE. FOR EACH CHILD UNDER AGE 5, WRITE HIS/HER NAME AND LINE NUMBER AND THE LINE NUMBER OF HIS/HER MOTHER OR CARETAKER IN THE INFORMATION PANEL OF THE QUESTIONNAIRE FOR CHILDREN UNDER FIVE YOU SHOULD NOW HAVE A SEPARATE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN AND EACH CHILD UNDER FIVE IN THE HOUSEHOLD.

	WOMEN 15-49	*UNDER-5S*	*VERY SICK (=1)*	*MOTHERS DEAD (=2)*		*MOTHERS VERY SICK (=1)*		*FATHERS DEAD (=2)*		*FATHERS VERY SICK (=1)*	
Totals											

**CODES FOR HL3: RELATIONSHIP TO HEAD OF HOUSEHOLD*		
01 = Head 02 = Wife or Husband/Cohabiting partner 03 = Son or Daughter 04 = Son or Daughter-In-Law 05 = Grandchild	06 = Parent 07 = Parent-In-Law 08 = Brother or Sister 09 = Brother or Sister-In-Law 10 = Uncle/ Aunt	11 = Niece/ Nephew by blood 12 = Niece/ Nephew by marriage 13 = Other relatives 14 = Adopted/ Foster/ Stepchild 15 = Not related 98 = Don't Know

**CODES FOR HL10AA & HL12AA*		
01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Bostwana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY_____

MODULE 1: HOUSEHOLD LISTING FORM **HL**

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐ *LISTING. THEN, ASK QUESTIONS STARTING WITH HL15 FOR EACH PERSON AT A TIME. ADD A CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE IF THERE IS NOT ENOUGH ROOM ON THIS PAGE. TICK HERE IF CONTINUATION SHEET FROM ANOTHER QUESTIONNAIRE USED* ☐

HL1. *LINE NO.*	HL2. Name	***FOR EVERYBODY IN THE HOUSEHOLD AGED 15 AND ABOVE***			HL18. In the past 2 weeks, has [NAME] had any illness or injury? For example, has [NAME] had a cough, cold, diarrhoea, an accident or any other illness? 1 YES 2 NO ⇨HL20 8 DK ⇨HL20	HL19. What symptoms did [NAME] suffer from during this time? *(SEE CODES AND ENTER A MAXIMUM OF THREE SYMPTOMS)*	HL20. Did [NAME] go to any health facility or receive any care from a doctor, nurse, traditional healer, or pharmacist? 1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	HL21. Where did [NAME] go for advice or treatment? *(RECORD HEALTH PRACTITIONERS LISTED, SEE CODES BELOW)*
		HL15. What is (NAME'S) current marital status? *(SEE CODES)*	HL16. *IF MARRIED/ LIVING WITH PARTNERS* Does partner/ spouse live in household? 1 YES ⇨HL18 2 NO 8 DK	HL17. Where does partner/ spouse live? *(See Codes below)*				
LINE	COPY NAME FROM HL2	MARITAL	Y N DK	SLOC	Y N DK	SYMPTOMS	Y N DK	HCARE
01		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
02		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
03		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
04		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
05		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
06		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
07		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __
08		__ __	1 2 8	__ __	1 2 8	__ __ __	1 2 8	__ __

09		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
10		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
11		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
12		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
13		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
14		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___
15		___ ___	1 2 8	___ ___	1 2 8	___ ___ ___	1 2 8	___ ___

CODES FOR H15: MARITAL STATUS	***CODES FOR HL17***			***CODES FOR HL19***		***CODES FOR HL21***
01.Married 02.Living with Partner 03.Divorced 04.Separated 05.Widowed 06.Never married/never lived with partner	01. This locality 02. Harare 03. Bulawayo 04. Mutare 05. Chinhoyi 06. Gwanda 07. Bindura 08. Marondera 09. Masvingo (town) 10. Gweru 11. Lupane	20. Elsewhere in Zimbabwe 21. South Africa 22. Bostwana 23. Mozambique 24. Zambia 25. Elsewhere in Africa	31. UK 32. Elsewhere in Europe 33. Australia/New Zealand 34. United States/Canada 35. OTHER (SPECIFY) _____	A. Diarrhoea B. Weight loss (major) C. Fever D. Skin rash E. Weakness F. Severe headache G. Vomiting H. Cough	I. Difficulty breathing J. Injury X. Other (specify)_____	01. Private hospital 02. Government hospital 03. Public health center 04. Doctor's practice 05. Practice of a private paramedic or nurse 06. Practice of a midwife 07. Practice of a village midwife 08. Private Clinic 09. Pharmacist 10. Traditional practitioners 11. Spiritual or faith healers 98.Other_____

MODULE 2: EDUCATION **ED**

ASK QUESTIONS FOR HOUSEHOLD MEMBERS AGE 3 YEARS AND ABOVE

FOR HOUSEHOLD MEMBERS AGE 3-24 YEARS

ED1. *LINE NO.*	ED1A. Name	ED2. Has (NAME) ever attended school or pre-school? 1 YES 2 NO ⇘ NEXT MEMBER	ED3. What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at this level? **LEVEL:** 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK *IF LESS THAN 1 GRADE, ENTER 00.*	ED4. During the *(2009)* school year, did (NAME) attend school or pre-school at any time? 1 YES 2 NO⇨ ED 6D	ED5. Since last (*day of the week*), how many days did (NAME) attend school? *INSERT NUMBER OF DAYS IN SPACE BELOW.*	ED6. During this school year, which level and grade is/was (NAME) attending? **LEVEL:** 00 = PRE-SCHOOL/ ECD 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK *IF LESS THAN 1 GRADE, ENTER 00.*	ED6C. What type of school does (NAME) attend? 1. GOV'T 2.MUNICIPAL 3.RURAL COUNCIL 4PRIVATE 5.MISSION/ CHURCH 6.MINE/ FARM SCHOOL 8.OTHER (SPECIFY)	ED6D. WHY DID (NAME) NOT ATTEND SCHOOL? *(See Codes BELOW)*	ED7. Did (NAME) attend school or pre-school at any time during the previous school year, that is *(2008)*? 1 YES 2 NO⇘ NEXT LINE 8 DK⇘ NEXT LINE	ED8. During that previous school year, which level and grade did (NAME) attend? **LEVEL:** 00 = PRE-SCHOOL 10 = PRIMARY 20 = SECONDARY 30 = HIGHER 98 = DK **GRADE:** 98 = DK
LINE	COPY NAMES FROM HL2	SCHOOL YES NO	LEVEL	GRADE	SCHOOL YES NO	DAYS	LEVEL	GRADE	TYPE	REASON	SCHOOL Y N DK	LEVEL	GRADE
01		1 2			1 2	___			___	___ ___	1 2 8		
02		1 2			1 2	___			___	___ ___	1 2 8		
03		1 2			1 2	___			___	___ ___	1 2 8		
04		1 2			1 2	___			___	___ ___	1 2 8		
05		1 2			1 2	___			___	___ ___	1 2 8		
06		1 2			1 2	___			___	___ ___	1 2 8		
07		1 2			1 2	___			___	___ ___	1 2 8		

08		1 2					1 2	___					___	___ ___	1 2 8				
09		1 2					1 2	___					___	___ ___	1 2 8				
10		1 2					1 2	___					___	___ ___	1 2 8				
11		1 2					1 2	___					___	___ ___	1 2 8				
12		1 2					1 2	___					___	___ ___	1 2 8				
13		1 2					1 2	___					___	___ ___	1 2 8				
14		1 2					1 2	___					___	___ ___	1 2 8				
15		1 2					1 2	___					___	___ ___	1 2 8				

CODES FOR ED6B

00. School has closed/has no teachers
01. Financial constraints
02. Caring for the sick
03. Household business responsibilities
04. Other household responsibilities
05. Not interested
06. Graduated/finished schooling/satisfied
07. Marriage/pregnancy related
08. School too far
09. To work/Looking for work
10. Sick/ill
11. School holiday
98. Other (specify)_____

MODULE 3: EMPLOYMENT				**EM**
ASK QUESTIONS FOR HOUSEHOLD MEMBERS				
EM1. *LINE NO.*	EM1A. Name	EM2. Is name under 5 years of age? *YES* ⇨ 1 *NO* ⇨ 2	EM3. ***IF (NAME) IS 5 YEARS AND ABOVE ASK EM3 AND EM4*** What was ***(NAME'S)*** main activity in the last 12 months? ***(SEE CODES BELOW)***	EM4. What other main activity did (***NAME)*** engage in the last 12 months? ***(SEE CODES BELOW)***
LINE	COPY NAMES FROM HL2	YES NO	ACTIVITY	ACTIVITY
01		1 2	___ ___	___ ___
02		1 2	___ ___	___ ___
03		1 2	___ ___	___ ___
04		1 2	___ ___	___ ___
05		1 2	___ ___	___ ___
06		1 2	___ ___	___ ___
07		1 2	___ ___	___ ___
08		1 2	___ ___	___ ___
09		1 2	___ ___	___ ___
10		1 2	___ ___	___ ___
11		1 2	___ ___	___ ___
12		1 2	___ ___	___ ___
13		1 2	___ ___	___ ___
14		1 2	___ ___	___ ___
15		1 2	___ ___	___ ___

