

DEMOGRAPHIC AND HEALTH SURVEYS
 HOUSEHOLD QUESTIONNAIRE

ZAMBIA
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

IDENTIFICATION								
LOCALITY NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD SELECTED FOR ANEMIA? (1=YES, 2=NO)								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
	_____	_____						
*RESULT CODES:				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
1 COMPLETED				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
4 POSTPONED								
5 REFUSED								
6 DWELLING VACANT OR ADDRESS NOT A DWELLING								
7 DWELLING DESTROYED								
8 DWELLING NOT FOUND								
9 OTHER _____ (SPECIFY)								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>	
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:		04 LOZI	07 NYANJA		
				02 BEMBA	05 LUNDA	08 TONGA		
				03 KAONDE	06 LUVALE			
TEAM	TEAM SUPERVISOR							
<table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>	_____		<table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>					
NUMBER	NAME		NUMBER					

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Zambia Statistics Agency (ZamStats). We are conducting a survey about health and other topics all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have 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?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS		IF AGE 0-4 YEARS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	12	13	14	15	16	17A	17B	18	19	20
	Is (FIRST NAME)'s biological mother alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME)'s biological father alive?	Does (FIRST NAME)'s biological 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 (FIRST NAME) ever attended school or any early childhood education program?	What is the highest level of school (FIRST NAME) has attended?	What is the highest grade (FIRST NAME) completed at that level?	Did (FIRST NAME) attend school or any early childhood education program at any time during the 2023 school year?	During [this/that] school year, what level and grade [is/was] (FIRST NAME) attending?	Does (FIRST NAME) have a birth certificate? IF NO, PROBE: Has (FIRST NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
	Y N 1 2-8 GO TO 14	Y N 1 2-8 GO TO 16	Y N 1 2-8 GO TO 14	Y N 1 2-8 GO TO 16	Y N 1 2-8 GO TO 20	SEE CODES BELOW.	SEE CODES BELOW.	(4) Y N 1 2-8 GO TO 20	SEE CODES BELOW. LEVEL GRADE [] [] [] [] [] [] [] [] [] [] [] []	[] GO TO 26 [] GO TO 26 [] GO TO 26 [] GO TO 26 [] GO TO 26
01										
02										
03										
04										
05										

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL
 0 = EARLY CHILDHOOD EDUCATION PROGRAM
 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

HOUSEHOLD SCHEDULE

		IF AGE 5 OR OLDER					
LINE NO.	DISABILITY						
	26		27	28	29	30	31
	<p>4 = MALE</p> <p>Does (FIRST NAME) wear glasses or contact lenses to help him see?</p>	<p>4 = FEMALE</p> <p>Does (FIRST NAME) wear glasses or contact lenses to help her see?</p>	<p>I would like to know if (FIRST NAME) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty seeing. Would you say that (FIRST NAME) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all?</p> <p>1 = NO DIFFICULTY SEEING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE AT ALL 8 = DON'T KNOW</p>	<p>Does (FIRST NAME) wear a hearing aid?</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing even when using a hearing aid. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty hearing. Would you say that (FIRST NAME) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all?</p> <p>1 = NO DIFFICULTY HEARING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT HEAR AT ALL 8 = DON'T KNOW</p>
1	<p>Y N</p> <p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>Y N</p> <p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>(GO TO 29)</p>	<p>1 2 3 4 8</p>	<p>Y N</p> <p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>(GO TO 32)</p>	<p>1 2 3 4 8</p>
2	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>(GO TO 29)</p>	<p>1 2 3 4 8</p>	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>(GO TO 32)</p>	<p>1 2 3 4 8</p>
3	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>(GO TO 29)</p>	<p>1 2 3 4 8</p>	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>(GO TO 32)</p>	<p>1 2 3 4 8</p>
4	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>(GO TO 29)</p>	<p>1 2 3 4 8</p>	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>(GO TO 32)</p>	<p>1 2 3 4 8</p>
5	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2</p> <p>↓</p> <p>GO TO 28</p>	<p>1 2 3 4 8</p> <p>(GO TO 29)</p>	<p>1 2 3 4 8</p>	<p>1 2</p> <p>↓</p> <p>GO TO 31</p>	<p>1 2 3 4 8</p> <p>(GO TO 32)</p>	<p>1 2 3 4 8</p>

HOUSEHOLD SCHEDULE

IF AGE 5 OR OLDER				
LINE NO.	DISABILITY			
	32	33	34	35
	<p>I would like to know if (FIRST NAME) has difficulty communicating when using his/her usual language. Would you say that (FIRST NAME) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all?</p> <p>1 = NO DIFFICULTY COMMUNICATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT COMMUNICATE AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty remembering or concentrating. Would you say that (FIRST NAME) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all?</p> <p>1 = NO DIFFICULTY REMEMBERING/ CONCENTRATING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT REMEMBER/ CONCENTRATE AT ALL 8 = DONT KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty walking or climbing steps. Would you say that (FIRST NAME) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all?</p> <p>1 = NO DIFFICULTY WALKING OR CLIMBING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WALK OR CLIMB AT ALL 8 = DON'T KNOW</p>	<p>I would like to know if (FIRST NAME) has difficulty bathing all over or dressing. Would you say that (FIRST NAME) has no difficulty bathing all over or dressing, some difficulty, a lot of difficulty, or cannot bath all over or dress at all?</p> <p>1 = NO DIFFICULTY WASHING OR DRESSING 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT WASH OR DRESS AT ALL 8 = DON'T KNOW</p>
1	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
2	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
3	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
4	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)
5	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8 (GO TO 12, NEXT ROW)

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>WATER KIOSK 93</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 106</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 106</p>
104	How long does it take to go there, wait, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
105	Who usually goes to this source to collect the water for your household? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD ROSTER, RECORD '00'	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
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 LATRINE .. 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 117	
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 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98		
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3		
113	CHECK 109: CODES 12, 13, 21, <input type="checkbox"/> 22, 23, OR 31 CIRCLED ↓		OTHER <input type="checkbox"/> → 117	
114	CHECK 109: CODE <input type="checkbox"/> 12 ↓ a) Has your septic tank ever been emptied?	CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ b) Has your pit latrine ever been emptied?	CODE <input type="checkbox"/> 31 ↓ c) Has your composting toilet ever been emptied? YES 1 NO 2 DON'T KNOW 8	→ 117
115	CHECK 109: CODE <input type="checkbox"/> 12 ↓ a) The last time the septic tank was emptied, was it emptied by a service provider?	CODE <input type="checkbox"/> 13, 21, 22, OR 23 ↓ b) The last time the pit latrine was emptied, was it emptied by a service provider?	CODE <input type="checkbox"/> 31 ↓ c) The last time the composting toilet was emptied, was it emptied by a service provider? YES 1 NO 2 DON'T KNOW 8	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Where were the contents emptied to?	A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 UNCOVERED PIT/BUSH/FIELD/OPEN GROUND 3 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
117	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE/ BRAZIER 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 121 → 120 → 120 → 123 → 120
118	Does the stove have a chimney?	YES 1 NO 2 DON'T KNOW 8	
120	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
121	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)	→ 123
122	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
123	What does this household use to heat the home when needed? IF THE RESPONDENT SAYS ELECTRICITY OR GAS, ASK: What type of heater is the (electricity/gas) used in?	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE/BRAZIER 04 TRADITIONAL COOKSTOVE 05 AIR CONDITION UNIT 06 THREE STONE STOVE/OPEN FIRE 07 NO SPACE HEATING IN HOUSEHOLD/NO NEED 95 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 125 → 126 → 125

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124	Does it have a chimney?	YES 1 NO 2 DON'T KNOW 8	
125	What type of fuel or energy source is used in this heater?	ELECTRICITY 01 PIPED NATURAL GAS 02 SOLAR AIR HEATER 03 LIQUEFIED PETROLEUM GAS (LPG) /COOKING GAS 04 BIOGAS 05 ALCOHOL/ETHANOL 06 GASOLINE/DIESEL 07 KEROSENE/PARAFFIN 08 COAL/LIGNITE 09 CHARCOAL 10 WOOD 11 STRAW/SHRUBS/GRASS 12 AGRICULTURAL CROP 13 ANIMAL DUNG/WASTE 14 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 15 GARBAGE/PLASTIC 16 SAWDUST 17 OTHER _____ 96 (SPECIFY)	
126	At night, what does your household mainly use to light the home?	ELECTRICITY 01 SOLAR LANTERN 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD 09 STRAW/SHRUBS/GRASS 10 AGRICULTURAL CROP 11 ANIMAL DUNG/WASTE 12 OIL LAMP 13 CANDLE 14 NO LIGHTING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
127	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
128	Does this household own any livestock, herds, other farm animals, or poultry?	YES	1	→ 130	
		NO	2		
129	How many of the following animals does this household own? IF NONE, RECORD '00'. IF MORE THAN 95, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Traditional cattle? b) Dairy cattle? c) Horses, donkeys, or mules? d) Beef cattle? e) Goats? f) Sheep? g) Chickens? h) Pigs? i) Rabbits/other poultry?	a) TRADITIONAL CATTLE	<input type="text"/>	<input type="text"/>	
		b) DAIRY CATTLE	<input type="text"/>	<input type="text"/>	
		c) HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	
		d) BEEF CATTLE	<input type="text"/>	<input type="text"/>	
		e) GOATS	<input type="text"/>	<input type="text"/>	
		f) SHEEP	<input type="text"/>	<input type="text"/>	
		g) CHICKENS	<input type="text"/>	<input type="text"/>	
		h) PIGS	<input type="text"/>	<input type="text"/>	
		i) RABBITS/OTHER POULTRY	<input type="text"/>	<input type="text"/>	
130	Does any member of this household own any agricultural land?	YES	1	→ 132	
		NO	2		
131	How many hectares, acres, or lima of agricultural land do members of this household own? IF 95 OR MORE HECTARES, CIRCLE '950'. IF 95 OR MORE ACRES, CIRCLE '951'. IF 95 OR MORE LIMA, CIRCLE '952'.	HECTARES 1	<input type="text"/>	<input type="text"/>	
		ACRES 2	<input type="text"/>	<input type="text"/>	
		LIMA 3	<input type="text"/>	<input type="text"/>	
		95 OR MORE HECTARES	950		
		95 OR MORE ACRES	951		
		95 OR MORE LIMA	952		
		DON'T KNOW	998		
132	Does your household have:		YES	NO	
	a) Electricity?	a) ELECTRICITY	1	2	
	b) A radio?	b) RADIO	1	2	
	c) A television?	c) TELEVISION	1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE	1	2	
	e) A computer?	e) COMPUTER	1	2	
	f) A refrigerator?	f) REFRIGERATOR	1	2	
	g) Access to Internet?	g) INTERNET	1	2	
	h) A bed?	h) BED	1	2	
	i) A table?	i) TABLE	1	2	
	j) A sofa?	j) SOFA	1	2	
	k) A washing machine?	k) WASHING MACHINE	1	2	
	l) An air conditioner?	l) AIR CONDITIONER	1	2	
	m) A generator?	m) GENERATOR	1	2	
	n) A microwave?	n) MICROWAVE	1	2	
	o) A geyser (water heater)?	o) GEYSER	1	2	
	p) A grain grinder?	p) GRAIN GRINDER	1	2	
	q) A plough?	q) PLOUGH	1	2	
	r) A tractor?	r) TRACTOR	1	2	
	s) A hammer mill?	s) HAMMER MILL	1	2	
133	Does any member of this household own:		YES	NO	
	a) A watch?	a) WATCH	1	2	
	b) A mobile phone?	b) MOBILE PHONE	1	2	
	c) A bicycle?	c) BICYCLE	1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER	1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART	1	2	
	f) A car or truck?	f) CAR/TRUCK	1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR	1	2	
	h) A banana boat?	h) BANANA BOAT	1	2	
	i) A canoe?	i) CANOE	1	2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2	
135	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
136	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	
136A	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	→ 137
136B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NGO C OTHER _____ X (SPECIFY) DON'T KNOW Y	
137	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 149
138	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
139	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/> <input type="text"/>	
140	I would like to take a look at the nets. Can you show me the first net? RECORD IF THE NET WAS OBSERVED OR NOT OBSERVED.	OBSERVED 1 NOT OBSERVED 2	
141	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	
142	OBSERVE OR ASK THE 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) PermaNET 11 Olyset 12 DuraNet 13 Veeralin 14 TANA NET 15 OTHER/ DON'T KNOW BRAND (LLIN) 16 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
143	Did you get the net through a mass distribution campaign, school distribution, during an antenatal care visit, during an under five visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, SCHOOL DISTRIBUTION 2 YES, ANC VISIT 3 YES, DURING UNDER 5 VISIT 4 YES, IMMUNIZATION VISIT 5 NO 6	} → 145
144	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH ASSISTANT 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	
145	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	} → 147 } → 148

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
146	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	 → 148
147	What was the main reason this net was not used last night?	TOO HOT 01 DON'T LIKE NET SHAPE/COLOR/SIZE 02 DON'T LIKE SMELL 03 UNABLE TO HANG NET 04 SLEPT OUTDOORS 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT 06 NO MOSQUITOES/NO MALARIA 07 EXTRA NET/SAVING FOR LATER 08 UNCOMFORTABLE/ SUFFOCATING 09 OTHER _____ 96 (SPECIFY)	
148	GO BACK TO 139 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 149.		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
154	<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>DIRT (MUD) 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>MUDBRICK 27</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BURNED BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>					
154A	<p>How does your household usually dispose of garbage?</p>	<p>COLLECTED BY FORMAL SERVICE PROVIDER 1</p> <p>COLLECTED BY INFORMAL SERVICE PROVIDER 2</p> <p>DISPOSED OF IN DESIGNATED WASTE DISPOSAL AREA 3</p> <p>DISPOSED OF WITHIN HOUSEHOLD YARD OR PLOT (BURIED OR BURNED) .. 4</p> <p>DISPOSED OF ELSEWHERE 6</p> <p>DON'T KNOW 8</p>					
155	<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>SALT TESTED</p> <p>IODINE PRESENT 1</p> <p>NO IODINE 2</p> <p>SALT NOT TESTED</p> <p>HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD 3</p> <p>HOUSEHOLD DOES NOT USE SALT 4</p> <p>SALT NOT TESTED _____ 6 (SPECIFY REASON)</p>					
156	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" data-bbox="1204 1458 1342 1509"><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1204 1509 1342 1561"><tr><td> </td><td> </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

DEMOGRAPHIC AND HEALTH SURVEYS
 WOMAN'S QUESTIONNAIRE

ZAMBIA
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

IDENTIFICATION (1)											
LOCALITY NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBE				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
NAME AND LINE NUMBER OF WOMAN _____											
CHECK HOUSEHOLD QUESTIONNAIRE Q.23: WOMAN SELECTED FOR DV MODULE _____											
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
TIME	_____	_____		RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>							
				TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>							
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED											
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 40px; height: 20px; text-align: center;">1</table>											
LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> </table> <table border="1" style="width: 40px; height: 20px;"> </table>											
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> </table> <table border="1" style="width: 40px; height: 20px;"> </table>											
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> </table>											
LANGUAGE OF QUESTIONNAIRE** ENGLISH											
**LANGUAGE CODES: 01 ENGLISH 04 LOZI 07 NYANJA 02 BEMBA 05 LUNDA 08 TONGA 03 KAONDE 06 LUVALE											
TEAM	TEAM SUPERVISOR										
<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NUMBER	NAME										
	NUMBER										

