



2015 DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD QUESTIONNAIRE
Zimbabwe
ZIMSTAT

FORMATTING DATE: 11 June 2015



IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____		RESULT* <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
*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 _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL ELIGIBLE WOMEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL ELIGIBLE MEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">01</div> </div> <div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;"></div> </div> <div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** <div style="border-bottom: 1px solid black; padding: 0 10px;">ENGLISH</div> </div> <div> **LANGUAGE CODES: 01 ENGLISH 02 NDEBELE 03 SHONA </div> </div>				
SUPERVISOR <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>NAME</div> <div>NUMBER</div> </div>		OFFICE EDITOR <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>NAME</div> <div>NUMBER</div> </div>		KEYED BY <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>NAME</div> <div>NUMBER</div> </div>

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INTRODUCTION AND CONSENT

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

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

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?

Do you agree to participate in the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER _____

DATE _____

CONFIRMING CONSENT STATEMENT
HAS BEEN READ TO THE RESPONDENT

RESPONDENT AGREES
TO BE INTERVIEWED .. 1



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

100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"><div>HOURS</div><div>MINUTES</div></div> <div style="display: flex; align-items: center; justify-content: flex-end;"><table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></div>				

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
1	2	3	4	5	6	7	8	9	10	11	11A
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 6-14</p>
01		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	<div></div>	01	01	01	01
02		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	02	02	02	02
03		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	03	03	03	03
04		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	04	04	04	04
05		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	05	05	05	05
06		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	06	06	06	06
07		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	07	07	07	07
08		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	08	08	08	08
09		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	09	09	09	09
10		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	<div></div>	10	10	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, or friends who usually live here?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During [this/that] school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Births and Deaths Registry? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
02	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
03	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
04	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
05	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
06	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
07	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
08	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
09	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

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

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
1	2	3	4	5	6	7	8	9	10	11	11A
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11		<div><div></div><div></div></div>	<div>M F</div> <div>1 2</div>	<div>Y N</div> <div>1 2</div>	<div>Y N</div> <div>1 2</div>	<p>IN YEARS</p> <div><div></div><div></div></div>	<div></div>	11	11	11	11
12		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	12	12	12	12
13		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	13	13	13	13
14		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	14	14	14	14
15		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	15	15	15	15
16		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	16	16	16	16
17		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	17	17	17	17
18		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	18	18	18	18
19		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	19	19	19	19
20		<div><div></div><div></div></div>	<div>1 2</div>	<div>1 2</div>	<div>1 2</div>	<div><div></div><div></div></div>	<div></div>	20	20	20	20
TICK HERE IF CONTINUATION SHEET USED											

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11	Y N DK 1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	Y N DK 1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ GO TO 20	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
12	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
13	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
15	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
16	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
17	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
18	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
19	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
20	1 2 8 ↓ GO TO 14	<input type="text"/> <input type="text"/>	1 2 8 ↓ GO TO 16	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

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

0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER

8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19.)

98 = DON'T KNOW

SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

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

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

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

NAME OF SELECTED WOMAN _____	HH LINE NUMBER OF SELECTED WOMAN	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	106 103 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER 96 (SPECIFY)	106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	105
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		107

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8			
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109		
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/..... B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z			
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRI 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PI 23 BUCKET TOILET 31 NO FACILITY/BUSH/FIELD 41 OTHER 96 (SPECIFY)	→ 113		
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112		
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3			
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LP GAS 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 116		