**CODES FOR EM3 AND EM4*	
01.Paid employee-permanent 02.Paid employee-casual/ temporary/ contract/ seasonal 03.Employer 04.Own account worker (agriculture-related) 05.Own account worker (other) 06.Unpaid family worker	07. Unemployed 08. Student 09. Homemaker 10. Retired with pension 11. Retired without pension 96. Does nothing else 98. Other (specify) _____

MODULE 4: WATER AND SANITATION		WS
WS1. What is the main source of drinking water for members of your household?	**PIPED WATER** Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tubewell/Borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected Spring ……41 Unprotected Spring …….. 42 Rainwater collection..... . ..51 Tanker-truck..... 61 Cart with small tank/drum ..... 71 **SURFACE WATER** River/stream/Dam/lake/pond/canal/ irrigation channel) ..... 81 Bottled (distilled) water ..... 91 Other (*specify*)_____96	11⇨WS4A 12⇨WS4A
WS2. What is the main source of water used by your household for other purposes such as cooking and hand washing?	**PIPED WATER** Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tubewell/Borehole ..... 21 **DUG WELL** Protected well ..... 31 Unprotected well ..... 32 **WATER FROM SPRING** Protected Spring ……41 Unprotected Spring …….. 42 Rainwater collection..... . ..51 Tanker-truck..... 61 Cart with small tank/drum ..... 71 **SURFACE WATER** River/stream/Dam/lake/pond/canal/ irrigation channel) ..... 81 Bottled (distilled) water ..... 91 Other (*specify*)_____96	11⇨WS4A 12⇨WS4A
WS3. How long does it take to go there, get water, and come back?	No. of minutes..... ☐☐☐ Water on premises..... 995 DK..... 998	995⇨WS4A
WS4. Who usually goes to this source to fetch the water for your household? *PROBE:* Is this person under age 15? What sex? *CIRCLE CODE THAT BEST DESCRIBES THIS PERSON.*	Adult woman ..... 01 Adult man..... 02 Female (under 15 years) ..... 03 Male (under 15 years)..... 04 DK..... 98	

WS4A. What is the availability of this source of water used for drinking?	Seasonal……1 Perennial……2 DK …….. 3	
WS4C. Is there water available today from this source?	Yes……..1 No……2 DK……8	
WS5. Do you treat your water in any way to make it safer to drink?	Yes..... 1 No ..... 2 DK..... 8	 2⇨WS7 8⇨WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? *RECORD ALL ITEMS MENTIONED.*	Boil.....A Add bleach/chlorine (Jik)/ alloy.....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.).....D Solar disinfection .....E Let it stand and settle.....F Add water treatment tablet ……..……..G Other (*specify*)_____ X DK.....Z	
WS7. What kind of toilet facility do members of your household usually use? *IF "FLUSH" OR "POUR FLUSH", PROBE:* Where does it flush to? *IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.*	Flush/pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else …….. 14 Flush to unknown place/not sure/ DK where ……..……15 Ventilated Improved Pit latrine (VIP) (Blair toilet)..... 21 Pit latrine with slab..... 22 Pit latrine without slab/open pit..... 23 Compositing toilet/ Arbo loo ..... 31 Bucket toilet …….. 41 No facilities/bush/ field ..... 95 Other (*specify*)_____96	 95⇨ WS10 96⇨ WS10
WS7A. Is toilet facility functional or not? *REQUEST TO SEE TOILET FACILITY AND RECORD WHETHER FUNCTIONAL OR NOT*	Yes……..1 No……2 DK……8	
WS8. Do you share this facility with other households?	Yes..... 1 No 2	 2⇨ WS10

WS9. How many households in total use this toilet facility?	No. of households (if less than 10) **0** ☐ Ten or more households..... 10 DK..... 98	
WS10. How does your household dispose of refuse (solid waste)?	Collected..... 11 Dump into public container..... 21 Public dump..... 22 Dump elsewhere..... 23 Burned by household..... 31 Buried by household..... 32 Rubbish pit ..... 33 Other (*specify*)_____96	

MODULE 5: HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religious affiliation of the head of this household?	Roman Catholic .....11 Protestant .....12 Pentecostal .....13 Apostolic sect ..... 14 Other Christians ..... 15 Moslem .....21 Traditional .....31 No Religion .....41 Other (*specify*) _____ 96 DK 98	
HC1B. What is the main language used by the head of household?	Shona .....11 Ndebele .....12 English .....13 Other language (*specify*) _____ 96 DK 98	
HC2. How many rooms in this household are used for sleeping?	No. of rooms ..... ☐☐	
HC3. Main material of the dwelling floor: RECORD OBSERVATION.	**Natural floor** Earth/sand/dung .....11 **Rudimentary floor** Wood planks .....21 **Finished floor** Parquet or polished wood .....31 Vinyl or asphalt strips .....32 Ceramic tiles .....33 Cement .....34 Carpet .....35 Other (*specify*) 96	
HC3A. Type of dwelling unit? *RECORD OBSERVATION.*	Traditional .....11 Mixed .....12 Detached .....21 Semi-detached .....31 Flat/Town home .....41 Shacks .....42 Other (*specify*) _____ 96	

HC4. Main material of the roof. *Record observation.*	**Natural roofing** No Roof.....11 Thatch.....12 **Rudimentary Roofing** Rustic mat.....21 Wood planks.....23 **Finished roofing** Metal.....31 Wood .....32 Asbestos.....33 Tiles .....34 Cement .....35 Other (*specify*) _____ 96	
HC5. Main material of the walls. *(RECORD OBSERVATION)*	**Natural walls** Cane/ trunks .....11 Mud (Pole and dagger) .....12 **Rudimentary walls** Stone with mud.....22 Plywood .....24 Carton.....25 Reused wood.....26 **Finished walls** Cement .....31 Stone with lime/cement .....32 Bricks.....33 Cement blocks.....34 Wood planks/shingles.....36 Other (*specify*) _____ 96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity .....11 Liquefied Petroleum Gas (LPG) .....21 Biogas.....22 Kerosene .....23 Charcoal .....31 Wood .....32 Crop residue/sawdust.....41 Animal waste .....51 None, no cooking.....61 Gel …….. 71 Other (*specify*) _____ 96	11⇨HC8 21⇨HC8 22⇨HC8 61⇨HC9
HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? *PROBE FOR TYPE.*	Open fire.....1 Open stove/coal pot.....2 Closed stove.....3 Other (*specify*) _____ 6	
HC8. Is the cooking usually done in the house, in a separate building, or outdoors?	In the house.....1 In a separate building .....2 Outdoors.....3 Other (*specify*) _____ 6	

HC9. Does your household have: Electricity? Radio? Television? Mobile telephone? Non-Mobile Telephone? Refrigerator? Satellite dish Computer Laptop? Deep Freezer? DVD/VCD?	Yes No Electricity .....1 2 Radio .....1 2 Television .....1 2 Mobile Telephone.....1 2 Non-Mobile Telephone .....1 2 Refrigerator.....1 2 Satellite dish …… 1 2 Computer …… 1 2 Laptop computer …… 1 2 Deep Freezer …….. 1 2 DVD/VCD …….. 1 2	
HC9A. Does your household have electric power now?	Yes……..1 No……2 DK……8	
HC10. Does any member of your household own: Bicycle? Motorcycle or scooter? Animal-drawn cart? Car or truck? Canoe/Boat without a motor? Canoe/Boat with a motor? Wheel Barrow?	Yes No Bicycle .....1 2 Motorcycle/Scooter .....1 2 Animal drawn-cart.....1 2 Car/Truck.....1 2 Canoe/Boat without a motor? ……..1 2 Boat with motor.....1 2 Wheel barrow …… .1 2	
HC11. Does any member of this household own any land that can be used for agriculture?	Yes .....1 No 2	2⇨HC13
HC12. How many hectares of agricultural land do members of this household own? IF MORE THAN 97, RECORD 97 IN RESPECTIVE BOXES.	Hectares…… 1 ☐☐ DK..... 998	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes .....1 No 2	2⇨ NEXT MODULE
HC14. How many of the following animals does this household have? Cattle? Horses, Donkeys, or Mules? Goats? Sheep? Pig? Other farm animal (*specify)* Chickens? Other poultry? (*specify)* Other? *(specify)* IF NONE, RECORD '0000'. IF MORE THAN 9997, RECORD '9997'. IF UNKNOWN, RECORD ' '9998'.	Cattle ..... ☐☐☐☐ Horses, Donkeys, or Mules.. ☐☐☐☐ Goats..... ☐☐☐☐ Sheep..... ☐☐☐☐ Pigs ..... ☐☐☐☐ Other farm animal..... ☐☐☐☐ Chickens..... ☐☐☐☐ Other poultry..... ☐☐☐☐ Other (specify)..... ☐☐☐☐	