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Zambia Statistics Agency (ZamStats). We are conducting a survey about health and other topics all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 45 to 90 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have 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 the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	What province were you born in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	→ 104
103	What country were you born in?	COUNTRY _____	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Just before you moved here, which province did you live in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 <p style="text-align: center;">(SPECIFY)</p>	
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT. RECORD AGE IN COMPLETED YEARS	AGE IN COMPLETED YEAR! <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
112A	When was the last time you visited a healthcare facility or saw a healthcare provider for any reason?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> NEVER VISITED A HEALTHCARE FACILITY 995 DON'T KNOW 998	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
115	What is the highest year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 119	
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENC 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 119A	
119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	Do you follow news and current events on social media (such as WhatsApp, Twitter, Instagram, or Facebook) almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 MUSLIM 03 OTHER _____ 96 <p align="center">(SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	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	→ 206
205	a) How many sons are alive but do not live with you? IF NONE, RECORD '00'. b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
209	Just to make sure that I have this right: you have had in total (NUMBER OF BIRTHS) births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>PROBE AND CORRECT 201- 208 AS ←</p> </div> </div>		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <input type="text"/> <input type="text"/>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <input type="text"/> <input type="text"/>	
213	CHECK 212: ONE OR MORE PAST <input type="checkbox"/> PREGNANCIES ↓ NO PAST <input type="checkbox"/> PREGNANCIES →		→ 232

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.								
PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
		<p>IF ROW=01:</p> <p>Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF ROW>01:</p> <p>Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?</p>	<p>IF 215>SING:</p> <p>Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215>1:</p> <p>FIRST OF MULT</p> <p>Was the first baby in this pregnancy born alive or born dead?</p> <p>NEXT MULT.</p> <p>Was the next baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p> <p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>What name was given to the baby?</p> <p>RECOR D NAME.</p> <p>NAME</p>	<p>Is (NAME IN 218) a boy or a girl?</p> <p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF BORN ALIVE:</p> <p>On what day, month, and year was (NAME IN 218) born?</p> <p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p> <p>IF BORN DEAD, MISCARRIAGE</p> <p>On what day, month, and year did this pregnancy end?</p> <p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>
01	<p>SING 1</p> <p>TWINS . 2</p> <p>TRIP 3</p> <p>QUAD .. 4</p> <p>QUIN 5</p>	<p>BORN ALIVE 1 (SKIP TO 218) ←</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION . 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANC Y)</p> <p>NO 2 (NEXT ROW)</p>
02	<p>SING 1</p> <p>TWINS . 2</p> <p>TRIP 3</p> <p>QUAD .. 4</p> <p>QUIN 5</p>	<p>BORN ALIVE 1 (SKIP TO 218) ←</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION . 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANC Y)</p> <p>NO 2 (NEXT ROW)</p>
03	<p>SING 1</p> <p>TWINS . 2</p> <p>TRIP 3</p> <p>QUAD .. 4</p> <p>QUIN 5</p>	<p>BORN ALIVE 1 (SKIP TO 218) ←</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ←</p> <p>ABORTION . 4</p>	<p>YES ... 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	NAME	<p>BOY ... 1</p> <p>GIRL .. 2</p>	<p>DAY [][]</p> <p>MONTH [][]</p> <p>YEAR [][][][]</p>	<p>WEEKS 1 [][]</p> <p>MONTHS 2 [][]</p>	<p>YES 1 (ADD PREGNANC Y)</p> <p>NO 2 (NEXT ROW)</p>
222A	<p>Have you had any pregnancies that ended since the last</p>		<p>YES 1 → ADD TO TABLE</p> <p>NO 2</p>					
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p>							

SECTION 2. REPRODUCTION

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228
	<p>CHECK 216, 217 AND 221:</p> <p>IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.</p> <p>IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD.</p> <p>IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.</p> <p>IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.</p>	<p>Is (NAME IN 218) still alive?</p>	<p>IF BORN ALIVE AND STILL LIVING:</p> <p>IF 219=BOY</p> <p>How old was (NAME IN 218) at his last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p> <p>IF 219=GIRL</p> <p>How old was (NAME IN 218) at her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>Is (NAME IN 218) living with you?</p>	<p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>IF BORN ALIVE AND NOW DEAD:</p> <p>IF 219=BOY:</p> <p>How old was (NAME IN 218) when he died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have his first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME IN 218) when he died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p> <p>IF 219=GIRL:</p> <p>How old was (NAME IN 218) when she died?</p> <p>IF '12 MONTHS' OR '1 YR', ASK: Did (NAME IN 218) have her first birthday?</p> <p>THEN ASK: Exactly how many months old was (NAME IN 218) when she died?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>
01	<p>BORN ALIVE ... 1</p> <p>BORN DEAD ... 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>
02	<p>BORN ALIVE ... 1</p> <p>BORN DEAD ... 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>
03	<p>BORN ALIVE ... 1</p> <p>BORN DEAD ... 2</p> <p>MISCARRIAGE 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 228)</p>	<p>AGE IN YEARS</p> <p><input type="text"/> <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>	<p>DAYS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>(SKIP TO 223 IN NEXT ROW)</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>	
231	<p>C FOR EACH LIVE BIRTH IN 2018-2023, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2018-2023, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1185 181 1318 232"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1185 232 1318 284"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1185 284 1318 336"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1185 336 1318 387"><tr><td></td><td></td></tr></table> IN MENOPAUSE/HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANC' 995 NEVER MENSTRUATED 996									→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN <input type="checkbox"/> LAST YEAR ↓ NO, <input type="checkbox"/> ONE YEAR OR MORE →		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y									
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3									
240	How old were you when you had your first menstrual period?	AGE <table border="1" data-bbox="1185 1236 1318 1288"><tr><td></td><td></td></tr></table> DON'T KNOW 98									
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	Have you heard of IUCD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2	
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD A _____ (SPECIFY) _____ YES, TRADITIONAL METHOD B _____ (SPECIFY) _____ NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 317	
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 310 → 311 → 311A → 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	<p>Now I'm going to show you three pictures. Please point to the picture that best matches what was used the last time you received your injectable.</p> <p>SHOW IMAGES OF SAYANA PRESS, DEPO PROVERA, NORISTERATE, AND REGULAR SYRINGE.</p>	<p>DMPA-SC/SAYANA PRESS 1 DEPO PROVERA 2 NORISTERATE 3 NEEDLE AND SYRINGE 4 DON'T KNOW 8</p>	<p>→ 314</p>
309	<p>The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?</p>	<p>SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 DON'T KNOW 8</p>	<p>→ 314</p>
310	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SAFE PLAN 01 MICROGYNON 02 MICROLUT 03 EUGYNON 04 LOGYNON 05 NORDETTE 06 ORALCON F 07 ZINNIA F 08</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>
311	<p>What is the brand name of the male condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MAXIMUM 01 ROUGH RIDER 02 DUREX 03 REALITY 04 MOODS 05 ULTIMATE 06 ICON 07 LOVE 08</p> <p>PUBLIC SECTOR: UNBRANDED (WHITE COLOR FOIL) 09</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>
311A	<p>What is the brand name of the female condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>CARE FEMALE CONDOM 01 FEMIDOM 02</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/HEALTH OUTREACH POST 14</p> <p>OTHER PUBLIC SECTOR 15</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC/HOSPITAL 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
313	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <input type="text"/> <input type="text"/> 998</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p align="right">} → 315</p>
314	<p>Since what month and year have you been using (METHOD) without stopping?</p> <p>PROBE: For how long have you been using (METHOD) now without stopping?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p align="center"> <input type="checkbox"/> NO ↓ </p>	<p align="center"> <input type="checkbox"/> YES ↓ </p> <p align="center"> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY) ← </p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p>YEAR IS 2018-2023 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2017 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2018.</p> <p>THEN (SKIP TO 329) ←</p>	
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS</p>		C
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317B	Between ((EVENT ONE)) in (MONTH/YEAR ONE) and ((EVENT TWO)) in (MONTH/YEAR TWO), did you or your partner use any method of	YES 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after ((EVENT ONE)) in (MONTH/YEAR ONE) did you start to use the ((METHOD))? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317F	For how many months did you use the ((METHOD)) continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317H	Why did you stop using ((METHOD))?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332
322	You first started using ((METHOD)) in (DATE FROM 314). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14 COMMUNITY HEALTH ASSISTANT 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 MISSION HOSPITAL/CLINIC 23 PHARMACY 24 PRIVATE DOCTOR 25 PRIVATE MOBILE CLINIC/HOSPITAL 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41 CHURCH 42 FRIEND/RELATIVE 43 OTHER _____ 96 (SPECIFY)</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain ((METHOD)) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14</p> <p>COMMUNITY HEALTH ASSISTANT 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 99</p> <p>PRIVATE CLINIC 22</p> <p>MISSION HOSPITAL/CLINIC 23</p> <p>PHARMACY 24</p> <p>PRIVATE DOCTOR 25</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
331	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, were you visited by a community health assistant?	<p>YES 1</p> <p>NO 2</p>	→ 334
333	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5 PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMB. . . . <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/>		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. We will talk about each separately, starting with the last one you had.		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 MISCARRIAGE/ABORTION 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 408
407	RECORD NAME FROM 218. NAME _____		
408	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 3, 4, OR 5 a) When you got pregnant with (NAME IN 407), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES 1 NO 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411								
410	How much longer did you want to wait?	MONTHS 1 <table border="1" data-bbox="1157 253 1292 309" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" data-bbox="1157 309 1292 365" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475								
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/> →	→ 426								
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT D TRADITIONAL BIRTH ATTENDANT E COMMUNITY/VILLAGE HEALTH WORKER F OTHER _____ X (SPECIFY)									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH POST E</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST F</p> <p>OTHER PUBLIC SECTOR G</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>MISSION HOSPITAL/CLINIC K</p> <p>PRIVATE DOCTOR'S OFFICE L</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL M</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
417A	<p>Did you miss any antenatal care visits during this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 418</p>
417B	<p>How many times?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
417C	What is the main reason why you missed the antenatal care visit(s)?	LOCKDOWN RESTRICTED ACCESS 1 LACK OF TRANSPORTATION 2 CENTERS TOO FAR 3 FEAR OF COVID-19 4 FAMILY MEMBER OPPOSED 5 COSTS TOO MUCH 6 OTHER WORK/ NO TIME 7 OTHER _____ 9 (SPECIFY)																																									
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following: a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods or how much food you should eat? f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding? h) Take your weight? i) Talk to you about health, diet, and physical	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) WEIGHT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) HEALTH, DIET, AND PHYSICAL ACTIVITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	h) WEIGHT	1	2	8	i) HEALTH, DIET, AND PHYSICAL ACTIVITY	1	2	8	
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i) HEALTH, DIET, AND PHYSICAL ACTIVITY	1	2	8																																								
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426																																								
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423																																								
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	CHECK 421: ONE TIME <input type="checkbox"/> OR DK ↓	TWO OR MORE TIMES <input type="checkbox"/> → 426	
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
425	CHECK 424: ONLY <input type="checkbox"/> ONE ↓ MORE <input type="checkbox"/> THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this	YEARS AGO <input type="text"/> <input type="text"/>	
426	During this pregnancy, were you given or did you buy any iron tablets, iron syrup, or combined iron folic acid and iron tablets? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT/ IRON/ FOLIC ACID TABLET	YES 1 NO 2 DON'T KNOW 8	→ 429

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	<p>Where did you get the iron tablets, iron syrup, or combined iron folic acid and iron tablets?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D</p> <p>COMMUNITY HEALTH ASSISTANT E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>MISSION HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>PRIVATE MOBILE CLINIC/ HOSPITAL M</p> <p>COMMUNITY HEALTH ASSISTANT N</p> <p>COMMUNITY HEALTH WORKER O</p> <p>OTHER PRIVATE MEDICAL SECTOR P</p> <p align="center">_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q</p> <p>NGO CLINIC R</p> <p>OTHER NGO MEDICAL SECTOR S</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>MARKET U</p> <p>MASS DISTRIBUTION CAMPAIGN V</p> <p>OTHER X</p> <p align="center">_____ (SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
430	<p>During this pregnancy, did you receive food or cash assistance through Social Cash Transfer, Support Women Livelihood, or Food Security Pack?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
431	<p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 434
432	<p>How many times did you take SP/Fansidar during this pregnancy?</p>	<p>TIMES <input type="text"/> <input type="text"/></p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6</p>	
434	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ 3 OR 4 ↓</p> <p>a) Who assisted with the delivery of (NAME IN 407)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p> <p>b) Who assisted with the stillbirth you had in (DATE FROM 406)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B CLINICAL OFFICER C</p> <p>OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT D TRADITIONAL BIRTH ATTENDANT E COMMUNITY/VILLAGE HEALTH WORKER F RELATIVE/FRIEND G</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 ↓ 3 OR 4 ↓</p> <p>a) Where did you give birth to (NAME IN 407)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p> <p>b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24 OTHER PUBLIC SECTOR 26 _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 MISSION HOSPITAL/CLINIC 33 PRIVATE DOCTOR'S OFFICE 34 PRIVATE MOBILE CLINIC/HOSPITAL 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 a) Was (NAME IN 407) delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was (NAME IN 407) put on your chest?	YES 1 NO 2 DON'T KNOW 8] → 441
439	Was (NAME IN 407)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8] → 441
440	How long after birth was (NAME IN 407) put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY 00 HOURS <input type="text"/> <input type="text"/>	
441	When (NAME IN 407) was born, was (NAME IN 407) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAG 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8] → 442 → 442
441A	Was the baby placed in the incubator or put in the warm skin to skin care?	YES, INCUBATOR ONLY 1 YES, PROLONGED SKIN TO SKIN CARE ONLY 2 BOTH INCUBATOR AND PROLONGED SKIN TO SKIN CARE 3 NO 4 DON'T KNOW 8	
442	Was (NAME IN 407) weighed at birth?	YES 1 NO 2 DON'T KNOW 8] → 444
443	How much did (NAME IN 407) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480
445	CHECK 435: PLACE OF DELIVERY	FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/> CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>	→ 464

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) How long after (NAME IN 407) was delivered did you stay in the (FACILITY IN 435)?</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in the (FACILITY IN 435)?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>																			
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451																		
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>																			
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>CLINICAL OFFICER 13</p> <p>OTHER PERSON</p> <p>COMMUNITY/VILLAGE HEALTH ASSISTANT 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY/VILLAGE HEALTH WORKER 23</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																			
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓</p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/> →</p>		→ 455																		
452	<p>Now I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>Before (NAME IN 407) left the facility, did anyone check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 455																		
453	<p>How long after delivery was (NAME IN 407)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
454	Who checked on (NAME IN 407)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER 96 _____ (SPECIFY)							
454A	Was your baby born with any physical abnormality?	YES 1 NO 2							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="1157 779 1292 831"> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="1157 831 1292 882"> <tr><td> </td><td> </td></tr> </table> WEEKS 3 <table border="1" data-bbox="1157 882 1292 934"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW 998							
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER 96 _____ (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>MISSION HOSPITAL/CLINIC 33</p> <p>PRIVATE DOCTOR'S OFFICE 34</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓</p>	<p>MOST RECENT <input type="checkbox"/> STILLBIRTH → 474</p>							
460	<p>After (NAME IN 407) left the (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473						
461	<p>How long after the birth of (NAME IN 407) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="1157 1350 1292 1507"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
462	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>CLINICAL OFFICER 13</p> <p>OTHER PERSON</p> <p>COMMUNITY/VILLAGE HEALTH ASSISTANT 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY/VILLAGE HEALTH WORKER 23</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	
463	<p>Where did this check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>MISSION HOSPITAL/CLINIC 33</p> <p>PRIVATE DOCTOR'S OFFICE 34</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>473</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT <input type="checkbox"/> LIVE BIRTH</p> <p>MOST RECENT <input type="checkbox"/> STILLBIRTH</p>		→ 474						
469	<p>I would like to talk to you about checks on (NAME IN 407)'s health -- for example, someone examining (NAME IN 407), checking the cord, or talking to you about how to care for (NAME IN 407).</p> <p>After (NAME IN 407) was born, did any health care provider or a traditional birth attendant check on (NAME IN 407)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473						
470	<p>How long after the birth of (NAME IN 407) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1157 526 1292 571"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="1157 571 1292 616"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="1157 616 1292 683"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>							
471	<p>Who checked on (NAME IN 407)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>CLINICAL OFFICER 13</p> <p>OTHER PERSON</p> <p>COMMUNITY/VILLAGE HEALTH ASSISTANT 21</p> <p>TRADITIONAL BIRTH ATTENDANT 22</p> <p>COMMUNITY/VILLAGE HEALTH WORKER 23</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>							
472	<p>Where did this first check of (NAME IN 407) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>MISSION HOSPITAL/CLINIC 33</p> <p>PRIVATE DOCTOR'S OFFICE 34</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → 486 DEAD <input type="checkbox"/> → 487									
482	How long after birth did you first put (NAME IN 407) 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 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
483	In the first 2 days after delivery, was (NAME IN 407) given anything other than breastmilk to eat or drink – anything at all like water, infant formula, or traditional drink (like sip sip, mahau)?	YES 1 NO 2									
484	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → 487 DEAD <input type="checkbox"/> → 487									
485	Are you still breastfeeding (NAME IN 407)?	YES 1 NO 2									
486	Did (NAME IN 407) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8									
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←	NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 501									