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																									
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 116																																																									
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																																										
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																																																										
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119																																																									
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Cattle? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Chickens or other poultry? f) Rabbits? g) Pigs?	a) CATTLE <input type="text"/> <input type="text"/> b) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> c) GOATS <input type="text"/> <input type="text"/> d) SHEEP <input type="text"/> <input type="text"/> e) CHICKENS/POULTRY <input type="text"/> <input type="text"/> f) RABBITS <input type="text"/> <input type="text"/> g) PIGS <input type="text"/> <input type="text"/>																																																										
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 121																																																									
120	How many acres of agricultural land do members of this household own? IF 95 OR MORE, RECORD '950'.	ACRES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998																																																										
121	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>a) Electricity?</td><td>1</td><td>2</td></tr> <tr><td>b) A radio?</td><td>1</td><td>2</td></tr> <tr><td>c) A television?</td><td>1</td><td>2</td></tr> <tr><td>d) A non-mobile telephone?</td><td>1</td><td>2</td></tr> <tr><td>e) A computer?</td><td>1</td><td>2</td></tr> <tr><td>f) A refrigerator?</td><td>1</td><td>2</td></tr> <tr><td>g) Battery or generator for power?</td><td>1</td><td>2</td></tr> <tr><td>h) Solar panel?</td><td>1</td><td>2</td></tr> <tr><td>i) Pushing tray?</td><td>1</td><td>2</td></tr> <tr><td>j) Axe/hoe?</td><td>1</td><td>2</td></tr> <tr><td>k) Chair/stool?</td><td>1</td><td>2</td></tr> <tr><td>l) Plow?</td><td>1</td><td>2</td></tr> <tr><td>m) Wardrobe?</td><td>1</td><td>2</td></tr> <tr><td>n) Satellite dish/decoder?</td><td>1</td><td>2</td></tr> <tr><td>o) Washing machine?</td><td>1</td><td>2</td></tr> <tr><td>p) Borehole?</td><td>1</td><td>2</td></tr> <tr><td>q) Mattress?</td><td>1</td><td>2</td></tr> <tr><td>r) Bed?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) Electricity?	1	2	b) A radio?	1	2	c) A television?	1	2	d) A non-mobile telephone?	1	2	e) A computer?	1	2	f) A refrigerator?	1	2	g) Battery or generator for power?	1	2	h) Solar panel?	1	2	i) Pushing tray?	1	2	j) Axe/hoe?	1	2	k) Chair/stool?	1	2	l) Plow?	1	2	m) Wardrobe?	1	2	n) Satellite dish/decoder?	1	2	o) Washing machine?	1	2	p) Borehole?	1	2	q) Mattress?	1	2	r) Bed?	1	2	
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
122	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?	YES a) WATCH 1 b) MOBILE PHONE 1 c) BICYCLE 1 d) MOTORCYCLE/SCOOTER 1 e) ANIMAL-DRAWN CART 1 f) CAR/TRUCK 1 g) BOAT WITH MOTOR 1	NO 2 2 2 2 2 2 2	
123	Does any member of this household have a bank account?	YES 1 NO 2		
124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5		
125	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8		→ 127
126	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NC) C OTHER _____ X (SPECIFY) DON'T KNOW Z		
127	Does your household have any mosquito nets?	YES 1 NO 2		→ 139
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>		

MOSQUITO NETS

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
130	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98
131	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 OTHER/DON'T KNOW BRAND 16 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 OTHER/DON'T KNOW BRAND 16 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 OTHER/DON'T KNOW BRAND 16 (SKIP TO 134) ← OTHER TYPE 96 DON'T KNOW TYPE .. 98
134	Did you get the net through a school distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, SCHOOL DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, SCHOOL DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4	YES, SCHOOL DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 136) ← NO 4
135	Where did you get the net?	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 MISSION HOSPITAL 06 SCHOOL 07 OTHER 08 DON'T KNOW 09	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 MISSION HOSPITAL 06 SCHOOL 07 OTHER 08 DON'T KNOW 09	GOVT. HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 MISSION HOSPITAL 06 SCHOOL 07 OTHER 08 DON'T KNOW 09
136	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 138) ← NOT SURE 8

MOSQUITO NETS

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

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	<div> <div></div> <div>→ 142</div> </div>
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 ASBESTOS 33 TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>MUD 13</p> <p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD 21</p> <p>PLYWOOD 22</p> <p>CARDBOARD 23</p> <p>REUSED WOOD 24</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WOOD PLANKS/SHINGLES 35</p> <p>OTHER _____ 96 (SPECIFY)</p>									
145	<p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>NO SALT IN HOUSEHOLD 3</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS



Cluster Number: _____
Household Number: _____
Line Number: _____

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

ADULT CONSENT FORM			
ANAEMIA TESTING		HIV TESTING	
<p>PURPOSE As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. You are one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p>PROCEDURES AND DURATION If you decide to have an anaemia test, you will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p>RISKS AND DISCOMFORTS The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p>BENEFITS We cannot offer you any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you to the nearest health facility.</p> <p>CONFIDENTIALITY If you indicate your willingness to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p>VOLUNTARY PARTICIPATION You can say yes to the test or you can say no. If you decide not to be tested, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p>QUESTIONS Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p>AUTHORIZATION You are making a decision whether or not to be tested for anaemia. Your signature indicates that you have read, or have had read to you, the information provided above, have had all your questions answered, and have decided to participate.</p>		<p>PURPOSE As part of this survey, we are asking people all over the country to provide a blood sample for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. You are one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.</p> <p>PROCEDURES AND DURATION If you decide to provide a blood sample for HIV testing, you will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your blood will be labeled using a code and not your name, no one will be able to know your HIV test results. We will not be able to tell you the results of the test.</p> <p>RISKS AND DISCOMFORTS The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.</p> <p>BENEFITS We cannot offer you any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.</p> <p>CONFIDENTIALITY If you are willing to provide a blood sample for HIV testing, the results will not be linked to you and will be strictly confidential. You are assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p>VOLUNTARY PARTICIPATION You can say yes or no to having your blood collected and tested for HIV. If you decide not to give a sample for HIV testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p>QUESTIONS Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p>AUTHORIZATION You are making a decision whether or not to provide a blood sample for HIV testing. Your signature indicates that you have read, or have had read to you, the information provided above, have had all your questions answered, and have decided to participate.</p>	
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<p>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikweya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>			