MODULE 6: ENVIRONMENTAL ASSESSMENT		EN
RECORD YOUR OBSERVATION. DO NOT ASK THE RESPONDENT THESE QUESTIONS		
EN1.What is the general condition of the neighborhood with respect to garbage disposal?	Lots of uncollected garbage ……01 Some uncollected garbage ……..... 02 Very little garbage …… 03 No garbage visible ……..… 04 Other (SPECIFY) _____ 96	
EN2. What is the general condition of the area immediately around the house with respect to excreta removal?	Heavy defecation in area/raw sewage running close to house ……..… 01 Some defecation in area/raw sewage near house ……... 02 Very little excreta visible ……... 03 No excreta visible …… .. 04 Very clean, recently swept …… 05 OTHER (SPECIFY) _____ 96	
EN3.What is the area around the respondent's house used for?	Mostly residential houses …….. 01 Mostly commercial buildings ……. 02 Mostly open space, used for farming/ livestock …… 03 Mostly open space, not used …… 04 Mostly factories/manufacturing/ industrial buildings ……. 05 Other (SPECIFY) _____ 96	
EN4. How would you describe the air quality in the neighborhood? (RECORD ALL THAT APPLY)	Smell of burning garbage ……. A Smoky because of fires for cooking, etc. ……. B Smell of bad water/sewerage …… C Fumes from cars/trucks ……D Fumes/smell from factories …… E Very dusty …….. F None of the above …… Y	

MODULE 7: INSECTICIDE TREATED MOSQUITO NETS		TN
TN1. Does your household have any mosquito net that can be used while sleeping?	Yes ..... 1 No 2	2⇨NEXT MODULE
TN2. How many mosquito nets does your household have? *IF 7 OR MORE NETS, RECORD '7'.*	Number of nets ..... ☐	
TN3. Is the net (are any of the nets) any of the following brands: *READ EACH BRAND NAME, SHOW PICTURE CARD, AND CIRCLE CODES FOR YES OR NO FOR EACH BRAND. IF POSSIBLE, OBSERVE THE NET TO VERIFY BRAND.*	Y N DK	
LONG-LASTING TREATED NETS: TN3L1. Olyset? TN3L2. Permanet	Long-lasting treated nets: Olyset ..... 1 2 8 Permanet 1 2 8	
PRE-TREATED NETS: TN3p1. KO Tab 123 TN3P2. Iconet	Pre-treated nets: KO Tab 123 ..... 1 2 8 Iconet 1 2 8	
TN3O4. Other (*specify*)?	Other *(specify)* _____ 1 2 8	
TN3O4. DK brand	DK brand 1 2 8	
TN3A. Where did you get the (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) mosquito net? ASK QUESTION IN RELATION TO THE MOST EFFECTIVE MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.	Public sector Central hospital ..... 11 Provincial hospital ..... 12 District hospital ..... 13 Rural hospital/Health centre/clinic..... 14 Mobile/outreach clinic ..... 15 Other public (*specify*) ..... 16 Private medical sector Private hospital/clinic..... 21 Private physician ..... 22 Private pharmacy .... 23 Other private medical (*specify*) _____ 26 Other source Relative or friend ..... 31 Shop ..... 32 Imported ..... 33 Mission facility ..... 41 Other (*specify*) ..... 96 DK 98	

TN4. ***CHECK TN3*** *FOR BRAND OF NET(S). GO THROUGH THE ABOVE LIST IN ORDER UNTIL* ***ONE*** *BOX IS CHECKED AND FOLLOW INSTRUCTIONS:* *1. ☐ LONG-LASTING TREATED NET (OLYSET OR PERMANET) MENTIONED? ⇨ GO TO NEXT MODULE* *2. ☐ PRE-TREATED NET (KO TAB 123 OR ICONET) MENTIONED? ⇨ GO TO TN6* *3. ☐ OTHER (SPECIFY) MENTIONED? ⇨ CONTINUE WITH TN5*		
TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes ..... 1 No ..... 2 DK/not sure 8	
TN6. How many months ago was the (most recent) net obtained? *IF LESS THAN 1 MONTH AGO, RECORD '00'.* *If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.*	Months ago ..... ☐☐ More than 24 months ago ..... 95 Not sure 98	
TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. How long ago was the most recent soaking/dipping done? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago ..... ☐☐ More than 24 months ago ..... 95 Not sure 98	

MODULE 8: CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS — OV

OV1. CHECK HL5: ANY CHILDREN 0-17?

☐ *YES ⇨ CONTINUE TO OV2*

☐ *NO ⇨ NEXT MODULE*

OV2. I would like you to think back over the past 12 months. Has any usual member of your household died in the last 12 months?	Yes ..... 1 No 2	2⇨OV5
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) were any of these people between the ages of 18 and 59	Yes ..... 1 No 2	2⇨OV5
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59 were any of these people seriously ill for 3 of the 12 months before he/she died?	Yes ..... 1 No 2	1⇨OV8

OV5. RETURN TO THE HOUSEHOLD LISTING AND CHECK THE FOLLOWING:

1. CHECK TOTALS FOR HL9 AND HL11.
- ☐ *AT LEAST ONE MOTHER OR FATHER DEAD. ⇨ GO TO OV8*
- ☐ *NO MOTHER OR FATHER DEAD*

2. CHECK TOTALS FOR HL8A.
- ☐ *AT LEAST ONE ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS ⇨ GO TO OV8*
- ☐ *NO ADULT AGED 18-59 VERY SICK 3 OF LAST 12 MONTHS*

3. CHECK TOTALS FORHL10A AND HL12A.
- ☐ *AT LEAST ONE MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇨ GO TO OV8*
- ☐ *NO MOTHER OR FATHER ILL 3 OF LAST 12 MONTHS ⇨ GO TO NEXT MODULE*

OV8. LIST ALL CHILDREN AGED 0-17 BELOW. RECORD NAMES, LINE NUMBERS AND AGES OF ALL CHILDREN, BEGINNING WITH THE FIRST CHILD AND CONTINUE IN ORDER IN WHICH LISTED IN THE HOUSEHOLD LISTING MODULE. USE A CONTINUATION SHEET IF THERE ARE MORE THAN 4 CHILDREN AGE 0-17 IN THE HOUSEHOLD. ASK ALL QUESTIONS FOR ONE CHILD BEFORE MOVING TO THE NEXT CHILD.

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
NAME (FROM HL2)	_____	_____	_____	_____
LINE NUMBER (FROM HL1)	___ ___	___ ___	___ ___	___ ___
AGE (FROM HL5)	___ ___	___ ___	___ ___	___ ___
OV9. I would like to ask you about any formal, organized help or support that your household may have received for (*NAME*) and for which you did not have to pay. By formal organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community-based. Remember this should be support for which you did not pay.				
OV10. Now I would like to ask you about the support your household received for (*NAME*). In the last 12 months, has your household received any medical support for (*NAME*), such as medical care, supplies or medicine?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8
OV11. In the last 12 months, has your household received any emotional or psychological support for (*NAME*), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home?	Yes.....1 No .....2 ⇨ OV13 DK.....8	Yes.....1 No .....2 ⇨ OV13 DK.....8	Yes.....1 No .....2 ⇨ OV13 DK.....8	Yes.....1 No .....2 ⇨ OV13 DK.....8
OV12. Did your household receive any of this support in the past 3 months?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8

OV13. In the last 12 months, has your household received any material support for *(NAME),* such as clothing, food or financial support?	Yes.....1 No .....2 ⇨OV15 DK.....8	Yes.....1 No .....2 ⇨OV15 DK.....8	Yes.....1 No .....2 ⇨OV15 DK.....8	Yes.....1 No .....2 ⇨OV15 DK.....8
OV14. Did your household receive any of this support in the past 3 months?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8
OV15. In the last 12 months, has your household received any social support for (*NAME),* such as help in household work, training for a caregiver, or legal services?	Yes.....1 No .....2 ⇨ OV17 DK.....8	Yes.....1 No .....2 ⇨ OV17 DK.....8	Yes.....1 No .....2 ⇨ OV17 DK.....8	Yes.....1 No .....2 ⇨ OV17 DK.....8
OV16. Did your household receive any of this support in the past 3 months?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8
OV17. *CHECK OV8 FOR AGE OF CHILD:*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. In the last 12 months, has your household received any support for *(NAME'S)* schooling, such as allowance, free admission, books, fees, uniforms or supplies?	Yes.....1 No .....2 DK.....8	Yes..... 1 No ..... 2 DK..... 8	Yes..... 1 No ..... 2 DK..... 8	Yes..... 1 No ..... 2 DK..... 8