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME IN 503)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 → 507 NO, NO CARD AND NO OTHER DOCUMENT 4	
505	Did you ever have a vaccination card for (NAME IN 503)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the card or other document where (NAME IN 503)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN 4 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
511	CHECK 509: 'BCG (at birth)' TO 'ROTA VACCINE 3' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO <input type="checkbox"/> ↓	YES <input type="checkbox"/> →	529

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME IN 503) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529)</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> SKIP TO 529 ←</p> <p>NO <input type="checkbox"/> → 529A</p>		
513	<p>Did (NAME IN 503) ever receive any vaccinations to prevent (NAME IN 503) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 529A
514	<p>Has (NAME IN 503) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	<p>Has (NAME IN 503) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
518	<p>Did (NAME IN 503) receive the first oral polio vaccine in the first 2 weeks after birth or later?</p>	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	<p>How many times did (NAME IN 503) receive the oral polio vaccine?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
520	<p>The last time (NAME IN 503) received the polio drops, did (NAME IN 503) also get an IPV injection in the thigh to protect against polio?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
521	<p>Has (NAME IN 503) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	<p>How many times did (NAME IN 503) receive the pentavalent vaccine?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
523	<p>Has (NAME IN 503) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. ... <input type="text"/> <input type="text"/>	
524	How many times did (NAME IN 503) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME IN 503) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME IN 503) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME IN 503) ever received a measles/ rubella vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 529
528	How many times did (NAME IN 503) receive the measles/ rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
529	Where did (NAME IN 503) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST 13 MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14 COMMUNITY HEALTH ASSISTANT 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 MISSION HOSPITAL / CLINIC 23 PHARMACY 24 PRIVATE DOCTOR'S OFFICE 25 PRIVATE MOBILE CLINIC/HOSPITAL 26 COMMUNITY HEALTH ASSISTANT 27 COMMUNITY HEALTH WORKER 28 OTHER PRIVATE MEDICAL SECTOR _____ 29 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31 NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>2020 MEASLES CAMPAIGN 41 2022 BOPV CAMPAIGNS 42 2023 NOPV CAMPAIGNS (LUAPULA, CENTRAL, COPPERBELT, NORTHWESTERN) 43</p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 530

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE. . . . <input type="text"/> <input type="text"/>	
529A	Why has (NAME IN 503) not received any vaccinations? Anything else? RECORD ALL REASONS MENTIONED.	DIFFICULTY GETTING TO VACCINATION CENTER OR FACILITY A VACCINE STOCKOUT B OTHER ISSUES WITH IMMUNIZATION POINT OR FACILITY C UNAWARE OF NEED FOR IMMUNIZATIC D COSTS TOO MUCH E TOO MUCH WORK/ CAREGIVER OCCUPIED .. F FAMILY MEMBER OPPOSEI. G SCARED/ DISTRUSTFUL OF VACCINES H LOCKDOWN RESTRICTED ACCESS I FEAR OF COVID-19 J OTHER HEALTH CONDITIONS K VIOLENCE L OTHER _____ X (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →	601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643</p>	
602	<p>Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.</p>		
603	<p>RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/></p>		
603A	<p>CHECK 485 CURRENTLY BREASTFEEDING:</p> <p>NOT ASKED <input type="checkbox"/></p>	<p>CURRENTLY BREASTFEEDING (CODE 1) <input type="checkbox"/> → 604</p> <p>NOT CURRENTLY BREASTFEEDING (CODE 2) <input type="checkbox"/> → 603E</p>	
603B	<p>CHECK AGE</p> <p>CHILD BORN 36-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> CHILD BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 604</p>		
603C	<p>Did you ever breastfeed (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 604
603D	<p>Are you still breastfeeding (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 604
603E	<p>Has (NAME IN 603) been tested for HIV since (he/she) stopped breastfeeding?</p>	<p>YES 1</p> <p>NO 2</p>	→ 603H
603F	<p>Did you receive the results of this test?</p>	<p>YES 1</p> <p>NO 2</p>	→ 603H
603G	<p>What were the results of the test?</p>	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	
603H	<p>Have you been tested for HIV since you stopped breastfeeding (NAME IN 603)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 604
603I	<p>Did you receive the results of this test?</p>	<p>YES 1</p> <p>NO 2</p>	

604	<p>In the last 12 months, was (NAME IN 603) given any of the following:</p> <p>a) Iron tablets or syrup?</p> <p>SHOW COMMON TYPES OF TABLETS/SYRUPS.</p> <p>b) Ready to use therapeutic food such as Plumpy'Nut?</p> <p>SHOW COMMON TYPES OF READY TO USE THERAPEUTIC FOOD</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) PLUMPY NUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) PLUMPY NUT	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) PLUMPY NUT	1	2	8																
605	<p>In the last 6 months, was (NAME IN 603) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606	<p>In the last 6 months, was (NAME IN 603) given any medicine for intestinal worms?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	<p>In the last 3 months, has any healthcare provider or community health assistant measured:</p> <p>a) (NAME IN 603)'s weight?</p> <p>b) (NAME IN 603)'s length or height?</p> <p>c) Around (NAME IN 603)'s upper arm?</p> <p>SHOW IMAGE OF MUAC TAPE.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
608	<p>Has (NAME IN 603) had diarrhea in the last 2 weeks?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	<div style="border: 1px solid black; padding: 2px; display: inline-block;">→ 618</div>										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D</p> <p>COMMUNITY HEALTH ASSISTANT E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>MISSION HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL M</p> <p>COMMUNITY HEALTH ASSISTANT N</p> <p>COMMUNITY HEALTH WORKER O</p> <p>OTHER PRIVATE MEDICAL SECTOR P</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q</p> <p>NGO CLINIC R</p> <p>OTHER NGO MEDICAL SECTOR S</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>ITINERANT MEDICINE SELLER W</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 614A</p>	
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE <input type="text"/>	
614A	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME IN 603)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	
615	<p>Was (NAME IN 603) given any of the following at any time since (NAME IN 603) started having the diarrhea:</p> <p>a) A fluid made from a special packet commonly called Manzi Ya Moyo?</p> <p>c) Zinc tablets or syrup?</p> <p>d) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET 1 2 8</p> <p>c) ZINC 1 2 8</p> <p>d) HOMEMADE FLUID 1 2 8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
616	CHECK 615: ANY 'YES' <input type="checkbox"/> ↓ a) Was anything else given to treat the diarrhea? ALL 'NO' <input type="checkbox"/> OR 'DK' <input type="checkbox"/> ↓ b) Was anything given to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 618
617	CHECK 615: ANY 'YES' <input type="checkbox"/> ↓ a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. ALL 'NO' <input type="checkbox"/> OR 'DK' <input type="checkbox"/> ↓ b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILIT C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICIN I OTHER _____ X (SPECIFY)	
618	Has (NAME IN 603) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 621
619	At any time during the illness, did (NAME IN 603) have blood taken from (NAME IN 603)'s finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	
620	Were you told by a healthcare provider that (NAME IN 603) had malaria?	YES 1 NO 2 DON'T KNOW 8	
621	Has (NAME IN 603) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	
622	Has (NAME IN 603) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 625
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> ↓ NO OR DON'T KNOW <input type="checkbox"/> →		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
626	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST C MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST D COMMUNITY HEALTH ASSISTANT E COMMUNITY HEALTH WORKER F OTHER PUBLIC SECTOR G SECTOR _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H PRIVATE CLINIC I MISSION HOSPITAL/ CLINIC J PHARMACY K PRIVATE DOCTOR L PRIVATE MOBILE CLINIC/HOSPITAL M COMMUNITY HEALTH ASSISTANT N COMMUNITY HEALTH WORKER O OTHER PRIVATE MEDICAL SECTOR P _____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL Q NGO CLINIC R OTHER NGO MEDICAL SECTOR S _____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T TRADITIONAL PRACTITIONER U MARKET V ITINERANT MEDICINE SELLER W OTHER _____ X (SPECIFY)</p>	
627	<p>CHECK 626:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	<p>→ 629</p>
628	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 626.</p>	<p>FIRST PLACE <input type="text"/></p>	
629	<p>How many days after the illness began did you first seek advice or treatment for (NAME IN 603)?</p> <p>IF SAME DAY, RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>	
630	<p>At any time during the illness, did (NAME IN 603) take any medicine for the illness?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>→ 634</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME IN 603) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION</p>	<p>ANTIMALARIAL MEDICINE</p> <p>ARTEMISININ COMBINATION THERAPY (AC A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H</p> <p>OTHER ANTIMALARIAL I _____ (SPECIFY)</p> <p>ANTIBIOTIC MEDICINE</p> <p>AMOXICILLIN J COTRIMOXAZOLE K OTHER PILL/SYRUP L OTHER INJECTION/IV M</p> <p>OTHER MEDICINE</p> <p>ASPIRIN N PARACETAMOL/PANADOL/ACETAMINOPHI O IBUPROFEN P</p> <p>OTHER _____ X _____ (SPECIFY)</p> <p>DON'T KNOW Z</p>	
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN</p> <p>CODE 'A' <input type="checkbox"/> CIRCLED ↓</p>	<p>CODE 'A' <input type="checkbox"/> NOT CIRCLED → 634</p>	
633	<p>How long after the fever started did (NAME IN 603) first take an artemisinin combination therapy (Coartem)?</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE <input type="checkbox"/> → 635</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p>NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																					
636	<p>Now I would like to ask you about liquids that (NAME IN 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME IN 635) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME IN 635) drink:</p> <p>a) Plain water?</p> <hr/> <p>b) Baby milk, such as, Nan, Lactogen, S-26, or Nestum? IF YES: b1) How many times did (NAME IN 635) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <hr/> <p>c) Milk from animals including fresh or packaged milk? IF YES: c1) How many times did (NAME IN 635) drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?</p> <hr/> <p>f) Hot chocolate or Milo, Ama SipSip, or Cremora?</p> <hr/> <p>g) Juice?</p> <hr/> <p>h) Other drinks such as Coke, Sprite, Fanta, or energy drinks such as Kung Fu or Powerade?</p> <hr/> <p>i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?</p> <hr/> <p>j) Clear broth or clear soup?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c2) SWEET/ FLAVORED ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i1) SWEETENED ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	b1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>			8	c)	1	2	8	c1) NUMBER OF TIMES DRANK <input style="width: 40px;" type="text"/>			8	c2) SWEET/ FLAVORED ...	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	i1) SWEETENED ...	1	2	8	j)	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	<p>k) Any other liquids? IF YES:</p> <p>k1) What was the drink?</p> <p>MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF</p>	<p>k) 1</p> <p>2</p> <p>8</p> <p>OTHER DRINK(S) _____ (SPECIFY)</p>			
	<p>k2) Was the drink sweetened?</p>	<p>SWEETENED .. 1</p>	<p>2</p>	<p>8</p>	
637	<p>Now I would like to ask you about foods that (NAME IN 635) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did (NAME IN 635) have:</p>				
	<p>a) Yogurt, sour milk, or mabisi?</p> <p>IF YES:</p> <p>a1) How many times did (NAME IN 635) have yogurt, sour milk or mabisi?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>a2) Did (NAME IN 635) have any yogurt, sour milk or mabisi [as a/to] drink?</p> <p>IF YES:</p> <p>a3) Was it a sweet [or flavored] type of drink?</p>	<p>a) 1</p> <p>2</p> <p>8</p> <p>NUMBER OF TIMES ATE <input type="text"/></p> <p>HAD YOGURT AS A DRINK .. 1</p> <p>2</p> <p>8</p> <p>SWEETENED .. 1</p> <p>2</p> <p>8</p>			
	<p>b) Nshima, samp, rice, porridge, bread, maize, macaroni, or spaghetti?</p>	<p>b) 1</p>	<p>2</p>	<p>8</p>	
	<p>c) Carrots, pumpkin, butternut, or sweet potatoes that are yellow or orange inside?</p>	<p>c) 1</p>	<p>2</p>	<p>8</p>	
	<p>d) Fresh cassava, roasted cassava, nshima from cassava, potato, mumbu, or white sweet potato?</p>	<p>d) 1</p>	<p>2</p>	<p>8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	e) Any dark green leafy vegetables, such as pumpkin leaves, sweet potato leaves, bean leaves, cowpea leaves, cassava leaves, or other dark green leafy vegetables?	e) 1	2	8	
	f) Any other vegetables, such as tomatoes, cabbage, impwa, mushrooms, okra, or other vegetables?	f) 1	2	8	#
	g) Ripe mango or pawpaw?	g) 1	2	8	
	h) Any other fruits, such as banana, pineapple, orange, guava, watermelon, or other fruits?	h) 1	2	8	
	i) Fish, kapenta, or chisense?	i) 1	2	8	
	j) Liver, kidney, or heart?	j) 1	2	8	
	k) Sausage, polony, bacon, biltong, or dried meat?	k) 1	2	8	
	l) Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?	l) 1	2	8	
	m) Eggs?	m) 1	2	8	
	n) Beans, cowpeas, peas, lentils, bambara nuts, or soya pieces?	n) 1	2	8	
	o) Groundnuts, peanut butter, peanut powder, sunflower seeds, pumpkin seeds, or cashew nuts?	o) 1	2	8	
	p) Cheese?	p) 1	2	8	
	q) Flying termites, or caterpillars?	q) 1	2	8	
	r) Cakes, biscuits, or donuts (ma donadi)?	r) 1	2	8	
	s) Sweets, chocolates, ice cream, or Freezit?	s) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	t) Crisps, corn puffs, instant noodles such as Eezee noodles, chips, fried cassava, fritters or vitumbuwa?	t) 1	2	8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF	v) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>				→ 640
639	Did (NAME IN 635) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME IN 635) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640)			→ 641
640	How many times did (NAME IN 635) eat solid, semi-solid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES <input type="text"/>			
		DON'T KNOW 8			
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME IN 635)?	YES 1 NO 2 DON'T KNOW 8			
642	The last time (NAME IN 635) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPE! 06 OTHER _____ 96 (SPECIFY)			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:</p>		YES	NO	DK	
	a) Nshima, samp, rice, porridge, bread, maize, macaroni or spaghetti?	a)	1	2	8	
	b) Carrots, pumpkin, butternut, or sweet potatoes that are yellow or orange inside?	b)	1	2	8	
	c) Fresh cassava, roasted cassava, nshima from cassava, potato, or white sweet potato?	c)	1	2	8	
	d) Any dark green leafy vegetables, such as pumpkin leaves, sweet potato leaves, bean leaves, cowpea leaves, cassava leaves, or other dark green leafy vegetables?	d)	1	2	8	
	e) Any other vegetables, such as tomatoes, cabbage, impwa, mushrooms, okra, or other vegetables?	e)	1	2	8	
	f) Ripe mango or pawpaw?	f)	1	2	8	
	g) Any other fruits, such as banana, pineapple, orange, guava, watermelon, or other fruits?	g)	1	2	8	
	h) Fish, kapenta, or chisense?	h)	1	2	8	
	i) Liver, kidney, or heart?	i)	1	2	8	
	j) Sausage, polony, bacon, biltong, or dried meat?	j)	1	2	8	
	k) Any other meat, such as cow meat, goat meat, sheep meat, pork, field mice, rabbit, or chicken?	k)	1	2	8	
	l) Eggs?	l)	1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	m) Beans, cowpeas, peas, lentils, bambara nuts, or soya pieces?	m) 1	2	8	
	n) Groundnuts, peanut butter, peanut powder, sunflower seeds, pumpkin seeds, or cashew	n) 1	2	8	
	o) Milk, cheese, yogurt, sour milk or mabisi?	o) 1	2	8	
	p) Flying termites, or caterpillars?	p) 1	2	8	
	q) Cakes, biscuits, or donuts (ma donadi)?	q) 1	2	8	
	r) Sweets, chocolates, ice cream, or Freezit?	r) 1	2	8	
	s) Crisps, corn puffs, instant noodles such as Eezee noodles, chips, fried cassava, fritters or vitumbuwa?	s) 1	2	8	
	t) Juice?	t) 1	2	8	
	u) Other drinks such as Coke, Sprite, Fanta, or energy drinks such as Kung Fu or Powerade?	u) 1	2	8	
	v) Tea with sugar, coffee with sugar, hot chocolate or Milo, Milkit or Ama SipSip?	v) 1	2	8	
	x) Any other liquids? IF YES: x1) What was the drink? x2) Was the drink sweetened?	x) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED . . 1	2	8	
	y) Any other food? IF YES: y1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO RECORD THE NAME OF THE	y) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