MRCZ

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

Cluster Number: _____
Household Number: _____
Line Number: _____

ANAEMIA TESTING		PARENTAL CONSENT		HIV TESTING		ADDITIONAL TESTING	
PURPOSE As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.		PURPOSE As part of this survey, we are asking people all over the country to provide a blood sample that will be used for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. Your child is one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.		PURPOSE As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.		PURPOSE As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.	
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Cluster Number: _____
Household Number: _____
Line Number: _____

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

ADOLESCENT ASCENT FORM 7 – 12 YEARS		
ANAEMIA TESTING	HIV TESTING	ADDITIONAL TESTING
<p>PURPOSE As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p>PROCEDURES AND DURATION If you decide to allow your child to have an anaemia test, your child will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p>RISKS AND DISCOMFORTS The risks associated with procedure are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.</p> <p>BENEFITS We cannot offer you or your child any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you and your child to the nearest health facility.</p> <p>CONFIDENTIALITY If you indicate your willingness for your child to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.</p> <p>VOLUNTARY PARTICIPATION You can say yes to the test or you can say no. If you decide not to allow your child to be tested, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p>QUESTIONS Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p>AUTHORIZATION You are making a decision whether or not to allow your child to be tested for anaemia. Your signature indicates that you have read, or have had read to you, the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>	<p>PURPOSE As part of this survey, we are asking people all over the country to provide a blood sample that will be used for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. 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Cluster Number: _____
Household Number: _____
Line Number: _____

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

ADOLESCENT ASCENT FORM 13 – 17 YEARS		
ANAEMIA TESTING	HIV TESTING	ADDITIONAL TESTING
<p>PURPOSE As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.</p> <p>PROCEDURES AND DURATION If you decide to allow your child to have an anaemia test, your child will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.</p> <p>RISKS AND DISCOMFORTS The risks associated with procedure are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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If you decide not to allow your child to give a sample for HIV testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p>QUESTIONS Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.</p> <p>AUTHORIZATION You are making a decision whether or not to allow your child to provide a blood sample for HIV testing. Your signature indicates that you have read, or have had read to you, the information provided above, have had all your questions answered, and have decided to participate.</p>	<p>PURPOSE As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done. However, additional testing will only be conducted after the Medical Research Council of Zimbabwe has granted approval.</p> <p>PROCEDURES AND DURATION If you decide to allow your child to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify your child. The results of the additional tests will not be returned to you or your child.</p> <p>BENEFITS We cannot offer your child any direct benefits from the testing.</p> <p>CONFIDENTIALITY If you are willing for your child's blood sample to be stored and used for additional testing, the results of any tests will not be linked to your child and will remain strictly confidential. Your child is ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.</p> <p>VOLUNTARY PARTICIPATION You can say yes or no to having your child's blood stored for additional testing. If you decide not to allow your child's blood sample to be stored for additional testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.</p> <p>QUESTIONS Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.</p> <p>AUTHORIZATION You are making a decision whether or not to allow your child's blood sample to be stored and used for additional testing or research. Your signature indicates that you have read, or have had read to you, the information provided above, have had all your questions answered, and have decided to allow your child to participate.</p>
Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____	Name of child 1 (please print) _____ Date/Time _____
Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____	Name of child 2 (please print) _____ Date/Time _____
Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (please print) _____ Date/Time _____	Name of child 3 (please print) _____ Date/Time _____
Name of parent (please print) _____	Name of parent (please print) _____	Name of parent (please print) _____
Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____	Signature of parent or legally authorized representative _____
Relationship to child For children 13-17 years old: My participation in this research study is voluntary. I have, or have had read to me, the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep. _____ Signature of child	Relationship to child For children 13-17 years old: My participation in this research study is voluntary. I have, or have had read to me, the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep. _____ Signature of child	Relationship to child For children 13-17 years old: My participation in this research study is voluntary. I have, or have had read to me, the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep. _____ Signature of child
Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____	Name of Interviewer _____ Signature _____
<p>YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Godfrey Matsinde (telephone: 04-794757) or Mr. Langton Chikeya (telephone: 04-793972), or the Medical Research Council of Zimbabwe (telephone: 04-791792 or 04-791193).</p>		