MODULE 9: POVERTY AND HOUSEHOLD RESOURCES		**PV**
READ THIS TO RESPONDENT AND PROCEED WITH THE QUESTIONS THAT FOLLOW *NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON HEALTH CARE AND MEDICINES IN THE LAST MONTH.*		
PV1. In the past month, what was the total amount of money spent by your household on health care and medicines? Please include costs of visits to doctors, clinics, hospitals, traditional healers, transportation to and from those places and medicines you have bought.	US $ …….. 1 ☐☐☐☐☐.☐☐ SA Rand ……..… 2 ☐☐☐☐☐.☐☐ Zim $ ……... 3 ☐☐☐☐☐.☐☐	
PV2. In the past month, what was the total value of any help for health care and medicine received by this household from friends, relatives, employers, or organizations?	US $ …….. 1 ☐☐☐☐☐.☐☐ SA Rand ……..… 2 ☐☐☐☐☐.☐☐ Zim $ ……... 3 ☐☐☐☐☐.☐☐	
NOW I WOULD LIKE TO ASK YOU ABOUT SPENDING ON EDUCATION SINCE THE BEGINNING OF THIS YEAR		
PV3. Since the beginning of January, what was the total amount of money spent by your household on expenses related to the education of children in this household? Include expenses such as school fees, uniforms, books, and transportation.	US $ …….. 1 ☐☐☐☐☐.☐☐ SA Rand ……..… 2 ☐☐☐☐☐.☐☐ Zim $ ……... 3 ☐☐☐☐☐.☐☐	
PV4. Since the beginning of January, what was the total value of any education-related help received by this household? Please Include any scholarships, help with fees, uniforms, books, etc.	US $ …….. 1 ☐☐☐☐☐.☐☐ SA Rand ……..… 2 ☐☐☐☐☐.☐☐ Zim $ ……... 3 ☐☐☐☐☐.☐☐	
NOW, I WOULD LIKE TO ASK YOU WHETHER YOU OR ANYONE ELSE IN THIS HOUSEHOLD RECEIVED ANY FINANCIAL OR OTHER HELP OR SUPPORT FOR WHICH YOU DID NOT HAVE TO PAY		
PV5. Did anyone in your household receive any such support during the last 6 months?	YES …… 1 NO …… 2 DK …… 3	2⇨ END QUESTIONNAIRE 3 ⇨ END QUESTIONNAIRE
PV6. Who provided you with help? *(CIRCLE ALL THAT APPLY)*	Family members living in Zimbabwe …….. A Family members living outside Zimbabwe …….… B Neighbors in this community ……... C Friends living in Zimbabwe …….. D Friends living outside Zimbabwe …… ... E Local organizations or charities/NGO …… F Local government, chiefs, etc …… G Central government …….. H Missions or religious organizations …… I Other (Specify)_____ X	

PV7. What sort of help did you receive? *(CIRCLE ALL THAT APPLY)*	Cash …… A Food …… B Reduced school fees, help with schooling expenses …….. C Reduced medical fees, help with health problems ……..... D Inputs for farm or non farm business …… E Help by providing time ……..…… F Other (specify) _____ X	

END QUESTIONNNAIRE

Central Statistical Office

REPUBLIC OF ZIMBABWE

MULTIPLE INDICATOR MONITORING SURVEY (MIMS) 2009

WOMAN'S QUESTIONNAIRE

PROVINCE: ☐☐ **E. A. NUMBER:** ☐☐☐ **HHOLD:** ☐☐☐

INDIVIDUAL WOMEN QUESTIONNAIRE

IDENTIFICATION PANEL	**WM**
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE COLUMN HL6 OF HH LISTING). ***FILL IN ONE FORM FOR EACH ELIGIBLE WOMAN*** *FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND THE NAME AND LINE NUMBER OF THE WOMAN IN THE SPACE BELOW.* *FILL IN YOUR NAME, NUMBER AND THE DATE.*	
WM1. CLUSTER NUMBER: ☐☐☐	WM2. HOUSEHOLD NUMBER: ☐☐☐
WM3. WOMAN'S NAME: _____	WM4. WOMAN'S LINE NUMBER: ☐☐
WM5. INTERVIEWER NAME AND NUMBER: _____ ☐☐	WM6. DAY/MONTH/YEAR OF INTERVIEW: ☐☐ ☐☐ **2 0 0 9**

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good ……..! My name is …… and I am working for Central Statistical Office (CSO). We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE WOMAN DOES NOT AGREE TO CONTINUE, THANK HER, COMPLETE WM7, AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

WM7. RESULT OF WOMAN'S INTERVIEW	COMPLETED …… …. 1 NOT AT HOME…… 2 REFUSED …….. 3 PARTLY COMPLETED …… 4 INCAPACITATED …… 5 OTHER (*specify*) _____ 6
INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.	
WM7A. Was questionnaire administered in privacy?	Yes……1 No …… 2
WM7B. FIELD EDITOR (NAME AND NUMBER): Name _____ ☐☐	WM7C. FIELD SUPERVISOR (NAME AND NUMBER): Name: _____ ☐☐

WM7D. **RECORD THE TIME THE INTERVIEW LASTED**	Hour and minutes: …… ☐☐:☐☐	
WM8. In what month and year were you born?	DATE OF BIRTH: Month ..... ☐☐ DK month ..... 98 Year ..... ☐☐☐☐ DK year 9998	
WM9. How old were you at your last birthday?	AGE (IN COMPLETED YEARS) ..... ☐☐	
WM10. Have you ever attended school?	Yes ..... 1 No..... 2	 2⇨WM14
WM11. What is the highest level of school you attended: primary, secondary, or higher?	Pre-school …….. 00 Primary..... 10 Secondary..... 20 Higher..... 30 Non-formal education..... 96 DK 98	00⇨WM14 96⇨WM14 98⇨WM14
WM12. What is the highest grade you completed at that level? *IF LESS THAN 1 GRADE, ENTER 00*	Grade ..... ☐☐	
WM13. *CHECK WM11:* ☐ *SECONDARY OR HIGHER. ⇨ GO TO WM14A* ☐ *PRESCHOOL, PRIMARY OR NON-FORMAL EDUCATION. ⇨ CONTINUE WITH WM14*		
WM14. Now I would like you to read this sentence to me. *SHOW SENTENCES TO RESPONDENT.* *IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:* Can you read part of the sentence to me? *Example sentences for literacy test:* *1. The child is reading a book.* *2. The rains came late this year.* *3. Parents must care for their children.* *4. Farming is hard work.*	Cannot read at all..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3 No sentence in required language_____ 4 *(specify language)* Blind/mute, visually/speech impaired..... 5	
WM14A. How long have you been living in (NAME OF CURRENT RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS	Months …….. 1 ☐☐ Years …….. 2 ☐☐ Always …….. 3 Visitor ……..…. 4	 3⇨WM14C 4⇨WM14C

WM14B. Just before you moved here, where did you live? *RECORD NAME AND CODE TYPE OF AREA.* *PROBE:* Is that a city, town or communal land or resettlement area? _____ Name of place	City …… 1 Town …… 2 Communal land …….. 3 Resettlement area …….. 4 Other rural area ……... 5 Abroad ……..…… 6	
WM14C. In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	Number of trips …… 1 ☐☐ None …….. 00	3⇨NEXT MODULE
WM14D. In the last 12 months, have you been away from your home community for more than one month at a time?	Yes …… 1 No …… 2	

MODULE 1: CHILD MORTALITY		**CM**
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15-49. ALL QUESTIONS REFER ONLY TO LIVE BIRTHS.		
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *IF "NO" PROBE BY ASKING:* I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes ..... 1 No 2	2⇨ MARRIAGE /UNION MODULE
CM2A. What was the date of your first birth? I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner. *SKIP TO CM3 ONLY IF YEAR OF FIRST BIRTH IS GIVEN. OTHERWISE, CONTINUE WITH CM2B.*	Date of first birth Day ..... ☐☐ DK day ..... 98 Month ..... ☐☐ DK month ..... 98 Year ..... ☐☐☐☐ DK year 9998	⇨CM3 ⇩CM2B
CM2B. How many years ago did you have your first birth?	Completed years since first birth..... ☐☐	
CM3. Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes ..... 1 No 2	2⇨CM5
CM4. How many sons live with you? How many daughters live with you? *(IF NONE, WRITE 00)*	Sons at home ..... ☐☐ Daughters at home ..... ☐☐	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes ..... 1 No 2	2⇨CM7
CM6. How many sons are alive but do not live with you? How many daughters are alive but do not live with you? *(IF NONE, WRITE 00)*	Sons elsewhere ..... ☐☐ Daughters elsewhere ..... ☐☐	
CM7. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but, did not survive?	Yes ..... 1 No 2	2⇨CM9
CM8. How many boys have died? How many girls have died?	Boys dead ..... ☐☐ Girls dead ..... ☐☐	
CM9. SUM ANSWERS TO CM4, CM6, AND CM8.	Sum ..... ☐☐	

CM10. Just to make sure that I have this right, you have had in total (number in CM9) births during your life. Is this correct?

☐ *YES.* ⇨ *GO TO BH1*

☐ *NO.* ⇨ *CHECK RESPONSES AND MAKE CORRECTIONS BEFORE PROCEEDING TO BH1*

MODULE 1: BIRTH HISTORY — BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins? sin	mul	BH3 Is *(name)* a boy or girl? B	G	BH4 In what month and year was *(name)* born? *PROBE:* What is his/her birthday? MONTH / YEAR	BH5 Is *(name)* still alive? y	n	BH6 How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	BH7 Is *(name)* living with you? y	n	BH8 RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	BH9 *IF DEAD:* How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*		BH10 Were there any other live births between *(name of previous birth)* and *(name)*? y	n
01		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ next line	Days ..... 1 Month..... 2 Year 3	___ ___	
02		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
03		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
04		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
05		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
06		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
07		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨ BH9	___ ___	1	2	___ ___ ⇨ BH10	Days ..... 1 Month..... 2 Year 3	___ ___	1 Add / 2 NEXT
08		1	2	1	2	___ ___ /___ ___ ___ ___	1	2 ⇨	___ ___	1	2	___ ___	Days ..... 1 Month..... 2	___ ___	1 Add / 2 NEXT