HPV VACCINATION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV01	CHECK 111: 15-20 YEARS OLD <input type="checkbox"/> 21-49 YEARS OLD <input type="checkbox"/>		701
HPV02	Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the left upper arm to girls between the ages of 14-15 years, as a protection against cervical cancer. In Zambia, the HPV vaccine is also commonly referred to as Gardasil and is commonly given at school, at a health facility, or outreach point.		
HPV03	Have you ever received a vaccination against HPV, that is, an injection in the left upper arm to protect against cervical cancer? IF NO OR DON'T KNOW: In Zambia, the HPV vaccine is also referred to as Gardasil and is commonly given at school, at a health facility, or outreach point to girls between the ages of 15-20.	YES 1 NO 2 DON'T KNOW 8	701
HPV04	Did you ever receive an HPV vaccination card?	YES 1 NO 2	
HPV05	Did you receive one or two doses of the HPV vaccine?	ONE DOSE 1 TWO DOSES 2 DON'T KNOW 8	
HPV06	Where did you receive your most recent HPV vaccination? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HEALTH FACILITY PUBLIC HEALTH FACILITY 11 PRIVATE HEALTH FACILITY 12 NGO HEALTH FACILITY 13 SCHOOL 21 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
701	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	→ 706A		
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721		
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 714		
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES 1 NO 2 DON'T KNOW 8	→ 707		
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	CERTIFICATE OF MARRIAGE FROM A COUNCIL, CHURCH, MOSQUE, OR OTHER RELIGIOUS INSTITUTION A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION C OTHER DOCUMENT FROM A CIVIL AUTHORITY D OTHER _____ X (SPECIFY)	→ 709		
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8			
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2			
710	Please tell me the name of your (husband/partner). RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 714		
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98			
713	Are you the first, second, ... wife?	RANK <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98			
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2			

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first husband or partner. In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 717
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>		→ 721
718	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN A UNION</p>		→ 721
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 721
720	How old were you when you first started living with your current (husband/partner)?	AGE <input type="text"/> <input type="text"/>	
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 737

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 727	→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES, MALE CONDOM 1 YES, FEMALE CONDOM 2 NO 3	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	MALE CONDOM MAXIMUM 01 ROUGH RIDER 02 DUREX 03 REALITY 04 MOODS 05 ULTIMATE 06 ICON 07 LOVE 08 PUBLIC SECTOR: UNBRANDED (WHITE COLOR FOIL) 09 FEMALE CONDOM CARE FEMALE CONDOM 21 FEMIDOM 22 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>MOBILE CLINIC/HOSPITAL/ HEALTH OUTREACH POST 14</p> <p>COMMUNITY HEALTH ASSISTANT 15</p> <p>COMMUNITY HEALTH WORKER 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>MISSION HOSPITAL/CLINIC 23</p> <p>PHARMACY 24</p> <p>PRIVATE DOCTOR 25</p> <p>PRIVATE MOBILE CLINIC/HOSPITAL 26</p> <p>COMMUNITY HEALTH ASSISTANT 27</p> <p>COMMUNITY HEALTH WORKER 28</p> <p>OTHER PRIVATE MEDICAL SECTOR 29</p> <p align="center">_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p align="center">_____ (SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p align="center">_____ (SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737												
735	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2													
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)													
737	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98													
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
810	<p>CHECK 208 AND 804:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> <tr> <td style="border-top: 1px dashed black; vertical-align: top; border-right: 1px dashed black; padding-top: 10px; padding-right: 10px;"> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> <td style="border-top: 1px dashed black; vertical-align: top; padding-top: 10px; padding-left: 10px;"> <p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> </td> </tr> </table>	<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Y</p>	<p>811</p>
<p>HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD <input type="checkbox"/></p> <p>a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS HAD A CHILD AND WANTS NO MORE <input type="checkbox"/></p> <p>b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>						
<p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD <input type="checkbox"/></p> <p>c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>HAS NOT HAD A CHILD AND WANTS NO CHILDREN <input type="checkbox"/></p> <p>d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>						
810A	<p>CHECK 805:</p> <p>00-23 MONTHS OR '00-01' YEAR OR SOON <input type="checkbox"/></p>	<p>24 OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/></p>	<p>813</p>				
810B	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>	<p>NOT ASKED/PREGNANT <input type="checkbox"/></p>	<p>812</p>				

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810C	<p>CHECK 805 AND 208:</p> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD SOON <input type="checkbox"/></p> <p>HAS HAD A CHILD AND WANTS TO HAVE A/ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>a) You have said that you want a child soon. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>c) You have said that you want a child within the next 24 months. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS HAD A CHILD AND WANTS TO HAVE A/ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>b) You have said that you want another child soon. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>HAS HAD A CHILD AND WANTS TO HAVE A/ANOTHER CHILD WITHIN THE NEXT 24 MONTHS <input type="checkbox"/></p> <p>d) You have said that you want another child within the next 24 months. Can you tell me why you are using a contraceptive method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY RELATED</p> <p>DOES NOT WANT TO GET PREGNANT RIGHT NOW A</p> <p>HEALTH RELATED</p> <p>TOO SOON SINCE LAST PREGNANCY B</p> <p>PROTECTS AGAINST STI/HIV C</p> <p>HELPS WITH MONTHLY BLEEDING D</p> <p>TREATS HEALTH CONDITION E</p> <p>IMPROVES SEX F</p> <p>ECONOMIC RELATED</p> <p>IMPROVES ABILITY TO WORK G</p> <p>CANNOT AFFORD PREGNANCY/CHILD H</p> <p>OTHERS SUPPORT USE</p> <p>HUSBAND WANTS TO USE METHOD/ TO DELAY/ PREVENT PREGNANCY I</p> <p>OTHERS WANT HER TO USE METHOD/ TO DELAY/ PREVENT PREGNANCY J</p> <p>COSTS TO STOPPING</p> <p>DIFFICULT/COSTLY TO STOP/ REMOVE METHOD K</p> <p>DOCTOR/ PROVIDER WILL NOT REMOVE/ STOP METHOD L</p> <p>DOCTOR/ PROVIDER RECOMMENDS USE M</p> <p>OTHER _____ (SPECIFY) X</p> <p>DON'T KNOW Y</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 224:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ (SPECIFY) 96 → 815</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td align="center" colspan="2">BOYS</td> <td align="center" colspan="2">GIRLS</td> <td align="center" colspan="2">EITHER</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> NUMBER . . . OTHER _____ 96 (SPECIFY)	BOYS		GIRLS		EITHER																							
BOYS		GIRLS		EITHER																										
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, TikTok, WhatsApp, or any other social media f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="1"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZIN</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) FACEBOOK/ TWITTER/ INSTAGRAM/ TIKTOK/ WHATSAPP/ OTHER SOCIAL MEDIA</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZIN	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/ TWITTER/ INSTAGRAM/ TIKTOK/ WHATSAPP/ OTHER SOCIAL MEDIA	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD	1	2	h) COMMUNITY MEETINGS/EVENTS	1	2	
	YES	NO																												
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g) OUTDOOR SIGN/BILLBOARD	1	2																												
h) COMMUNITY MEETINGS/EVENTS	1	2																												
816	In the last six months, have you listened to the following programmes on the radio: a) Manzi Therapy? b) Other health related programmes?	<table border="1"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) YOUR HEALTH MATTERS</td> <td align="center">11</td> <td align="center">2</td> </tr> <tr> <td>b) ANY OTHER HEALTH PROGRAMS</td> <td align="center">11</td> <td align="center">2</td> </tr> </table>		YES	NO	a) YOUR HEALTH MATTERS	11	2	b) ANY OTHER HEALTH PROGRAMS	11	2																			
	YES	NO																												
a) YOUR HEALTH MATTERS	11	2																												
b) ANY OTHER HEALTH PROGRAMS	11	2																												
817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN A UNION		→ 901																											
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table border="1"> <tr> <td>RESPONDENT</td> <td align="center">1</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="center">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY</td> <td align="center">3</td> </tr> <tr> <td>SOMEONE ELSE</td> <td align="center">4</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="center">6</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	SOMEONE ELSE	4	OTHER _____ (SPECIFY)	6] → 820] → 820																	
RESPONDENT	1																													
HUSBAND/PARTNER	2																													
RESPONDENT AND HUSBAND/PARTNER JOINTLY	3																													
SOMEONE ELSE	4																													
OTHER _____ (SPECIFY)	6																													
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table border="1"> <tr> <td>MORE IMPORTANT</td> <td align="center">1</td> </tr> <tr> <td>EQUALLY IMPORTANT</td> <td align="center">2</td> </tr> <tr> <td>LESS IMPORTANT</td> <td align="center">3</td> </tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																						
MORE IMPORTANT	1																													
EQUALLY IMPORTANT	2																													
LESS IMPORTANT	3																													
820	Has your (husband/partner) or any other family member ever tried to force or pressure you to become pregnant when you did not want to become pregnant?	<table border="1"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2																								
YES	1																													
NO	2																													
821	CHECK 307: NOT ASKED <input type="checkbox"/> NEITHER ARE <input type="checkbox"/> STERILIZED HE OR SHE ARE <input type="checkbox"/> STERILIZED		→ 901																											
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="1"> <tr> <td>SAME NUMBEF</td> <td align="center">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="center">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="center">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	SAME NUMBEF	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																				
SAME NUMBEF	1																													
MORE CHILDREN	2																													
FEWER CHILDREN	3																													
DON'T KNOW	8																													

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEAR: <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 906
905	What was the highest year he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____	<input type="text"/> <input type="text"/>
908A	(Is/was) he paid in cash or in kind for this work or (is/was) he not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____	<input type="text"/> <input type="text"/>
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓	NOT IN UNION <input type="checkbox"/> →	925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> →	921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNING 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE # OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928												
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928												
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8													
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A												
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A												
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8													
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 930C												
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2													
930C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2													
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td align="center">PRES./</td> <td align="center">PRES./</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td align="center">PRES./</td> <td align="center">NOT</td> <td align="center">PRES.</td> </tr> <tr> <td></td> <td align="center">LISTEN.</td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> </table> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES 1 2 3		PRES./	PRES./	NOT		PRES./	NOT	PRES.		LISTEN.	LISTEN.	PRES.	
	PRES./	PRES./	NOT												
	PRES./	NOT	PRES.												
	LISTEN.	LISTEN.	PRES.												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> </table> a) GOES OUT 1 2 8 b) NEGLECTS CHILDREN 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 8		YES	NO	DK									
	YES	NO	DK												

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>	→ 1008	
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006A	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
1006B	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	→ 1008C
1008A	Once someone is diagnosed with HIV, do you know for how long they have to take ARVs? IF YES, How long?	YES, A FEW DAYS OR LESS 1 YES, LESS THAN 1 MONTH BUT MORE THAN A FEW DAYS 2 YES, MORE THAN 1 MONTH BUT LESS THAN 1 YEAR 3 ANY NUMBER OF YEARS MORE THAN 1 YEAR BUT LESS THAN LIFE 4 YES, FOR LIFE 5 YES, UNTIL THEY FEEL BETTE 6 DON'T KNOW 8	
1008B	If someone is taking ARVs correctly and consistently, can they transmit the virus to their partner?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1008C	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> <td></td> </tr> <tr> <td>a) DURING PREGNANCY</td> <td align="right">..... 1</td> <td align="right">2</td> <td align="right">8</td> <td></td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="right">..... 1</td> <td align="right">2</td> <td align="right">8</td> <td></td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="right">..... 1</td> <td align="right">2</td> <td align="right">8</td> <td></td> </tr> </table>		YES	NO	DK		a) DURING PREGNANCY 1	2	8		b) DURING DELIVERY 1	2	8		c) BREASTFEEDING 1	2	8		
	YES	NO	DK																				
a) DURING PREGNANCY 1	2	8																				
b) DURING DELIVERY 1	2	8																				
c) BREASTFEEDING 1	2	8																				
1009	Are there any special medicines that a health care provider can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																					
1009A	If someone is exposed to a needle prick or high risk sex (meaning high possibility of getting HIV), do you know if there is anything one can immediately do to prevent contraction of HIV?	YES 1 NO 2	→ 1010																				
1009B	What can be done?	TAKING MEDICINE A WASHING B OTHER _____ X (SPECIFY) DON'T KNOW Z																					
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1012																				
1011	In your opinion, do you think it's okay for people to take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																					
1011A	Have you ever taken PrEP?	YES 1 NO 2																					
1012	CHECK 220 AND 223: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> LAST LIVE BIRTH 0- 23 MONTHS BEFORE THE <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVE BIRTHS <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/> </div> <div style="text-align: center;"> NO ANTENATAL CARE <input type="checkbox"/> </div> </div>	→ 1024 → 1024																				
1013	CHECK 412 FOR LAST LIVE BIRTH ("TYPE 1"): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAD ANTENATAL CARE <input type="checkbox"/> </div> <div style="text-align: center;"> NO ANTENATAL CARE <input type="checkbox"/> </div> </div>		→ 1018																				
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																						

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1014A	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 20%;">DK</th> </tr> </thead> <tbody> <tr> <td>a) HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HIV FROM MOTHER	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
	YES	NO	DK																
a) HIV FROM MOTHER	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (CHILD NAME)?	YES 1 NO 2	→ 1018																
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST # STAND-ALONE HTC CENTER # FAMILY PLANNING CLINIC # MOBILE HTC SERVICES # OTHER PUBLIC SECTOR # _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOF 23 MISSION HOSPITAL/CLINIC 24 STAND-ALONE HTC CENTER 25 PHARMACY 26 MOBILE HTC SERVICES 27 OTHER PRIVATE MEDICAL SECTOR 28 _____ (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 _____ (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER 96 _____ (SPECIFY)																	
1017	Did you get the results of the test?	YES 1 NO 2																	
1017A	Were you tested for HIV during the last six weeks of your pregnancy with (CHILD NAME)? This could have been the same test that you just told me about, or it could have been a repeat test.	YES 1 NO 2	→ 1018																
1017B	Did you get the results of the test?	YES 1 NO 2																	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE <input type="checkbox"/> '21-46' CIRCLED ↓	OTHER <input type="checkbox"/> → 1021	
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES 1 NO 2	→ 1021
1020	Did you get the results of the test?	YES 1 NO 2	
1021	CHECK 1015, 1019, 1020A : YES TO ANY <input type="checkbox"/> ↓	NO TO ALL <input type="checkbox"/> → 1024	
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST #</p> <p>STAND-ALONE HTC CENTER #</p> <p>FAMILY PLANNING CLINIC #</p> <p>MOBILE HTC SERVICES #</p> <p>OTHER PUBLIC SECTOR #</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>MISSION HOSPITAL/CLINIC 24</p> <p>STAND-ALONE HTC CENTER 25</p> <p>PHARMACY 26</p> <p>MOBILE HTC SERVICES 27</p> <p>OTHER PRIVATE MEDICAL SECTOR #</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	
1027	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1031
1028	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TES' 95</p>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> →	→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	→ 1038
1037A	To whom have you told your HIV status?	FAMILY MEMBER A PARTNER B HEALTH CARE PROVIDER C FRIEND D RELIGIOUS LEADER E OTHER F	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1039	<p>Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:</p> <p>a) People have talked badly about me because of my HIV status.</p> <p>b) Someone else disclosed my HIV status without my permission.</p> <p>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</p> <p>d) Healthcare workers talked badly about me because of my HIV status.</p> <p>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</p> <p>f) I was refused employment or a work opportunity because of my HIV status.</p> <p>g) I lost a source of income or job because of my HIV status.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) PEOPLE TALK BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) DIDN'T GET A JOB</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) LOST SOURCE OF INCOME</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	f) DIDN'T GET A JOB	1	2	g) LOST SOURCE OF INCOME	1	2	
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g) LOST SOURCE OF INCOME	1	2																									
1040	<p>Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>																									
1041	<p>CHECK 722:</p> <p align="center"> HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1046 </p>																										
1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 1044 </p>																										
1043	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1044	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1046	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1048	<p>CHECK 701:</p> <p align="center"> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓ NOT IN UNION <input type="checkbox"/> → 1101 </p>																										
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>																									
1050	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>																									

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY)				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1105A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8				
1105B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 1105F			
1105C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2				
1105D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2				
1105E	Are you taking medication to control your blood pressure?	YES 1 NO 2				

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
1105G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 1106
1105H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
1105I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1105J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1109A
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO A CIGARS OR CIGARILLOS B WATER PIPE (SHISHA) C SNUFF BY MOUTH D SNUFF BY NOSE E CHEWING TOBACCO F ROLL UP TOBACCO H OTHER _____ X (SPECIFY)	
1109A	Are you currently using ecigarettes or vapes (inhaling or exhaling)?	YES 1 NO 2	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, ciders, kachasu, or chibuku?	YES 1 NO 2	→ 1113
1111	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1113
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits (tujilijili), or one bottle of ciders, one tot of kachasu, or a packet of chibuku. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK 00 NUMBER OF DRINKS <input type="text"/> <input type="text"/> #	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1113	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone? e) Having to take transport? f) Concern that there may not be any health g) Concern that there may not be a female h) Rude attitude of the health provider? i) Concern that there may not be medicine? j) Concern on waiting time? k) Fear of COVID-19?</p>	<p align="center">BIG NOT A BIG</p> <p align="center">PROBLEM PROBLEM</p> <p>a) PERMISSION TO GO 1 2</p> <p>b) GETTING MONEY 1 2</p> <p>c) DISTANCE 1 2</p> <p>d) GO ALONE 1 2</p> <p>e) TAKE TRANSPORT 1 2</p> <p>f) NO PROVIDER 1 2</p> <p>g) NO FEMALE PROVIDER .. 1 2</p> <p>h) RUDE ATTITUDE 1 2</p> <p>i) NO MEDICINE 1 2</p> <p>j) WAITING TIME 1 2</p> <p>k) COVID-19 1 2</p>	
1114	Are you covered by any health insurance?	YES 1 NO 2	→ 1115A
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYE... B NATIONAL PUBLIC INSURANCE SCHEME (NHII) C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
1115A	Do you know the procedure for death Registration and/or Certification as required by the DNRPC (Kuma Reg)?	YES 1 NO 2	

FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	<p>Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery or a severe injury.</p> <p>Do you currently experience a constant leakage of urine or stool from your vagina during the day and</p>	<p>YES 1 NO 2</p>	→ F4
F2	Have you ever experienced this problem?	<p>YES 1 NO 2</p>	→ F4
F3	Have you ever heard of this problem?	<p>YES 1 NO 2</p>	→ MM0
F4	Did this problem start after you delivered a baby or had a stillbirth?	<p>AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3</p>	→ F6
F5	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	<p>NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY 2</p>	→ F7
F6	What do you think caused this problem?	<p>PELVIC SURGERY 1 SEXUAL ASSAULT 2 OTHER INJURY 3 WITCHCRAFT 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8</p>	→ F8
F7	<p>How many days after (CAUSE OF PROBLEM FROM F4 OR F6) did the leakage start?</p> <p>ENTER '90' IF 90 DAYS OR MORE.</p>	<p>NUMBER OF DAYS AFTER DELIVERY/OTHER EVEN <input type="text"/> <input type="text"/></p>	
F8	Have you sought treatment for this condition?	<p>YES 1 NO 2</p>	→ F10
F9	<p>Why have you not sought treatment?</p> <p>PROBE AND RECORD ALL MENTIONED.</p>	<p>DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G PROBLEM DISAPPEARED H OTHER _____ X (SPECIFY)</p>	→ MM0
F10	From whom did you last seek treatment?	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 CLINICAL OFFICER 13 OTHER PERSON COMMUNITY/VILLAGE HEALTH ASSISTANT 21 TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/VILLAGE HEALTH WORKER 23 OTHER _____ 96 (SPECIFY)</p>	
F11	Did you have an operation to fix the problem?	<p>YES 1 NO 2</p>	
F12	<p>Did the treatment stop the leakage completely?</p> <p>IF NO: Did the treatment reduce the leakage?</p>	<p>YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3</p>	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MM01	<p>Now I would like to ask you some questions about your brothers and sisters born to your biological mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your biological mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your biological mother.</p> <table border="0"> <thead> <tr> <th data-bbox="256 353 608 380">NAME</th> <th data-bbox="608 353 786 380">ORDER NUMBER</th> <th data-bbox="786 353 1158 380">NAME</th> <th data-bbox="1158 353 1337 380">ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td><input type="text"/> <input type="text"/></td> <td>k _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>b _____</td> <td><input type="text"/> <input type="text"/></td> <td>l _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>c _____</td> <td><input type="text"/> <input type="text"/></td> <td>m _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>d _____</td> <td><input type="text"/> <input type="text"/></td> <td>n _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>e _____</td> <td><input type="text"/> <input type="text"/></td> <td>o _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>f _____</td> <td><input type="text"/> <input type="text"/></td> <td>p _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>g _____</td> <td><input type="text"/> <input type="text"/></td> <td>q _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>h _____</td> <td><input type="text"/> <input type="text"/></td> <td>r _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>i _____</td> <td><input type="text"/> <input type="text"/></td> <td>s _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>j _____</td> <td><input type="text"/> <input type="text"/></td> <td>t _____</td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input type="text"/> <input type="text"/>	k _____	<input type="text"/> <input type="text"/>	b _____	<input type="text"/> <input type="text"/>	l _____	<input type="text"/> <input type="text"/>	c _____	<input type="text"/> <input type="text"/>	m _____	<input type="text"/> <input type="text"/>	d _____	<input type="text"/> <input type="text"/>	n _____	<input type="text"/> <input type="text"/>	e _____	<input type="text"/> <input type="text"/>	o _____	<input type="text"/> <input type="text"/>	f _____	<input type="text"/> <input type="text"/>	p _____	<input type="text"/> <input type="text"/>	g _____	<input type="text"/> <input type="text"/>	q _____	<input type="text"/> <input type="text"/>	h _____	<input type="text"/> <input type="text"/>	r _____	<input type="text"/> <input type="text"/>	i _____	<input type="text"/> <input type="text"/>	s _____	<input type="text"/> <input type="text"/>	j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>		
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MM02	<p>CHECK MM01:</p> <p>ONE OR MORE BROTHERS OR SISTERS LISTED <input type="checkbox"/></p> <p>NO BROTHERS OR SISTERS LISTED <input type="checkbox"/></p>	<p>→ MM04</p>																																													
MM03	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK:</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM04	<p>Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM05	<p>Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM06	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>	<p>LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																													
MM07	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p>	<p>TOTAL BROTHERS AND SISTERS . . <input type="text"/> <input type="text"/></p>																																													

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	<p>CHECK MM07: Just to make sure that I have this right: Your mother had in total (NUMBER OF BIRTHS TO MOTHER) births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT MM01 AND/OR MM07.</p>		
MM09	<p>CHECK MM07: ONE OR MORE BROTHERS/SISTERS <input type="checkbox"/> NO <input type="checkbox"/> → BROTHER OR SISTER</p>		MTH0
MM10	<p>Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</p>		
MM11	<p>How many births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS . . <input type="text"/> <input type="text"/></p>	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	NAME OF BROTHER OR SISTER.	(01)	(02)	(03)
MM14	Is (NAME IN MM13) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
MM15	Is (NAME IN MM13) still alive?	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (04) ←
MM16	How old is (NAME IN MM13)? ENTER IN COMPLETED YEARS	AGE <input type="text"/> GO TO (02)	AGE <input type="text"/> GO TO (03)	AGE <input type="text"/> GO TO (04)
MM17	How many years ago did (NAME IN MM13) die?	YEARS AGO ... <input type="text"/>	YEARS AGO ... <input type="text"/>	YEARS AGO ... <input type="text"/>
MM18	<p>IF MALE <input type="checkbox"/> IF FEMALE <input type="checkbox"/></p> <p>a) How old was (NAME IN MM13) when he died? b) How old was (NAME IN MM13) when she died?</p> <p>ENTER IN COMPLETED YEARS IF DON'T KNOW, PROBE AND ASK ADDITIONAL</p>	<p>AGE <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>	<p>AGE <input type="text"/></p> <p>IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23</p>
MM19	Was (NAME IN MM13) pregnant when she died?	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←
MM20	Did (NAME IN MM13) die during childbirth?	YES 1 NO 2 GO TO (MM25A) ←	YES 1 NO 2 GO TO (MM25A) ←	YES 1 NO 2 GO TO (MM25A) ←
MM21	Did (NAME IN MM13) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←	YES 1 NO 2 GO TO MM23 ←
MM22	How many days after the end of the pregnancy or childbirth did (NAME IN MM13) die?	DAYS ... <input type="text"/>	DAYS ... <input type="text"/>	DAYS ... <input type="text"/>
MM23	Was (NAME IN MM13)'s death due to an act of violence?	YES 1 NO 2 GO TO (MM25A) ←	YES 1 NO 2 GO TO (MM25A) ←	YES 1 NO 2 GO TO (MM25A) ←
MM24	Was (NAME IN MM13)'s death due to an accident?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
MM25A	Was (NAME IN MM13) death registered with DNRPC (Kuma Reg)?	YES 1 NO 2 DON'T KNOW 8 GO TO (02) ←	YES 1 NO 2 DON'T KNOW 8 GO TO (03) ←	YES 1 NO 2 DON'T KNOW 8 GO TO (04) ←
MM25B	Was a death certificate obtained from DNRPC (Kuma reg)? (CLARIFY TO THE RESPONDENT THAT YOU DO NOT MEAN MCCD OBTAINED FROM THE HOSPITAL)	YES 1 NO 2 DON'T KNOW 8 GO TO (02)	YES 1 NO 2 DON'T KNOW 8 GO TO (03)	YES 1 NO 2 DON'T KNOW 8 GO TO (04)

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP						
MTH0	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. 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.											
GAD	GAD (ANXIETY) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW											
	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	<table border="1"> <thead> <tr> <th></th> <th>NEVER</th> <th>RARELY</th> <th>OFTEN</th> <th>ALWAYS</th> </tr> </thead> </table>		NEVER	RARELY	OFTEN	ALWAYS	<table border="1"> <thead> <tr> <th>RF</th> <th>DK</th> </tr> </thead> </table>	RF	DK		
		NEVER	RARELY	OFTEN	ALWAYS							
	RF	DK										
	1) Feeling nervous or anxious? Would you say never, rarely, often, or always?	1) 0 1 2 3	7 8									
	2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2) 0 1 2 3	7 8									
	3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3) 0 1 2 3	7 8									
	4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4) 0 1 2 3	7 8									
5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5) 0 1 2 3	7 8										
6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always?	6) 0 1 2 3	7 8										
7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?	7) 0 1 2 3	7 8										

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
PHQ (DEPRESSION) CODES:							
CODE '7' (RF) REFUSED TO ANSWER							
CODE '8' (DK) DON'T KNOW							
PHQ	Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?	1) 0	1 1	2 2	3 3	7 7	8 8
	2) Feeling low or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2) 0	1 1	2 2	3 3	7 7	8 8
	3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3) 0	1 1	2 2	3 3	7 7	8 8
	4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4) 0	1 1	2 2	3 3	7 7	8 8
	5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5) 0	1 1	2 2	3 3	7 7	8 8
	6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely often or always?	6) 0	1 1	2 2	3 3	7 7	8 8
	7) Trouble concentrating on things you normally do, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely often or always?	7) 0	1 1	2 2	3 3	7 7	8 8
	8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely often or always?	8) 0	1 1	2 2	3 3	7 7	8 8
	9) Thoughts of hurting yourself in some way or that you would be better off not living anymore? IF NECESSARY ASK: Would you say never, rarely often or always?	9) 0	1 1	2 2	3 3	7 7	8 8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/>	NO SYMPTOMS <input type="checkbox"/>	→ MTH4									
MTH2	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ MTH4									
MTH3	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL A SOCIAL WORKER B COMMUNITY HEALTH ASSISTANT C RELIGIOUS LEADER D CURRENT/FORMER SPOUSE/PARTNER E OTHER FAMILY MEMBER F FRIEND G NEIGHBOR H TRADITIONAL HEALER I NGO/ CBO OTHER _____ X (SPECIFY)										
MTH4	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) DEPRESSION</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> <tr> <td>b) ANXIETY</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> </table>		YES	NO	a) DEPRESSION 1 2	b) ANXIETY 1 2	
	YES	NO										
a) DEPRESSION 1 2										
b) ANXIETY 1 2										
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES 1 NO 2										
MTH6	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE <input type="text"/> <input type="text"/>										
MTH7	CHECK MTH6 AND PHQ9: ASSESS NEED FOR REFERRAL RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES. SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ DV00									
MTH8	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may be experiencing anxiety and/or depression and may benefit from health services. PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides the contact information of health facilities where you can obtain these health services.											