MODULE 1: BIRTH HISTORY — BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

#	BH1 What name was given to your (first/ next) baby?	BH2 Were any of these births twins? sin	mul	BH3 Is *(name)* a boy or girl? B	G	BH4 In what month and year was *(name)* born? *PROBE:* What is his/her birthday? MONTH / YEAR	BH5 Is *(name)* still alive? y	n	BH6 How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	BH7 Is *(name)* living with you? y	n	BH8 RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	BH9 *IF DEAD:* How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*		BH10 Were there any other live births between *(name of previous birth)* and *(name)?* y	n
							BH9					⇨ **BH10**	Year 3		
09		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
10		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
11		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
12		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
13		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
14		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*
15		1	2	1	2	___ ___ /___ ___ ___ ___	1 2 ⇨ **BH9**		___ ___	1	2	___ ___ ⇨ **BH10**	Days ..... 1 Month..... 2 Year 3	___ ___	1 *Add* 2 *NEXT*

MODULE 1: BIRTH HISTORY — BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

	BH1	BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
#	What name was given to your (first/ next) baby?	Were any of these births twins?	Is *(name)* a boy or girl?	In what month and year was *(name)* born? *PROBE:* What is his/her birthday?	Is *(name)* still alive?	How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	Is *(name)* living with you?	RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	***IF DEAD:*** How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*	Were there any other live births between *(name of previous birth)* and *(name)?*
		sin mul	B G	MONTH / YEAR	y n		y n			y n

BH11	Have you had any live births since the birth of *(name of last birth)?* ***IF YES,*** RECORD BIRTH(S)	Yes.....1 No 2
BH12	***COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:*** ☐ ***NUMBERS ARE DIFFERENT ⇨ PROBE AND RECONCILE*** ☐ ***NUMBERS ARE SAME***	***Check:*** **FOR ALL BIRTHS:** *Year of birth is recorded*.....☐ **FOR EACH LIVING CHILD:** *Current age is recorded*.....☐ **FOR EACH DEAD CHILD:** *Age at death is recorded*.....☐ **FOR AGE AT DEATH 12 MONTHS OR 1 YEAR:** *Probe to determine exact number of months*.....☐

MODULE 1: BIRTH HISTORY BH

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN BH1. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

BH1		BH2	BH3	BH4	BH5	BH6	BH7	BH8	BH9	BH10
#	What name was given to your (first/ next) baby?	Were any of these births twins?	Is *(name)* a boy or girl?	In what month and year was *(name)* born? *PROBE:* What is his/her birthday?	Is *(name)* still alive?	How old was *(name)* at his/her last birthday? *RECORD AGE IN COMPLETED YEARS*	Is *(name)* living with you?	RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	***IF DEAD:*** How old was *(name)* when he/she died? How many months old was *(name)*? *RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS*	Were there any other live births between *(name of previous birth)* and *(name)?*
		sin mul	B G	MONTH / YEAR	y n		y n			y n

BH13. *CHECK BH4: DID THE WOMAN'S LAST BIRTH OCCUR WITHIN THE LAST 2 YEARS, THAT IS, SINCE (DAY AND MONTH OF INTERVIEW) IN 2007?*

IF CHILD HAS DIED, TAKE SPECIAL CARE WHEN REFERRING TO THIS CHILD BY NAME IN THE FOLLOWING MODULES.

☐ *NO LIVE BIRTH IN LAST 2 YEARS.* ⇨ *GO TO MARRIAGE/UNION MODULE.*

☐ *YES, LIVE BIRTH IN LAST 2 YEARS.* ⇨ *RECORD NAME OF LAST BORN CHILD AND CONTINUE WITH BH14*

*Name of child*_____

BH14. At the time you became pregnant with (*name*), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then…….. 1 Later…….. 2 No more…….. 3	

MODULE 2: TETANUS TOXOID (TT)		**TT**
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW.		
TT1. Do you have a card or other document with your own immunizations listed? *IF A CARD IS PRESENTED, USE IT TO ASSIST WITH ANSWERS TO THE FOLLOWING QUESTIONS.*	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK..... 8	
TT2. When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes..... 1 No..... 2 DK..... 8	 2⇨TT5 8⇨TT5
TT3. *IF YES:* How many times did you receive this anti-tetanus injection during your last pregnancy?	No. of times..... ☐☐ DK..... 98	 98⇨TT5
TT4. *HOW MANY TT DOSES DURING LAST PREGNANCY WERE REPORTED IN TT3?* ☐ *AT LEAST TWO TT INJECTIONS DURING LAST PREGNANCY. ⇨ GO TO NEXT MODULE* ☐ *FEWER THAN TWO TT INJECTIONS DURING LAST PREGNANCY. ⇨ CONTINUE WITH TT5*		
TT5. Did you receive any tetanus toxoid injection at any time before your last pregnancy?	Yes..... 1 No..... 2 DK..... 8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. How many times did you receive it?	No. of times..... ☐☐	
TT7. In what month and year did you receive the last anti-tetanus injection before that last pregnancy? *SKIP TO NEXT MODULE ONLY IF YEAR OF INJECTION IS GIVEN. OTHERWISE, CONTINUE WITH TT8.*	Month..... ☐☐ DK month..... 98 Year..... ☐☐☐☐ DK year..... 9998	 ⇨NEXT MODULE ⇩TT8
TT8. How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago..... ☐☐	

MODULE 3: MATERNAL AND NEWBORN HEALTH		**MN**
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW. CHECK CHILD MORTALITY MODULE BH13 AND RECORD NAME OF LAST-BORN CHILD HERE _____. USE THIS CHILD'S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED.		
MN1. In the first two months after your last birth [*THE BIRTH OF NAME*], did you receive a Vitamin A dose like this? *SHOW 200,000 IU CAPSULES.*	Yes ..... 1 No ..... 2 DK 8	
MN2. Did you see anyone for antenatal care for this pregnancy? *IF YES*: Whom did you see? Anyone else? *PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Trained Traditional birth attendant ..... E Untrained Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	 Y⇨MN6A
MN2A. How many months pregnant were you when you first received antenatal care for this pregnancy?	Months ..... ☐☐ Don't Know 98	
MN2BB. How many times did you receive antenatal care during this pregnancy?	Number of times ..... ☐☐ Don't Know 98	
MN3. As part of your antenatal care, were any of the following done at least once?	Yes No	
MN3A. Were you weighed?	Weight 1 2	
MN3B. Was your blood pressure measured?	Blood pressure 1 2	
MN3C. Did you give a urine sample?	Urine sample 1 2	
MN3D. Was your blood sample taken?	Blood sample 1 2	
MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about HIV/AIDS?	Yes ..... 1 No ..... 2 DK 8	
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN6A 8⇨MN6A

MN6. I don't want to know the results, but did you get the results of the test?	Yes ..... 1 No ..... 2 DK 8	
MN6A. During this pregnancy, did you take any medicine in order to prevent you from getting malaria?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN6H 8⇨MN6H
MN6B. Which medicines did you take to prevent malaria? *CIRCLE ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIA TO RESPONDENT.*	SP/Fansidar ..... A Chloroquine ..... B Other (*specify*) _____ X DK ..... Z	
MN6C. ***CHECK MN6B*** *FOR MEDICINE TAKEN:* ☐ *SP/FANSIDAR TAKEN.* ⇨ *CONTINUE WITH MN6D* ☐ *SP/FANSIDAR NOT TAKEN.* ⇨ *GO TO MN6H*		
MN6D. How many times did you take SP/Fansidar during this pregnancy to prevent malaria?	Number of times ..... ☐☐	
MN6E. Was it taken in presence of health worker?	Yes ..... 1 No 2	
MN6H. During pregnancy did you sleep in treated net?	Yes ..... 1 No 2	
MN7. Who assisted with the delivery of your last child (*NAME*)? Anyone else? *PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Trained Traditional birth attendant ..... E Untrained Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	
MN8. Where did you give birth to (*NAME*)? *IF PLACE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.* _____ *(NAME OF PLACE)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital/polyclinic ..... 21 Govt. clinic/health centre ..... 22 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private (*specify*) _____ 36 Mission facility ..... 41 Other (*specify*) _____ 96	

MN9. In your opinion when your last child (*NAME*) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN10. Was (*NAME*) weighed at birth?	Yes ..... 1 No ..... 2 DK 8	2⇨MN12 8⇨MN12
MN11. How much did (*NAME*) weigh? *RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.*	From card ..... 1 (kgs) ☐☐•☐☐ From recall ..... 2 (kgs) ☐☐•☐☐ DK 99998	
MN12. Did you ever breastfeed (*NAME*)?	Yes ..... 1 No 2	2⇨ NEXT MODULE
MN13. How long after birth did you first put (*NAME*) to the breast? *IF LESS THAN 1 HOUR, RECORD '00' HOURS.* *IF LESS THAN 24 HOURS, RECORD HOURS.* *OTHERWISE, RECORD DAYS.*	Immediately ..... 000 Hours ..... 1 ☐☐ *or* Days ..... 2 ☐☐ Don't know/remember 998	