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																			
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>DV07A. Did your (last) (husband/male partner) ever:</p> <table border="1" data-bbox="683 338 847 651"> <thead> <tr> <th data-bbox="683 338 847 398"></th> <th data-bbox="683 398 847 421">EVER</th> <th data-bbox="683 421 847 651"></th> </tr> </thead> <tbody> <tr> <td data-bbox="683 421 847 450">DV07a) say or do something to humiliate you in front of others?</td> <td data-bbox="683 450 847 479">YES 1</td> <td data-bbox="683 479 847 508">→ 1</td> </tr> <tr> <td data-bbox="683 479 847 508"></td> <td data-bbox="683 508 847 537">NO 2</td> <td data-bbox="683 537 847 566">↓</td> </tr> <tr> <td data-bbox="683 537 847 566">DV07b) threaten to hurt or harm you or someone you care about?</td> <td data-bbox="683 566 847 595">YES 1</td> <td data-bbox="683 595 847 624">→ 1</td> </tr> <tr> <td data-bbox="683 595 847 624"></td> <td data-bbox="683 624 847 654">NO 2</td> <td data-bbox="683 654 847 683">↓</td> </tr> <tr> <td data-bbox="683 654 847 683">DV07c) insult you or make you feel bad about yourself?</td> <td data-bbox="683 683 847 712">YES 1</td> <td data-bbox="683 712 847 741">→ 1</td> </tr> <tr> <td data-bbox="683 712 847 741"></td> <td data-bbox="683 741 847 770">NO 2</td> <td data-bbox="683 770 847 799">↓</td> </tr> </tbody> </table>		EVER		DV07a) say or do something to humiliate you in front of others?	YES 1	→ 1		NO 2	↓	DV07b) threaten to hurt or harm you or someone you care about?	YES 1	→ 1		NO 2	↓	DV07c) insult you or make you feel bad about yourself?	YES 1	→ 1		NO 2	↓	<p>DV07B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="847 338 1326 651"> <thead> <tr> <th data-bbox="847 338 1002 398"></th> <th data-bbox="1002 338 1107 398">OFTEN</th> <th data-bbox="1107 338 1212 398">SOME-TIMES</th> <th data-bbox="1212 338 1326 398">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="847 421 1002 450">→</td> <td data-bbox="1002 421 1107 450">1</td> <td data-bbox="1107 421 1212 450">2</td> <td data-bbox="1212 421 1326 450">3</td> </tr> <tr> <td data-bbox="847 479 1002 508">→</td> <td data-bbox="1002 479 1107 508">1</td> <td data-bbox="1107 479 1212 508">2</td> <td data-bbox="1212 479 1326 508">3</td> </tr> <tr> <td data-bbox="847 537 1002 566">→</td> <td data-bbox="1002 537 1107 566">1</td> <td data-bbox="1107 537 1212 566">2</td> <td data-bbox="1212 537 1326 566">3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	→	1	2	3	→	1	2	3	→	1	2	3																																																																															
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DV08	<p>DV08A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <table border="1" data-bbox="683 752 847 1608"> <thead> <tr> <th data-bbox="683 752 847 813"></th> <th data-bbox="683 813 847 835">EVER</th> <th data-bbox="683 835 847 1608"></th> </tr> </thead> <tbody> <tr> <td data-bbox="683 835 847 864">DV08a) push you, shake you, or throw something at you?</td> <td data-bbox="683 864 847 893">YES 1</td> <td data-bbox="683 893 847 922">→ 1</td> </tr> <tr> <td data-bbox="683 893 847 922"></td> <td data-bbox="683 922 847 952">NO 2</td> <td data-bbox="683 952 847 981">↓</td> </tr> <tr> <td data-bbox="683 922 847 952">DV08b) slap you?</td> <td data-bbox="683 952 847 981">YES 1</td> <td data-bbox="683 981 847 1010">→ 1</td> </tr> <tr> <td data-bbox="683 981 847 1010"></td> <td data-bbox="683 1010 847 1039">NO 2</td> <td data-bbox="683 1039 847 1068">↓</td> </tr> <tr> <td data-bbox="683 1010 847 1039">DV08c) twist your arm or pull your hair?</td> <td data-bbox="683 1039 847 1068">YES 1</td> <td data-bbox="683 1068 847 1097">→ 1</td> </tr> <tr> <td data-bbox="683 1068 847 1097"></td> <td data-bbox="683 1097 847 1126">NO 2</td> <td data-bbox="683 1126 847 1155">↓</td> </tr> <tr> <td data-bbox="683 1097 847 1126">DV08d) punch you with his fist or with something that could hurt you?</td> <td data-bbox="683 1126 847 1155">YES 1</td> <td data-bbox="683 1155 847 1184">→ 1</td> </tr> <tr> <td data-bbox="683 1155 847 1184"></td> <td data-bbox="683 1184 847 1214">NO 2</td> <td data-bbox="683 1214 847 1243">↓</td> </tr> <tr> <td data-bbox="683 1184 847 1214">DV08e) kick you, drag you, or beat you up?</td> <td data-bbox="683 1214 847 1243">YES 1</td> <td data-bbox="683 1243 847 1272">→ 1</td> </tr> <tr> <td data-bbox="683 1243 847 1272"></td> <td data-bbox="683 1272 847 1301">NO 2</td> <td data-bbox="683 1301 847 1330">↓</td> </tr> <tr> <td data-bbox="683 1272 847 1301">DV08f) try to choke you or burn you on purpose?</td> <td data-bbox="683 1301 847 1330">YES 1</td> <td data-bbox="683 1330 847 1359">→ 1</td> </tr> <tr> <td data-bbox="683 1330 847 1359"></td> <td data-bbox="683 1359 847 1388">NO 2</td> <td data-bbox="683 1388 847 1417">↓</td> </tr> <tr> <td data-bbox="683 1359 847 1388">DV08g) attack you with a knife, gun, or other weapon?</td> <td data-bbox="683 1388 847 1417">YES 1</td> <td data-bbox="683 1417 847 1447">→ 1</td> </tr> <tr> <td data-bbox="683 1417 847 1447"></td> <td data-bbox="683 1447 847 1476">NO 2</td> <td data-bbox="683 1476 847 1505">↓</td> </tr> <tr> <td data-bbox="683 1447 847 1476">DV08h) physically force you to have sexual intercourse with him when you did not want to?</td> <td data-bbox="683 1476 847 1505">YES 1</td> <td data-bbox="683 1505 847 1534">→ 1</td> </tr> <tr> <td data-bbox="683 1505 847 1534"></td> <td data-bbox="683 1534 847 1563">NO 2</td> <td data-bbox="683 1563 847 1592">↓</td> </tr> <tr> <td data-bbox="683 1534 847 1563">DV08i) physically force you to perform any other sexual acts you did not want to?</td> <td data-bbox="683 1563 847 1592">YES 1</td> <td data-bbox="683 1592 847 1621">→ 1</td> </tr> <tr> <td data-bbox="683 1592 847 1621"></td> <td data-bbox="683 1621 847 1650">NO 2</td> <td data-bbox="683 1650 847 1680">↓</td> </tr> <tr> <td data-bbox="683 1621 847 1650">DV08j) force you with threats or in any other way to perform sexual acts you did not want to?</td> <td data-bbox="683 1650 847 1680">YES 1</td> <td data-bbox="683 1680 847 1709">→ 1</td> </tr> <tr> <td data-bbox="683 1680 847 1709"></td> <td data-bbox="683 1709 847 1738">NO 2</td> <td data-bbox="683 1738 847 1767">↓</td> </tr> </tbody> </table>		EVER		DV08a) push you, shake you, or throw something at you?	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DV09	CHECK DV08A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES'	→ DV11
DV09A	Since the start of the COVID-19 pandemic, do you believe these situations have become more frequent, less frequent, or have stayed the same?	MORE FREQUENT 1 LESS FREQUENT 2 NO CHANGE/ STAYED THE SAME 3 RELATIONSHIP STARTED DURING PANDEMIC 4 RELATIONSHIP ENDED BEFORE PANDEMIC 5 DON'T KNOW 8	
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: DV10a) You had cuts, bruises, or aches? DV10b) You had eye injuries, sprains, dislocations, or burns? DV10c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV13	Did your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ DV15
DV14	How often did he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
DV15	Were you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	

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DV16	<p>DV16A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have</p> <p>DV16a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>DV16b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?</p> <p>DV16c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p>	<p>DV16B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th data-bbox="852 293 979 383">EVER</th> <th data-bbox="979 293 1091 383">0 - 11 MONTHS AGO</th> <th data-bbox="1091 293 1203 383">12+ MONTHS AGO</th> <th data-bbox="1203 293 1315 383">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td data-bbox="852 383 979 450">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER</td> <td data-bbox="979 383 1091 450"></td> <td data-bbox="1091 383 1203 450"></td> <td data-bbox="1203 383 1315 450">6</td> </tr> <tr> <td data-bbox="852 450 979 539">YES 1 NO 2 ↓</td> <td data-bbox="979 450 1091 539">→ 1</td> <td data-bbox="1091 450 1203 539">2</td> <td data-bbox="1203 450 1315 539">3</td> </tr> <tr> <td data-bbox="852 539 979 629">YES 1 NO 2 ↓</td> <td data-bbox="979 539 1091 629">→ 1</td> <td data-bbox="1091 539 1203 629">2</td> <td data-bbox="1203 539 1315 629">3</td> </tr> <tr> <td data-bbox="852 629 979 719">YES 1 NO 2 ↓</td> <td data-bbox="979 629 1091 719">→ 1</td> <td data-bbox="1091 629 1203 719">2</td> <td data-bbox="1203 629 1315 719">3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER			6	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	<p>→ DV17</p>
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DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p align="center">NOT A SINGLE YES <input type="checkbox"/></p>	<p>→ DV19</p>																				
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW #</p>																					
DV19	<p>CHECK 212 AND 232:</p> <p align="center">CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/></p>	<p align="center">NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/></p>	<p>→ DV21A</p>																				
DV20	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1 NO 2</p>	<p>→ DV21A</p>																				

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK . . O POLICE/SOLDIER P</p> <p>OTHER _____ X (SPECIFY)</p>																					
DV21A	<p>Now I want to ask you about your experiences using technology including the internet, mobile phones, text messages, instant messages, dating/relationship apps, social media or any other technology platforms (e.g. Facebook, What'sApp, Twitter/X, Tinder, TikTok, Snapchat...), whether you used it yourself or through someone else. This could be by anyone, including a romantic partner, a friend or even someone you don't know.</p> <p>A. Have you ever had the following experience:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="743 909 1326 1576"> <thead> <tr> <th data-bbox="743 909 898 981">EVER</th> <th data-bbox="898 909 1053 981">OFTEN</th> <th data-bbox="1053 909 1214 981">SOME-TIMES</th> <th data-bbox="1214 909 1326 981">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="743 981 898 1052"> DV21Aa) Someone tried to publicly humiliate you on the internet, phone, mobile phones, text messages, instant messages, or social media in a way that was related to you being a woman? YES 1 NO 2 </td> <td data-bbox="898 981 1053 1052">→ 1</td> <td data-bbox="1053 981 1214 1052">2</td> <td data-bbox="1214 981 1326 1052">3</td> </tr> <tr> <td data-bbox="743 1052 898 1124"> DV21Ab) Someone sent you threatening messages via the internet, phone, mobile phones, text messages, instant messages, or social media? YES 1 NO 2 </td> <td data-bbox="898 1052 1053 1124">→ 1</td> <td data-bbox="1053 1052 1214 1124">2</td> <td data-bbox="1214 1052 1326 1124">3</td> </tr> <tr> <td data-bbox="743 1124 898 1196"> DV21Ac) Someone shared sexual photos or videos of you via the internet, mobile phones, text messages, instant messages, or social media without your consent? YES 1 NO 2 </td> <td data-bbox="898 1124 1053 1196">→ 1</td> <td data-bbox="1053 1124 1214 1196">2</td> <td data-bbox="1214 1124 1326 1196">3</td> </tr> <tr> <td data-bbox="743 1196 898 1267"> DV21Ad) Someone sent you sexual photos, videos, or messages on the internet, mobile phones, text messages, instant messages, or social media without your consent? YES 1 NO 2 </td> <td data-bbox="898 1196 1053 1267">→ 1</td> <td data-bbox="1053 1196 1214 1267">2</td> <td data-bbox="1214 1196 1326 1267">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	DV21Aa) Someone tried to publicly humiliate you on the internet, phone, mobile phones, text messages, instant messages, or social media in a way that was related to you being a woman? YES 1 NO 2	→ 1	2	3	DV21Ab) Someone sent you threatening messages via the internet, phone, mobile phones, text messages, instant messages, or social media? YES 1 NO 2	→ 1	2	3	DV21Ac) Someone shared sexual photos or videos of you via the internet, mobile phones, text messages, instant messages, or social media without your consent? YES 1 NO 2	→ 1	2	3	DV21Ad) Someone sent you sexual photos, videos, or messages on the internet, mobile phones, text messages, instant messages, or social media without your consent? YES 1 NO 2	→ 1	2	3	
EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																				
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DV21Ad) Someone sent you sexual photos, videos, or messages on the internet, mobile phones, text messages, instant messages, or social media without your consent? YES 1 NO 2	→ 1	2	3																				
DV21B	<p>CHECK DV21AB (a-d):</p> <p>AT LEAST ONE 'OFTEN' OR 'SOMETIMES' <input type="checkbox"/> ALL 'NO' TO DV21AA OR 'NOT IN LAST 12 MONTHS' TO DV21AB <input type="checkbox"/></p> <p style="text-align: right;">→ DV22</p>																						

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21C	<p>In the last 12 months, who has done any of this to you?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNE A</p> <p>FORMER HUSBAND/PARTNER B</p> <p>CURRENT BOYFRIEND C</p> <p>FORMER BOYFRIENE D</p> <p>TEACHER E</p> <p>SCHOOLMATE/CLASSMATE F</p> <p>EMPLOYER/SOMEONE AT WORK G</p> <p>POLICE/SOLDIER H</p> <p>MALE FRIEND I</p> <p>FEMALE FRIEND J</p> <p>STRANGER/DID NOT IDENTIFY THEMSELVES K</p> <p>MOTHER/STEP-MOTHEF L</p> <p>FATHER/STEP-FATHER M</p> <p>SISTER/BROTHER N</p> <p>DAUGHTER/SON O</p> <p>MOTHER-IN-LAW P</p> <p>FATHER-IN-LAW Q</p> <p>OTHER IN-LAW R</p> <p>OTHER RELATIVE S</p> <p>OTHER _____ X (SPECIFY)</p>			
DV22	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> </td> <td style="width: 50%; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> </td> </tr> </table> <p>DV22a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other</p>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p>	<p>DV From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p>				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV31
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ DV28a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ DV28b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW #	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED. RECORD ALL MENTIONED.	FATHER/STEP-FATHER A BROTHER/STEP-BROTHER B OTHER RELATIVE C CURRENT BOYFRIEND D FORMER BOYFRIEND E IN-LAW F OWN FRIEND/ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE/CLASSMATE J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L PRIEST/RELIGIOUS LEADER M STRANGER N OTHER _____ X (SPECIFY)	
DV30	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ DV30a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that	NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ DV In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to? YES 1 NO 2	
DV31	CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ DV35
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ DV34
DV33	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ DV35
DV34	Have you ever told any one about this?	YES 1 NO 2	
DV35	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
DV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____																		
DV38	RECORD THE TIME.	<table border="0"> <tr> <td>HOURS</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>MINUTES</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	HOURS	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					MINUTES	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					END				
HOURS	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																		
MINUTES	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																		

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING

- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER

(SPECIFY)

- Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2023. For fieldwork beginning in 2024, all references to calendar years should be increased by one; for example, 2018 should be changed to 2019, 2019 should be changed to 2020, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
	09	SEP	04	
	08	AUG	05	
2024	07	JUL	06	2024
	06	JUN	07	
	05	MAY	08	
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
<hr/>				
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
	09	SEP	16	
	08	AUG	17	
2023	07	JUL	18	2023
	06	JUN	19	
	05	MAY	20	
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
<hr/>				
	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
	09	SEP	28	
	08	AUG	29	
	07	JUL	30	
2022	06	JUN	31	2022
	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
<hr/>				
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
	09	SEP	40	
	08	AUG	41	
	07	JUL	42	
2021	06	JUN	43	2021
	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
<hr/>				
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
	09	SEP	52	
	08	AUG	53	
	07	JUL	54	
2020	06	JUN	55	2020
	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
<hr/>				
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
	09	SEP	64	
	08	AUG	65	
	07	JUL	66	
2019	06	JUN	67	2019
	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	
<hr/>				
	12	DEC	73	
	11	NOV	74	
	10	OCT	75	
	09	SEP	76	
	08	AUG	77	
	07	JUL	78	
2018	06	JUN	79	2018
	05	MAY	80	
	04	APR	81	
	03	MAR	82	
	02	FEB	83	
	01	JAN	84	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEYS
 MAN'S QUESTIONNAIRE

ZAMBIA
 MINISTRY OF HEALTH/ ZAMBIA STATISTICS AGENCY

IDENTIFICATION								
LOCALITY NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
NAME AND LINE NUMBER OF MAN _____								
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>				
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED								
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 30px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 30px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 30px; height: 20px;"></table> <table border="1" style="width: 30px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 30px; height: 20px;"></table> <table border="1" style="width: 30px; height: 20px;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 30px; height: 20px;"></table>								
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 04 LOZI 07 NYANJA 02 BEMBA 05 LUNDA 08 TONGA 03 KAONDE 06 LUVALE								
TEAM <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER		TEAM SUPERVISOR _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER						

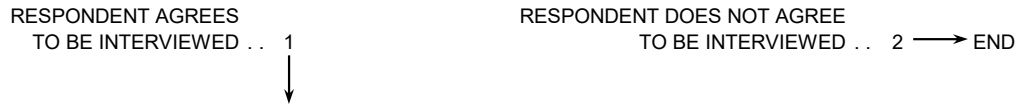
INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Zambia Statistics Agency (ZamStats). We are conducting a survey about health and other topics all over Zambia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 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. You don't have 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 the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	What province were you born in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	→ 104
103	What country were you born in?	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS OR MORE <input type="checkbox"/>		→ 107
106	In what month and year did you move here?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	Just before you moved here, which province did you live in?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPALA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTH WESTERN 08 SOUTHERN 09 WESTERN 10 OUTSIDE OF ZAMBIA 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> →	119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' <input type="checkbox"/> →	119A
119	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	Do you follow news and current events on social media (such as WhatsApp, Twitter, Instagram, or Facebook) almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	Do you own a mobile phone?	YES 1 NO 2	→ 127
123	Is your mobile phone a smart phone?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 MUSLIM 03 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204
203	a) How many sons live with you? IF NONE, RECORD '00'. b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very	YES 1 NO 2 DON'T KNOW 8	→ 208
207	a) How many boys have died? IF NONE, RECORD '00'. b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→ 211 → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	
211	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	CHECK 203 AND 205: AT LEAST ONE <input type="checkbox"/> LIVING CHILD ↓	NO LIVING <input type="checkbox"/> CHILDREN →	301
213	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ a) How old is your youngest child? b) How old is your child? RECORD IN COMPLETED YEARS RECORD IN COMPLETED YEARS	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS <input type="checkbox"/> AGE 0-2 YEARS ↓	(YOUNGEST) CHILD IS <input type="checkbox"/> AGE 3 YEARS OR OLDER →	301
215	CHECK 203 AND 205: MORE THAN ONE <input type="checkbox"/> LIVING CHILD ↓ ONLY ONE <input type="checkbox"/> LIVING CHILD ↓ a) What is the name of your youngest child? b) What is the name of your child?	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME IN 215)'s mother was pregnant with (NAME IN 215), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME IN 215) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	→ 301
219	Did you go with (NAME IN 215)'s mother to the hospital or health facility where she gave birth to (NAME IN 215)?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.		
01	Have you heard of Female Sterilization? PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Have you heard of Male Sterilization? PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	Have you heard of IUCD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Have you heard of Injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Have you heard of Implants? PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Have you heard of Pill? PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Have you heard of Male Condom? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Have you heard of Female Condom? PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09 (1)	Have you heard of Emergency Contraception? PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Have you heard of Standard Days Method? PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Have you heard of Lactational Amenorrhea Method (LAM)? PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	Have you heard of Rhythm Method? PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get	YES 1 NO 2	
13	Have you heard of Withdrawal? PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
302	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/ BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD ..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/ EVENTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE ..	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	f) POSTER/LEAFLET/ BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD ..	1	2	h) COMMUNITY MEETINGS/ EVENTS	1	2	
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g) OUTDOOR SIGN/BILLBOARD ..	1	2																												
h) COMMUNITY MEETINGS/ EVENTS	1	2																												
303	In the last few months, have you discussed family planning with a community health assistant or health professional?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																								
YES	1																													
NO	2																													
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 306																					
YES	1																													
NO	2																													
DON'T KNOW	8																													
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table border="0"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td align="right">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td align="right">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED ..</td> <td align="right">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS	1	DURING HER PERIOD	2	RIGHT AFTER HER PERIOD HAS ENDED ..	3	HALFWAY BETWEEN TWO PERIODS	4	OTHER _____	6	(SPECIFY)		DON'T KNOW	8														
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HALFWAY BETWEEN TWO PERIODS	4																													
OTHER _____	6																													
(SPECIFY)																														
DON'T KNOW	8																													
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																						
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NO	2																													
DON'T KNOW	8																													
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table border="0"> <tr> <td></td> <td align="right">AGREE</td> <td align="right">DIS- AGREE</td> <td align="right">DK</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		AGREE	DIS- AGREE	DK	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8																
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SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/>																
407	<p>CHECK 405:</p> <p align="center"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER ↓ </p> <p>a) Please tell me the name of your (wife/partner).</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<table border="1"> <thead> <tr> <th data-bbox="805 952 965 996">NAME</th> <th data-bbox="997 952 1125 996">LINE NUMBER</th> <th data-bbox="1220 974 1284 996">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="805 1019 965 1086">_____</td> <td data-bbox="997 1019 1125 1086"><input type="text"/></td> <td data-bbox="1220 1019 1284 1086"><input type="text"/></td> </tr> <tr> <td data-bbox="805 1131 965 1198">_____</td> <td data-bbox="997 1131 1125 1198"><input type="text"/></td> <td data-bbox="1220 1131 1284 1198"><input type="text"/></td> </tr> <tr> <td data-bbox="805 1243 965 1310">_____</td> <td data-bbox="997 1243 1125 1310"><input type="text"/></td> <td data-bbox="1220 1243 1284 1310"><input type="text"/></td> </tr> <tr> <td data-bbox="805 1355 965 1422">_____</td> <td data-bbox="997 1355 1125 1422"><input type="text"/></td> <td data-bbox="1220 1355 1284 1422"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	408 (1) How old was (NAME IN 407) on her last birthday?
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
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408	How old was (NAME IN 407) on her last birthday?	<table border="1"> <tbody> <tr> <td data-bbox="805 1243 965 1310">_____</td> <td data-bbox="997 1243 1125 1310"><input type="text"/></td> <td data-bbox="1220 1243 1284 1310"><input type="text"/></td> </tr> <tr> <td data-bbox="805 1355 965 1422">_____</td> <td data-bbox="997 1355 1125 1422"><input type="text"/></td> <td data-bbox="1220 1355 1284 1422"><input type="text"/></td> </tr> </tbody> </table>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.									
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	CHECK 407: <p align="center"> <input type="checkbox"/> ONE WIFE/ PARTNER ↓ <input type="checkbox"/> MORE THAN ONE WIFE/ PARTNER </p>		→ 411															
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2																

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <p>BOTH ARE <input type="checkbox"/> CODE '2'</p> <p>OTHER <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (wife/partner)?</p> <p>b) Now I would like to ask about your first wife or partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 501
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 418
417	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 419
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODE 'G' IS CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p> <p>IF CODE 'H' IS CIRCLED, SKIP TO 420A EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUCD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	→ 420 → 420A
419	The last time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p>	→ 422

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/> → 514									
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/> → 514									
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> → 509									
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your wives or partners currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
601	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 604		
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604		
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607		
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3			
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4			
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612		
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610		
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)			
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6			
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6			

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615																								
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																								
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A																								
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A																								
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8																									
617A	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 617C																								
617B	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2																									
617C	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2																									
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) ARGUES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	1	2	8																								
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
700	Now I would like to talk about HIV and AIDS.																		
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708																
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
706A	Can people reduce their chance of getting HIV by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
706B	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	→ 708C																
708A	Once someone is diagnosed with HIV, do you know for how long they have to take ARVs? IF YES, How long?	YES, A FEW DAYS OR LESS 1 YES, LESS THAN 1 MONTH BUT MORE THAN A FEW DAYS ... 2 YES, MORE THAN 1 MONTH BUT LESS THAN 1 YEAR 3 ANY NUMBER OF YEARS MORE THAN 1 YEAR BUT LESS THAN LIFE 4 YES, FOR LIFE 5 YES, UNTIL THEY FEEL BETTER 6 DON'T KNOW 8																	
708B	If someone is taking ARVs correctly and consistently, can they transmit the virus to their partner?	YES 1 NO 2 DON'T KNOW 8																	
708C	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) DURING PREGNANCY</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708D	CHECK 708C: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> → 709A	
709	Are there any special medicines that a health care provider can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
709A	If someone is exposed to a needle prick or high risk sex (meaning high possibility of getting HIV), do you know if there is anything one can immediately do to prevent contraction of HIV?	YES 1 NO 2	→ 710
709B	What can be done?	TAKING MEDICINE A BATHING B OTHER _____ X (SPECIFY) DON'T KNOW Z	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	In your opinion, do you think it is okay for people to take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
711A	Have you ever taken PrEP?	YES 1 NO 2	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST #</p> <p>STAND-ALONE HTC CENTER #</p> <p>FAMILY PLANNING CLINIC #</p> <p>MOBILE HTC SERVICES #</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ #</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>MISSION HOSPITAL/CLINIC #</p> <p>STAND-ALONE HTC CENTER #</p> <p>PHARMACY #</p> <p>MOBILE HTC SERVICES #</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ #</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL #</p> <p>NGO CLINIC #</p> <p>OTHER NGO MEDICAL SECTOR #</p> <p>_____ #</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCES</p> <p>HOME 41</p> <p>WORKPLACE 42</p> <p>CORRECTIONAL FACILITY 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	MTH9
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	} → 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST ... 95</p>	
719	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> →	→ 729
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	→ 727
726A	To whom have you told your HIV status?	FAMILY MEMBER A PARTNER B HEALTH CARE PROVIDER C FRIEND D RELIGIOUS LEADER E OTHER F	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV	AGREE 1 DISAGREE 2	
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:		YES NO
	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY 1	2
	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS 1	2
	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED 1	2
	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY 1	2
	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1	2
	f) I was refused employment or a work opportunity because of my HIV status.	f) DIDN'T GET A JOB 1	2
	g) I lost a source of income or job because of my HIV status.	g) DIDN'T GET HEALTH SERVICES 1	2

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	
730	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE		→ 735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 733
732	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
735	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 805A
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
805A	Have you ever had your blood pressure measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805B	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 805F
805C	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	
805D	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
805E	Are you taking medication to control your blood pressure?	YES 1 NO 2	
805F	Have you ever had your blood sugar measured by a doctor or other healthcare worker?	YES 1 NO 2 DON'T KNOW 8	
805G	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 806
805H	In the past 12 months, have you been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	
805I	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
805J	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars or cigarillos? f) Number of water pipe (shisha) sessions? g) Any others? _____ (SPECIFY)	<p align="center">NUMBER DAILY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE (SHISHA) SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 811
810	On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? d) Pipes full of tobacco? e) Cigars or cigarillos? f) Number of water pipe (shisha) sessions? g) Any others? _____ (SPECIFY)	<p align="center">NUMBER WEEKLY</p> a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/> d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) CIGARS OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/> f) NUMBER OF WATER PIPE (SHISHA) SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813 → 813A
812	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	<p align="center">TIMES DAILY</p> a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	→ 813A
813	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF THE RESPONDENT REPORTS USING THE PRODUCT, BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? e) Any others? _____ (SPECIFY)	<p align="center">TIMES WEEKLY</p> a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/> b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/> c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/> e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/>	
813A	Do you currently use e-cigarettes or vape every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 813C → 814
813B	On average, how many times daily do you use e-cigarettes or vape?	TIMES DAILY <input type="text"/> <input type="text"/> <input type="text"/>	→ 814
813C	On average, how many times weekly do you use e-cigarettes or vape?	TIMES WEEKLY <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, ciders, kachasu, or chibuku?	YES 1 NO 2	→ 817
815	During the last one month, on how many days did you have an alcoholic drink? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 817
816	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits (tujilijili), or one bottle of ciders, one tot of kachasu, or a packet of chibuku. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? SHOW PICTURES OF SIZES OF STANDARD	NUMBER OF DRINKS <input type="text"/> <input type="text"/>	
817	Are you covered by any health insurance?	YES 1 NO 2	→ 818A
818	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B NATIONAL PUBLIC INSURANCE SCHEME (NHIMA C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
818A	Do you know the procedure for death Registration and/or Certification as required by the DNRPC (Kuma Reg)?	YES 1 NO 2	

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
MTH0	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. 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.						
GAD	GAD (ANXIETY) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW						
	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always? 1) Feeling nervous or anxious? Would you say never, rarely, often, or always? 2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always? 3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always? 4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always? 5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always? 6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always? 7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?	NEVER RARELY OFTEN AL- WAYS	RF DK				
	1)	0	1	2	3	7	8
	2)	0	1	2	3	7	8
	3)	0	1	2	3	7	8
	4)	0	1	2	3	7	8
	5)	0	1	2	3	7	8
	6)	0	1	2	3	7	8
	7)	0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP	
<p>PHQ (DEPRESSION) CODES:</p> <p>CODE '7' (RF) REFUSED TO ANSWER</p> <p>CODE '8' (DK) DON'T KNOW</p>							
PHQ	<p>Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?</p>	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	<p>1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?</p>	1) 0	1	2	3	7	8
	<p>2) Feeling low or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	2) 0	1	2	3	7	8
	<p>3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely often or always?</p>	3) 0	1	2	3	7	8
	<p>4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	4) 0	1	2	3	7	8
	<p>5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	5) 0	1	2	3	7	8
	<p>6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely often or always?</p>	6) 0	1	2	3	7	8
	<p>7) Trouble concentrating on things you normally do, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	7) 0	1	2	3	7	8
	<p>8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	8) 0	1	2	3	7	8
	<p>9) Thoughts of hurting yourself in some way or that you would be better off not living anymore? IF NECESSARY ASK: Would you say never, rarely, often, or always?</p>	9) 0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/>	NO SYMPTOMS <input type="checkbox"/>	→ MTH4									
MTH2	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ MTH4									
MTH3	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL A SOCIAL WORKER B COMMUNITY HEALTH ASSISTANT C RELIGIOUS LEADER D CURRENT/FORMER SPOUSE/PARTNER E OTHER FAMILY MEMBER F FRIEND G NEIGHBOR H TRADITIONAL HEALER I NGO/ CBO J OTHER _____ X (SPECIFY)										
MTH4	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) DEPRESSION</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> <tr> <td>b) ANXIETY</td> <td align="right">..... 1</td> <td align="right">..... 2</td> </tr> </table>		YES	NO	a) DEPRESSION 1 2	b) ANXIETY 1 2	
	YES	NO										
a) DEPRESSION 1 2										
b) ANXIETY 1 2										
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES 1 NO 2										
MTH6	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE <input type="text"/> <input type="text"/>										
MTH7	CHECK MTH6 AND PHQ9: ASSESS NEED FOR REFERRAL RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES. SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ MTH9									
MTH8	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may be experiencing anxiety and/or depression and may benefit from health services. PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides the contact information of health facilities where you can obtain these health services.											
MTH9	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>										

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

DEMOGRAPHIC AND HEALTH SURVEY
 MODEL BIOMARKER QUESTIONNAIRE

2023 ZDHS
 ZAMBIA MINISTRY OF HEALTH AND ZAMBIA STATISTICS AGENCY

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? [YES=1/NO=2] []														
BIOMARKER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
BIOMARKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>										
TIME	_____	_____												
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>										
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>										
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="font-size: 1.2em;">0</td><td style="font-size: 1.2em;">4</td></tr> </table>	0	4	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>	
0	4													
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:											
			01 ENGLISH	03 KAONDE	05 LUNDA	07 NYANJA								
			02 BEMBA	04 LOZI	06 LUVALE	08 TONGA								
TEAM	TEAM SUPERVISOR													
<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER			_____ NAME		<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER									