MODULE 4: MARRIAGE/UNION		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union 3	 3⇨MA3
MA2. How old was your husband/partner on his last birthday?	Age in years ..... ☐☐ DK 98	
MA2A. Besides yourself, does your husband/partner have any other wives?	Yes, ... 1 No ..... 2 DK 98	 2⇨MA5 98⇨MA5
MA2B. How many other wives does he have?	Number ..... ☐☐ DK 98	⇨MA5 98⇨MA5
MA3. Have you ever been married or lived together with a man?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	 3⇨NEXT MODULE
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MA5. Have you been married or lived with a man only once or more than once?	Only once ..... 1 More than once 2	
MA6. In what month and year did you first marry or start living with a man as if married?	Month ..... ☐☐ DK month ..... 98 Year ..... ☐☐☐☐ DK year 9998	
MA7. ***CHECK MA6:*** ☐ *BOTH MONTH AND YEAR OF MARRIAGE/UNION KNOWN? ⇨ GO TO NEXT MODULE* ☐ *EITHER MONTH OR YEAR OF MARRIAGE/UNION NOT KNOWN? ⇨ CONTINUE WITH MA8*		
MA8. How old were you when you started living with your first husband/partner?	Age in years ..... ☐☐	

MODULE 5: CONTRACEPTION		CP
CP1. I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨ NEXT MODULE
CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No 2	2⇨ NEXT MODULE
CP3. Which method(s) are you using? *DO NOT PROMPT.* *IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.*	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections ..... E Implants ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence ..... L Withdrawal ..... M Other (*specify*) _____ X	

MODULE 6: ATTITUDE TOWARDS DOMESTIC VIOLENCE		DV
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: DV1A. If she goes out with out telling him? DV1B. If she neglects the children? DV1C. If she argues with him? DV1D. If she refuses sex with him? DV1E. If she burns the food?	Yes No DK Goes out without telling.....1 2 8 Neglects children.....1 2 8 Argues.....1 2 8 Refuses sex .....1 2 8 Burns food.....1 2 8	
DV2. Are you aware of the domestic violence Act?	Yes …….. 1 No …… 2	

MODULE 7: HIV/AIDS (WOMEN AGE 15-49)		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes ..... 1 No 2	 2⇨ END INTERVIEW
HA2. Can people protect themselves from getting infected with the HIV/AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes ..... 1 No ..... 2 DK 8	
HA3. Can people get infected with the HIV/AIDS virus because of witchcraft or other supernatural means?	Yes ..... 1 No ..... 2 DK 8	
HA4. Can people reduce their chance(s) of getting the HIV/AIDS virus by using a condom every time they have sex?	Yes ..... 1 No ..... 2 DK 8	
HA5. Can people get the HIV/AIDS virus from mosquito bites?	Yes ..... 1 No ..... 2 DK 8	
HA6. Can people reduce their chance(s) of getting infected with the HIV/AIDS virus by not having sex at all?	Yes ..... 1 No ..... 2 DK 8	
HA7. Can people get the HIV/AIDS virus by sharing food with a person who has AIDS?	Yes ..... 1 No ..... 2 DK 8	
HA7A. Can people get the HIV/AIDS virus by getting injections with a needle that was already used by someone else?	Yes ..... 1 No ..... 2 DK 8	
HA8. Is it possible for a healthy-looking person to have the HIV/AIDS virus?	Yes ..... 1 No ..... 2 DK 8	
HA9. Can the HIV/AIDS virus be transmitted from a mother to a baby: HA9A. During pregnancy? HA9B. During delivery? HA9C. By breastfeeding?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	
HA10. If a female teacher has the HIV/AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA10A. If a male teacher has the HIV/AIDS virus but is not sick, should he be allowed to continue teaching in school?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	

HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV/AIDS virus?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA12. If a member of your family became infected with the HIV/AIDS virus, would you want it to remain a secret?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA13. If a member of your family became sick with the HIV/AIDS virus, would you be willing to care for him or her in your household?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA14. ***CHECK MN5***: *TESTED FOR HIV DURING ANTENATAL CARE?* ☐ *YES.* ⇨ *GO TO HA18A* ☐ *NO.* ⇨ *CONTINUE WITH HA15*		
HA15. I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS?	Yes ..... 1 No 2	2⇨HA18
HA15A. When was the last time you were tested?	Less than 12 months ..... 1 12-23 months ..... 2 2 years or more 3	
HA16. I do not want you to tell me the results of the test, but have you been told the results?	Yes ..... 1 No 2	
HA17. 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	2⇨ END INTERVIEW
HA18. At this time, do you know of a place where you can go to get such a test to see if you have the HIV/AIDS virus?	Yes ..... 1 No 2	2⇨ END INTERVIEW
HA18A. *IF TESTED FOR HIV DURING ANTENATAL CARE:* Other than at the antenatal clinic, do you know of a place where you can go to get a test to see if you have the HIV/AIDS virus?	Yes ..... 1 No 2	

FOLLOW INSTRUCTONS IN YOUR INTERVIEWER'S MANUAL

CENTRAL STATISTICS OFFICE

REPUBLIC OF ZIMBABWE

Central Statistical Office

MULTIPLE INDICATOR MONITORING SURVEY (MIMS) 2009

UNDER 5 QUESTIONNAIRE

PROVINCE: ☐☐ **E. A. NUMBER:** ☐☐☐ **HHOLD:** ☐☐☐

CENTRAL STATISTICS OFFICE

CHILDREN UNDER FIVE QUESTIONNAIRE

IDENTIFICATION PANEL	**UF**
THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (SEE HOUSEHOLD LISTING, COLUMN HL8) WHO CARE FOR A CHILD THAT LIVES WITH THEM AND IS UNDER THE AGE OF 5 YEARS (SEE HOUSEHOLD LISTING, COLUMN HL5). ***A SEPARATE QUESTIONNAIRE SHOULD BE USED FOR EACH ELIGIBLE CHILD.*** *FILL IN THE CLUSTER AND HOUSEHOLD NUMBER, AND NAMES AND LINE NUMBERS OF THE CHILD AND THE MOTHER/CARETAKER IN THE SPACE BELOW. INSERT YOUR OWN NAME AND NUMBER, AND THE DATE.*	
UF1. CLUSTER NUMBER: ☐☐☐	UF2. HOUSEHOLD NUMBER: ☐☐☐
UF3. CHILD'S NAME: _____	UF4. CHILD'S LINE NUMBER: ☐☐
UF5. MOTHER'S/CARETAKER'S NAME: _____	UF6. MOTHER'S/CARETAKER'S LINE NUMBER: ☐☐
UF7. INTERVIEWER'S NAME AND NUMBER: _____ ☐☐	UF8. DAY/MONTH/YEAR OF INTERVIEW: ☐☐ ☐☐ **2 0 0 9**

REPEAT GREETING IF NOT ALREADY READ TO THIS WOMAN:

Good ……..! My name is …… and I am working for Central Statistics Office (CSO). We are working on a nationwide survey concerned with family health and education. You have been selected as one of the respondents to this survey and we would very much appreciate your participation. The interview will take about 20 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified.

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW. IF THE RESPONDENT DOES NOT AGREE TO CONTINUE, THANK HIM/HER AND GO TO THE NEXT INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR FOR A FUTURE REVISIT.

UF9. RESULT OF CHILD'S INTERVIEW	COMPLETED …… …. 1 NOT AT HOME…… 2 REFUSED …….. 3 PARTLY COMPLETED …… 4 INCAPACITATED …… 5 OTHER (*specify*) _____ 6
INTERVIEWER/EDITOR/SUPERVISOR NOTES: USE THIS SPACE TO RECORD NOTES ABOUT THE INTERVIEW WITH THIS HOUSEHOLD, SUCH AS CALL-BACK TIMES, INCOMPLETE INDIVIDUAL INTERVIEW FORMS, NUMBER OF ATTEMPTS TO RE-VISIT, ETC.	
UF9A. FIELD EDITOR (NAME AND NUMBER): Name _____ ☐☐	UF9B. FIELD SUPERVISOR (NAME AND NUMBER): Name: _____ ☐☐
UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (*NAME*). In what month and year was (*NAME*) born? *Probe:* What is his/her birthday? *IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY.*	Date of birth: Day ..... ☐☐ DK day.....98 Month..... ☐☐ DK month.....98 Year ..... ☐☐☐☐ DK year..... 9998
UF11. How old was (*NAME*) at his/her last birthday? *RECORD AGE IN COMPLETED YEARS.*	Age in completed years..... ☐☐

MODULE 1: BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. Has (*NAME*'S) birth been registered with the Births and Deaths Registry?	Yes ..... 1 No..... 2 DK 8	2⇨BR3
BR2. Does (*NAME*) have a birth certificate? May I see it?	Yes, seen ..... 1 Yes, not seen …… 2 No..... 3 DK 8	1⇨BR5 2⇨BR5
BR3. Why is (*NAME*) birth not registered?	Costs too much ..... 1 Must travel too far ..... 2 Did not know it should be registered..... 3 Did not want to pay fine ..... 4 Do not know where to register ..... 5 Father not around/ has no time …… 6 Have applied but, not received it …… 7 Parents do not have ID/birth certificate ….. 8 Other (*specify*)_____ 96 DK 98	5⇨BR5
BR4. Do you know where to register your child's birth?	Yes ..... 1 No..... 2	
BR5. ***CHECK AGE OF CHILD IN UF11:*** *CHILD IS 3 OR 4 YEARS OLD?* ☐*YES.* ⇨ *CONTINUE WITH BR6* ☐*NO.* ⇨ *GO TO NEXT MODULE*		
BR6. Does (*NAME*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes ..... 1 No..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
BR7. Within the last seven days, about how many hours did (*NAME*) attend?	No. of hours	

MODULE 2: VITAMIN A – CHILDREN 6 MONTHS AND OLDER		VA
VA1. Has (*NAME*) ever received a vitamin A capsule (supplement) like this one? *SHOW CAPSULES:* *100,000 IU FOR THOSE 6-11 MONTHS OLD,* ***(BLUE)*** *200,000 IU FOR THOSE 12-59 MONTHS OLD.* ***(RED)***.	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. How many months ago did (*NAME*) take the last dose?	Months ago ..... ☐☐ DK 98	
VA3. Where did (*NAME*) get this last dose?	On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign ..... 3 Child health week ..... 4 Outreach/mobile clinics ..... 5 Other (*specify*) _____ 6 DK 8	

MODULE 3: BREASTFEEDING		**BF**
BF1. Has (*NAME*) ever been breastfed?	Yes ..... 1 No ..... 2 DK 8	 2⇨BF3 8⇨BF3
BF2. Is *(NAME)* still being breastfed?	Yes ..... 1 No ..... 2 DK 8	1⇨BF2B 8⇨BF2B
BF2A. For how many months did you breastfeed *(NAME)*?	Months ..... ☐☐ DK 98	
BF2B. Was (*NAME*) breastfed yesterday?	Yes ..... 1 No 2	
BF3. Since this time yesterday, did he/she receive any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.*	Y N DK	
BF3A. Vitamin, mineral supplements (Abidec, Minadex, etc)?	A. Vitamin supplements 1 2 8	
BF3B. Plain water?	B. Plain water 1 2 8	
BF3C. Sweetened, flavoured water or fruit juice or tea or infusion?	C. Sweetened water or juice 1 2 8	
BF3D. ORS?	D. ORS 1 2 8	
BF3E. Infant formula (e.g.S26, Nan, Lactogen)?	E. Infant formula 1 2 8	
BF3F. Tinned, powdered or fresh milk?	F. Milk 1 2 8	
BF3G. Any other liquids (e.g. Mahewu)?	G. Other liquids 1 2 8	
BF3H. Solid or semi-solid (mushy) food?	H. Solid or semi-solid food 1 2 8	
BF4. ***CHECK BF3H:*** *CHILD RECEIVED SOLID OR SEMI-SOLID (MUSHY) FOOD?* ☐ *YES.* ⇨ *CONTINUE WITH BF5* ☐ NO OR DK. ⇨ GO TO NEXT MODULE		
BF5. Since this time yesterday, how many times did (*NAME*) eat solid, semisolid, or soft foods other than liquids? *IF 7 OR MORE TIMES, RECORD '7'.*	No. of times ..... ☐ Don't know 8	

MODULE 4: CARE OF ILLNESS		**CA**
CA1. Has (*NAME*) had diarrhoea in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last? *DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, OR AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL.*	Yes ..... 1 No ..... 2 DK 8	 2⇨CA5 8⇨CA5
CA2. During this last episode of diarrhoea, did (*NAME*) drink any of the following: *READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.*	 Yes No DK	
CA2A. A fluid made from a special packet called (*ORS*)?	A. Fluid from ORS packet 1 2 8	
CA2B. Government-recommended homemade fluid (sugar-salt solution)?	B. Recommended homemade fluid .. 1 2 8	
CA2c. Other liquids	C. Other liquids 1 2 8	
CA3. During (*NAME*'S) illness, did he/she drink much less, about the same, or more than usual?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 8	
CA4. During (*NAME*'S) illness, did he/she eat less, about the same, or more food than usual? *IF "LESS", PROBE:* much less or a little less?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 8	
CA4A. *Check CA2A: ORS packet used?* ☐ *Yes.* ⇨ *Continue with CA4B* ☐ *No.* ⇨ *Go to CA5*		
CA4B. Where did you get the *(ORS PACKET FROM CA2A)?*	Public sector Central hospital ..... 11 Provincial hospital ..... 12 District hospital ..... 13 Rural hospital/Health centre/clinic..... 14 Mobile/outreach clinic ..... 15 Other public (*specify*) ..... 16 Private medical sector Private hospital/clinic..... 21 Private physician ..... 22 Private pharmacy ....23 Other private medical (*specify*) _____ 26 Other source Relative or friend ..... 31 Shops ..... 32 Imported..... 33 Mission facility .... 41 Other (*specify*) ..... 96 DK 98	

CA5. Has (*NAME*) had an illness with a cough at any time in the last two weeks, that is, since (*DAY OF THE WEEK*) of the week before last?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA6. When (*NAME*) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or had difficult in breathing?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA7. Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest ..... 1 Blocked nose ..... 2 Both ..... 3 Other (*specify*)_____ 6 DK 8	 2⇨CA12 6⇨CA12
CA8. Did you seek advice or treatment for the illness outside the home?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA10 8⇨CA10
CA9. From where did you seek care? Anywhere else? *CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.* *IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.* _____ *(NAME OF PLACE)*	Public sector Central hospital ..... A Provincial hospital ..... B District hospital ..... C Rural hospital/Health centre/clinic ..... D Mobile/outreach clinic ..... E Other public (*specify*)_____ H Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Other private medical (*specify*)_____ O Other source Relative or friend ..... P Mission facility ..... S Other (*specify*)_____ X	
CA10. Was (*NAME*) given medicine to treat this illness?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA12 8⇨CA12
CA11. What medicine was (*NAME*) given? *CIRCLE ALL MEDICINES GIVEN.*	Antibiotic ..... A Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	

CA11A. ***CHECK CA11:*** *ANTIBIOTIC GIVEN?* ☐ *YES.* ⇨ *CONTINUE WITH CA11B* ☐ *NO.* ⇨ *GO TO CA12*		
CA11B. Where did you get the antibiotic?	Public sector Central hospital ..... 11 Provincial hospital ..... 12 District hospital..... 13 Rural hospital/Health centre/clinic..... 14 Mobile/outreach clinic ……. 15 Other public (*specify*) ..... 16 Private medical sector Private hospital/clinic..... 21 Private physician ..... 22 Private pharmacy ..... …. ……23 Other private medical (*specify*) _____ 26 Other source Relative or friend …… 31 Shops …… 32 Imported …… 33 Mission facility …….. 41 Other (*specify*) 96	
CA12. ***CHECK UF11:*** *CHILD AGED UNDER 3?* ☐ *YES.* ⇨ *CONTINUE WITH CA13* ☐ NO. ⇨ GO TO CA14		
CA13. The last time *(NAME)* passed stools, what was done to dispose of the stools?	Child used toilet/latrine..... 11 Put/rinsed into toilet or latrine ..... 12 Put/rinsed into drain or ditch ..... 13 Thrown into garbage (solid waste)..... 14 Buried..... 15 Left in the open ..... 16 Other (*specify*)_____ 96 DK..... 98	
ASK THE FOLLOWING QUESTION (CA14) ONLY ONCE FOR EACH MOTHER/CARETAKER. CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? *KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE MOTHER/CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS.* *CIRCLE ALL SYMPTOMS MENTIONED,* *BUT DO NOT PROMPT WITH ANY SUGGESTIONS.*	Child not able to drink or breastfeed.....A Child becomes sicker.....B Child develops a fever/high temperature....C Child has fast breathing .....D Child has difficult breathing.....E Child has blood in stool.....F Child is drinking poorly..... G Other (*specify*)_____ X Other (*specify*)_____ Y Other (*specify*)_____ Z	

MODULE 5: MALARIA FOR UNDER-FIVES		ML
ML1. In the last two weeks, that is, since (*DAY*	Yes 1	

OF THE WEEK) of the week before last, has (*NAME*) been ill with a fever?	No ..... 2 DK 8	2⇨ML10 8⇨ML10
ML2. Was (*NAME*) seen at a health facility during this illness?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML6 8⇨ML6
ML3. Did (*NAME*) take a medicine for fever or malaria that was provided or prescribed at the health facility?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML5 8⇨ML5
ML4. What medicine did (*NAME*) take that was provided or prescribed at the health facility? *CIRCLE ALL MEDICINES MENTIONED.*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Quinine ..... C Artemisinin-based combinations (e.g. Coartem) ..... D Other anti-malarial (*specify*)_____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	
ML5. Was (*NAME*) given medicine for the fever or malaria before being taken to the health facility?	Yes ..... 1 No ..... 2 DK 8	1⇨ML7 2⇨ML8 8⇨ML8
ML6. Was (*NAME*) given medicine for fever or malaria during this illness?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML8 8⇨ML8
ML7. What medicine was (*NAME*) given? *CIRCLE ALL MEDICINES GIVEN. ASK TO SEE THE MEDICATION IF TYPE IS NOT KNOWN. IF TYPE OF MEDICATION IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIALS TO RESPONDENT.*	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Quinine ..... C Artemisinin-based combinations (e.g. Coartem) ..... D Other anti-malarial (*specify*)_____ H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	
ML8. ***CHECK ML4 AND ML7:*** *ANTI-MALARIAL MENTIONED (CODES A - H)?* ☐ *YES.* ⇨ *CONTINUE WITH ML9* ☐ *NO.* ⇨ *GO TO ML10*		

ML9. How long after the fever started did (*NAME*) first take (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)? *IF MULTIPLE ANTI-MALARIALS MENTIONED IN ML4 OR ML7, NAME ALL ANTI-MALARIAL MEDICINES MENTIONED.* *RECORD THE CODE FOR THE DAY ON WHICH THE FIRST ANTI-MALARIAL WAS GIVEN.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
ML9A. Where did you get the (*NAME OF ANTI-MALARIAL FROM ML4 or ML7*)? *IF MORE THAN ONE ANTI-MALARIAL IS MENTIONED IN ML4 OR ML7, REFER TO THE FIRST ANTI-MALARIAL GIVEN FOR THE FEVER (THE ANTI-MALARIAL GIVEN ON THE DAY RECORDED IN ML9).*	Public sector Central hospital ..... 11 Provincial hospital ..... 12 District hospital ..... 13 Rural hospital/Health centre/clinic ..... 14 Mobile/outreach clinic ..... 15 Other public (*specify*) ..... 16 Private medical sector Private hospital/clinic ..... 21 Private physician ..... 22 Private pharmacy ..... 23 Other private medical (*specify*) _____ 26 Other source Relative or friend ..... 31 Shops ..... 32 Imported ..... 33 Mission facility ..... 41 Other (*specify*) 96	
ML10. Did (*NAME*) sleep under a mosquito net last night?	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
ML11. How long ago did your household obtain the mosquito net? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago ..... ☐☐ More than 24 months ago ..... 95 Not sure 98	

ML12. What brand is this net? *IF THE RESPONDENT DOES NOT KNOW THE BRAND OF THE NET, SHOW PICTORIALS, OR IF POSSIBLE, OBSERVE THE NET.* LONG LASTING TREATED NETS: *Olyset* *Permanet* PRE-TREATED NETS: *KO Tab 123* *Iconet* Other *(specify)* *DK brand*	Long lasting treated net: Olyset ..... 11 Permanet..... 12 Pre-treated net: KO Tab 123..... 21 Iconet ..... 22 Other *(specify)* ..... *96* DK brand..... 98	11⇨NEXT MODULE 12⇨NEXT MODULE 21⇨ML14 22⇨ML14
ML13. When you got that net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes..... 1 No..... 2 DK/not sure 8	
ML14. Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill/repel mosquitoes or bugs?	Yes..... 1 No..... 2 DK 8	2⇨ NEXT MODULE 8⇨ NEXT MODULE
ML15. How long ago was the net last soaked or dipped? *IF LESS THAN 1 MONTH, RECORD '00'.* *IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.*	Months ago ..... ☐☐ More than 24 months ago..... 95 DK 98	

MODULE 6: IMMUNIZATION												**IM**
IF AN IMMUNIZATION CARD IS AVAILABLE, COPY THE DATES IN IM2-IM8 FOR EACH TYPE OF IMMUNIZATION OR VITAMIN A DOSE RECORDED ON THE CARD. IM10-IM18 ARE FOR RECORDING VACCINATIONS THAT ARE NOT RECORDED ON THE CARD. IM10-IM18 WILL ONLY BE ASKED WHEN A CARD IS NOT AVAILABLE.												
IM1. Is there a vaccination card for (*NAME*)?		Yes, seen ..... 1 Yes, not seen ..... 2 No 3										2⇨IM10 3⇨IM10
(a) COPY DATES FOR EACH VACCINATION FROM THE CARD. *(b) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT VACCINATION WAS GIVEN BUT NO DATE RECORDED.*		Date of Immunization										
		DAY		MONTH		YEAR						
IM2. BCG	BCG											
IM3A. Polio at birth	OPV0											
IM3B. Polio 1	OPV1											
IM3C. Polio 2	OPV2											
IM3D. Polio 3	OPV3											
IM4A. DPT1	DPT1											
IM4B. DPT2	DPT2											
IM4C. DPT3	DPT3											
IM5A. HepB1Hib (or DPTHepB1Hib)	(DPT)HH1											
IM5B. HepB2Hib (or DPTHepB2Hib)	(DPT)HH2											
IM5C. HepB3Hib (or DPTHepB3Hib)	(DPT)HH3											
IM6. Measles (or MMR)	Measles											
IM8A. Vitamin A (1)	VitA1											
IM8B. Vitamin A (2)	VitA2											
IM9. In addition to the vaccinations and vitamin A capsules shown on this card, did (*NAME*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? *RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, OPV 0-3, DPT 1-3, HEPATITIS B 1-3, MEASLES VACCINE(S), OR VITAMIN A SUPPLEMENTS.*		Yes ..... 1 *(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN ON IM2 TO IM8B.)* No ..... 2 DK 8										1⇨IM19 2⇨IM19 8⇨IM19
IM10. Has (*NAME*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?		Yes ..... 1 No ..... 2 DK 8										2⇨IM19 8⇨IM19

IM11. Has (*NAME*) ever been given a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar?	Yes ..... 1 No ..... 2 DK 8	

IM12. Has (*NAME*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM15 8⇨IM15
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks) ..... 1 Later 2	
IM14. How many times has he/she been given these drops?	No. of times ..... ☐☐	
IM15. Has (*NAME*) ever been given "DPT or [DPT]HH vaccination injections" – that is, an injection in the thigh – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes ..... 1 No ..... 2 DK 8	 2⇨IM17 8⇨IM17
IM16. How many times?	No. of times ..... ☐☐	
IM17. Has (*NAME*) ever been given "Measles vaccination injections" – that is, a shot in the arm at the age of **9** months or older - to prevent him/her from getting measles?	Yes ..... 1 No ..... 2 DK 8	
IM19. Please tell me if (*NAME*) has benefited from any of the following campaigns, national immunization in the last year and/or vitamin A: IM19A. National Immunization last year *IM19B.* Vitamin A campaign *IM19C.* Child Health Week	Y N DK National Immunization ..... 1 2 8 Vitamin A ..... 1 2 8 Child Health Week 1 2 8	

IM20. *DOES ANOTHER ELIGIBLE CHILD RESIDE IN THE HOUSEHOLD FOR WHOM THIS RESPONDENT IS MOTHER/CARETAKER?* ***CHECK HOUSEHOLD LISTING, COLUMN HL8.***

☐ *YES.* ⇨ *END THE CURRENT QUESTIONNAIRE AND THEN GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE TO ADMINISTER THE QUESTIONNAIRE FOR THE NEXT ELIGIBLE CHILD.*

☐ *NO.* ⇨ *END THE INTERVIEW WITH THIS RESPONDENT BY THANKING HIM/HER FOR HIS/HER COOPERATION.*

IF THIS IS THE LAST ELIGIBLE CHILD IN THE HOUSEHOLD, GO ON TO ANTHROPOMETRY MODULE.

MODULE 7: ANTHROPOMETRY — AN

AFTER QUESTIONNAIRES FOR ALL CHILDREN ARE COMPLETE, THE MEASURER WEIGHS AND MEASURES EACH CHILD. RECORD WEIGHT, LENGTH/HEIGHT AND MID UPPER ARM CIRCUMFERENCE BELOW, TAKING CARE TO RECORD THE MEASUREMENTS ON THE CORRECT QUESTIONNAIRE FOR EACH CHILD. CHECK THE CHILD'S NAME AND LINE NUMBER ON THE HOUSEHOLD LISTING BEFORE RECORDING MEASUREMENTS.

AN1. Child's weight.	Kilograms (kg)..... ☐☐.☐	
AN2. Child's length or height. ***CHECK AGE OF CHILD IN UF11:*** ☐*CHILD UNDER 2 YEARS OLD. ⇨ MEASURE LENGTH (LYING DOWN).* ☐*CHILD AGE 2 OR MORE YEARS. ⇨ MEASURE HEIGHT (STANDING UP).*	Length (cm) Lying down .....1 ☐☐☐.☐ Height (cm) Standing up .....2 ☐☐☐.☐	
AN2A. ***CHECK AGE OF CHILD IN UF11:*** *CHILD IS 6-59 MONTHS?* ☐*YES. ⇨ CONTINUE WITH AN2B* ☐*NO ⇨ GO TO AN 3*		
AN2B. Child's Mid Upper Arm Circumference (MUAC).	Mid Upper Arm Circumference (cm) ☐☐.☐	
AN2C. *check child for bilateral pitting oedema* Does child have bilateral pitting oedema?	Yes ..... 1 No..... 2	 2⇨AN3
AN2D. What is the grade of oedema?	Mild-both feet (below the ankles) (+).....1 Moderate-both feet and legs (below the knees) (+ +) ..... 2 Generalised including the face (+ + +) 3	
AN3. Measurer's identification code.	Measurer code ..... ☐☐	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused..... 3 ☐ Other (*specify*)_____6	

AN5. *IS THERE ANOTHER CHILD IN THE HOUSEHOLD WHO IS ELIGIBLE FOR MEASUREMENT?*

☐*YES. ⇨ RECORD MEASUREMENTS FOR NEXT CHILD.*

☐*NO. ⇨ END THE INTERVIEW WITH THIS HOUSEHOLD BY THANKING ALL PARTICIPANTS FOR THEIR COOPERATION.*

GATHER TOGETHER ALL QUESTIONNAIRES FOR THIS HOUSEHOLD AND CHECK THAT ALL IDENTIFICATION NUMBERS ARE INSERTED ON EACH PAGE. TALLY ON THE HOUSEHOLD INFORMATION PANEL THE NUMBER OF INTERVIEWS COMPLETED.