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>	_____ →	130
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ →	157
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>	_____ →	106
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 0-23 MONTHS <input type="checkbox"/>	_____ → _____ →	157 122A


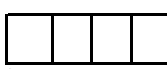


WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 1		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 1	SKIP
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED? YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? YES 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER. [][][][] BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. [][][][] BIOMARKER NUMBER	
115	TODAY'S DATE: DAY [][] MONTH [][] YEAR [][][][]	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? AGE 0-5 MONTHS <input type="checkbox"/>	→ 157
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER [][]	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children between the age of 6-59 months take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
120	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
121	SIGN NAME AND ENTER BIOMARKER NUMBER. _____ (SIGN) [][][][] BIOMARKER NUMBER	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER 	
122B	ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases. For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?	
123	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
124	SIGN NAME AND ENTER BIOMARKER NUMBER. _____ (SIGN)  BIOMARKER NUMBER	
125	CHECK 123: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	129
126	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?	
127	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
128	SIGN NAME AND ENTER BIOMARKER NUMBER. _____ (SIGN)  BIOMARKER NUMBER	
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER 	
131	ASK CONSENT FOR DBS HIV TEST FROM PARENT/RESPONSIBLE ADULT: As part of the survey we are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. We ask that (NAME OF CHILD)'s blood collected onto the paper card be tested for HIV in a laboratory. The blood sample will not be labeled with information that directly identifies your child but will be labeled with an identification number. We will not be able to tell you the HIV result of (NAME OF CHILD)'s test. However, if you want (NAME OF CHILD) to know his/her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
	<p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>	
132A	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
132B	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133A	<p>CHECK 132A: WAS CONSENT GRANTED?</p> <p>CONSENT GRANTED <input type="checkbox"/></p> <p>REFUSED OR NOT PRESENT <input type="checkbox"/></p>	<p>→ 134</p>
133B	<p>CHECK 104: AGE OF CHILD?</p> <p>AGE 10-14 YEARS <input type="checkbox"/></p> <p>AGE 2-4 YEARS <input type="checkbox"/></p> <p>AGE 5-9 YEARS <input type="checkbox"/></p>	<p>→ 133G</p> <p>→ 133H</p>
133C	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>	
133D	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
133E	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133F	<p>CHECK 132A AND 133D: WAS CONSENT GRANTED?</p> <p>BOTH CONSENTS GRANTED <input type="checkbox"/></p> <p>ANY CONSENTS REFUSED OR NOT PRESENT / OTHER <input type="checkbox"/></p>	<p>→ 133H</p> <p>→ 134</p>

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
133G	CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED? NOT ASKED OR NO CODE RECORDED <input type="checkbox"/> ANY CODE RECORDED <input type="checkbox"/>	134
133H	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?	
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
133K	CHECK 133I: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	134
133L	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	134
133M	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
141	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
142A	6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D PLACE BAR CODE LABEL: PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
142B	CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER? 6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/>	143C
143A	CHECK 123 ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143B	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS? 24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/>	143D
143C	24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143D	CHECK ADDITIONAL TESTING STATUS 6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>	143F
143E	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.	
143F	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
143G	CHECK 103: IS THE CHILD AGE 6-59 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
144	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED	YES <input type="checkbox"/> NO <input type="checkbox"/> → 147
145	CHECK 144: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 → 147
146	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER	AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/> → 157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 → 151 NOT PRESENT 3 REFUSED 4 → 154 OTHER 5
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 → 152 NOT PRESENT 3 REFUSED 4 → 153 OTHER 5
150	IF 148 AND 149 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 154	
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154	
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154	
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID / DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 → 157 NO RDT CONDUCTED 3

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 1	SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
157	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>	_____ →	130
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ →	157
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>	_____ →	106
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 0-23 MONTHS <input type="checkbox"/>	_____ → _____ →	157 122A





WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	<input type="checkbox"/> → 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	<input type="checkbox"/> → 113

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP								
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2								
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2 → 112								
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? <hr/> <hr/>									
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2								
113	ENTER BIOMARKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
115	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? ↓	AGE 0-5 MONTHS <input type="checkbox"/> → 157								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children between the age of 6-59 months take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
121	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 
122B	<p>ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases.</p> <p>For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?</p>	
123	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
124	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
125	CHECK 123: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 129
126	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>	
127	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
128	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	→ 141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 
131	<p>ASK CONSENT FOR DBS HIV TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of the survey we are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>We ask that (NAME OF CHILD)'s blood collected onto the paper card be tested for HIV in a laboratory. The blood sample will not be labeled with information that directly identifies your child but will be labeled with an identification number. We will not be able to tell you the HIV result of (NAME OF CHILD)'s test. However, if you want (NAME OF CHILD) to know his/her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p>	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
	<p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>	
132A	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
132B	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____</p> <p>(SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133A	<p>CHECK 132A: WAS CONSENT GRANTED?</p> <p>CONSENT GRANTED <input type="checkbox"/></p> <p>REFUSED OR NOT PRESENT <input type="checkbox"/></p>	<p>→ 134</p>
133B	<p>CHECK 104: AGE OF CHILD?</p> <p>AGE 10-14 YEARS <input type="checkbox"/></p> <p>AGE 2-4 YEARS <input type="checkbox"/></p> <p>AGE 5-9 YEARS <input type="checkbox"/></p>	<p>→ 133G</p> <p>→ 133H</p>
133C	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>	
133D	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
133E	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____</p> <p>(SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133F	<p>CHECK 132A AND 133D: WAS CONSENT GRANTED?</p> <p>BOTH CONSENTS GRANTED <input type="checkbox"/></p> <p>ANY CONSENTS REFUSED OR NOT PRESENT / OTHER <input type="checkbox"/></p>	<p>→ 133H</p> <p>→ 134</p>

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

		CHILD 2	SKIP
133G	CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED?	NOT ASKED OR NO CODE RECORDED <input type="checkbox"/> ANY CODE RECORDED <input type="checkbox"/>	→ 134
133H	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?		
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER	
133K	CHECK 133I: WAS CONSENT GRANTED?	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 134
133L	CHECK 104: CHILD AGE 10-14 YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 134
133M	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
141	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
142A	6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D PLACE BAR CODE LABEL: PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
142B	CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER? 6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/>	143C
143A	CHECK 123 ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143B	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS? 24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/>	143D
143C	24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143D	CHECK ADDITIONAL TESTING STATUS 6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
143E	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.	
143F	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
143G	CHECK 103: IS THE CHILD AGE 6-59 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
144	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED	YES <input type="checkbox"/> NO <input type="checkbox"/>	147
145	CHECK 144: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	147
146	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER	AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	151 154
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	152 153
150	IF 148 AND 149 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 154		
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154		
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154		
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3	157

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
157	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>	→	130
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→	157
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>	→	106
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 0-23 MONTHS <input type="checkbox"/> AGE 24-59 MONTHS <input type="checkbox"/>	→	157 122A


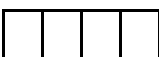


WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 3		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP								
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2								
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2 → 112								
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? <hr/> <hr/>									
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2								
113	ENTER BIOMARKER NUMBER OF MEASURER.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> </div> BIOMARKER NUMBER								
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> </div> BIOMARKER NUMBER								
115	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/> OR IS THE CHILD OLDER?	AGE 0-5 MONTHS <input type="checkbox"/> → 157								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children between the age of 6-59 months take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
121	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; display: inline-block; padding: 2px;"> </div> BIOMARKER NUMBER								

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 
122B	ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases. For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?	
123	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
124	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
125	CHECK 123: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 129
126	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?	
127	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
128	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	→ 141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 
131	ASK CONSENT FOR DBS HIV TEST FROM PARENT/RESPONSIBLE ADULT: As part of the survey we are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. We ask that (NAME OF CHILD)'s blood collected onto the paper card be tested for HIV in a laboratory. The blood sample will not be labeled with information that directly identifies your child but will be labeled with an identification number. We will not be able to tell you the HIV result of (NAME OF CHILD)'s test. However, if you want (NAME OF CHILD) to know his/her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
<p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>		
132A	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
132B	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____</p> <p>(SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133A	<p>CHECK 132A: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/></p>	<p>→ 134</p>
133B	<p>CHECK 104: AGE OF CHILD? AGE 10-14 YEARS <input type="checkbox"/> AGE 2-4 YEARS <input type="checkbox"/> AGE 5-9 YEARS <input type="checkbox"/></p>	<p>→ 133G</p> <p>→ 133H</p>
133C	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>	
133D	<p>CIRCLE THE CODE.</p> <p>GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
133E	<p>SIGN NAME AND ENTER BIOMARKER NUMBER.</p> <p>_____</p> <p>(SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BIOMARKER NUMBER</p>	
133F	<p>CHECK 132A AND 133D: WAS CONSENT GRANTED? BOTH CONSENTS GRANTED <input type="checkbox"/> ANY CONSENTS REFUSED OR NOT PRESENT / OTHER <input type="checkbox"/></p>	<p>→ 133H</p> <p>→ 134</p>

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
133G	CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED? NOT ASKED OR NO CODE RECORDED <input type="checkbox"/> ANY CODE RECORDED <input type="checkbox"/>	134
133H	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?	
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
133K	CHECK 133I: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	134
133L	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	134
133M	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
141	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
142A	6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D PLACE BAR CODE LABEL: PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
142B	CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER? 6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/>	143C
143A	CHECK 123 ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143B	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS? 24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/>	143D
143C	24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143D	CHECK ADDITIONAL TESTING STATUS 6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
143E	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.	
143F	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
143G	CHECK 103: IS THE CHILD AGE 6-59 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
144	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED YES <input type="checkbox"/> NO <input type="checkbox"/>	147
145	CHECK 144: HEMOGLOBIN RESULT BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	147
146	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 151 154
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 152 153
150	IF 148 AND 149 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 154	
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154	
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154	
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 157

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
157	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

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

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
204B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	Yes <input type="checkbox"/> No <input type="checkbox"/> → 216B	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> → 214	
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> → 225	

	WOMAN 1	SKIP	
ADULT RESPONDENT CONSENT FOR ANEMIA TEST			
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>	
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	216A	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
	216B	CHECK 203: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 217
216C	CHECK 204: OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 232B	
ADULT RESPONDENT CONSENT FOR DBS COLLECTION			
A D U L T R E S P O N D E N T C O N S E N T	217	<p>ASK CONSENT FOR DBS COLLECTION:</p> <p>As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?</p>	
	218	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	219A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
	219B	CHECK 218: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 222

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

	WOMAN 1	SKIP
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ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING		
D U L T R E S P O N D E N T C O N S E N T	220	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>
	221	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING		
A D U L T R E S P O N D E N T C O N S E N T	222	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM</p>
	223	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>
	224	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER </p> <p style="text-align: right;">→ 252</p>
	225	<p>RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.</p> <p style="text-align: center;">NAME _____</p> <p style="text-align: center;">LINE NUMBER OF PARENT/ RESPONSIBLE ADULT</p> <p style="text-align: center;"> <input style="border: 1px dashed black; width: 20px; height: 20px;" type="text"/> </p>

PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST		
P A R E N T / R E S P O N S I B L E	226	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. 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. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>

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

	WOMAN 1		SKIP
ADULT CONSENT	227	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	228	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	229	CHECK 227: CONSENT <input type="checkbox"/> GRANTED CONSENT REFUSED OR <input type="checkbox"/> NOT PRESENT/OTHER	→ 233
MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSESSMENT	230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	231	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	232A	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	232B	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT □ □
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION			
PARENT/ RESPONSIBLE	233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	

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

	WOMAN 1		SKIP
ADULT CONSENT	234	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	235	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	236	CHECK 234: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	245
MINOR RESPONDENT ASSENT FOR DBS COLLECTION			
MINOR RESPONDENT ASSENT	237	ASK ASSENT FOR DBS COLLECTION FROM MINOR: As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?	
	238	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	239A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	239B	CHECK 238: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	245
PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING			
PARENT/ RESPONSIBLE ADULT CONSENT	240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	241	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3

	WOMAN 1		SKIP
242	CHECK 241:	CONSENT GRANTED <input type="checkbox"/> ↓	REFUSED OR NOT PRESENT <input type="checkbox"/> → 245
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING			
243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
244	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3	
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING			
245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)		
246	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	
247	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
248	CHECK 246:	CONSENT GRANTED <input type="checkbox"/> ↓	REFUSED OR NOT PRESENT <input type="checkbox"/> → 252
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)		
250	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3	
251	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	

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

	WOMAN 1		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).		
253A	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 255B
253B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD		
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/> → 255B
255A	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.		
255B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?		YES <input type="checkbox"/> NO <input type="checkbox"/> → 259
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	→ 259
257	CHECK 256: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	→ 259
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 15-17 YEARS: CHECK 246 AND 250 ADULTS: CHECK 223	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	→ 262 → 265
260	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	→ 263 → 264
261	IF 259 AND 260 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.		
262	IF 259 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265		

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

WOMAN 1		SKIP
263	IF 259 IS REACTIVE AND 260 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	
264	IF 259 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS	
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3
		→ 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
267	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
268	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301 IN THE MAN BIOMARKER QUESTIONNAIRE	

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

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
204B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	Yes <input type="checkbox"/> No <input type="checkbox"/> → 216B	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> → 214	
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> → 225	

	WOMAN 2	SKIP	
ADULT RESPONDENT CONSENT FOR ANEMIA TEST			
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>	
	215	<p>CIRCLE THE CODE.</p> <p style="text-align:right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
	216A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align:center;">_____ (SIGN)</p> <p style="text-align:center;">□ □ □ □ BIOMARKER NUMBER</p>	
	216B	<p>CHECK 203: AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/></p> <p style="text-align:center;">YEARS ↓ YEARS →</p>	217
216C	<p>CHECK 204: OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/></p> <p style="text-align:center;">↓ →</p>	232B	
ADULT RESPONDENT CONSENT FOR DBS COLLECTION			
A D U L T R E S P O N D E N T C O N S E N T	217	<p>ASK CONSENT FOR DBS COLLECTION:</p> <p>As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?</p>	
	218	<p>CIRCLE THE CODE.</p> <p style="text-align:right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>	
	219A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align:center;">_____ (SIGN)</p> <p style="text-align:center;">□ □ □ □ BIOMARKER NUMBER</p>	
	219B	<p>CHECK 218: CONSENT GRANTED <input type="checkbox"/> REFUSED OR <input type="checkbox"/></p> <p style="text-align:center;">↓ NOT →</p> <p style="text-align:center;">PRESENT</p>	222

	WOMAN 2	SKIP
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ADULT RESPONDENT CONSENT	ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING	
	220	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?
221	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT	ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING					
	222	ASK CONSENT FOR HIV RAPID TESTING: PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM				
	223	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3				
	224	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR. _____ (SIGN) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER → 252				
225	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

PARENT/ RESPONSIBLE ADULT CONSENT	PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST	
	226	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. 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. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?

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

	WOMAN 2		SKIP
ADULT CONSENT	227	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	228	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	229	CHECK 227: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 233
MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSENT	230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	231	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	232A	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER NUMBER
	232B	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT □ □
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION			
PARENT/ RESPONSIBLE	233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT: As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?	

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

		WOMAN 2		SKIP
A D U L T C O N S E N T	234	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	
	235	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [] [] [] [] BIOMARKER NUMBER	
	236	CHECK 234:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 245
MINOR RESPONDENT ASSENT FOR DBS COLLECTION				
M I N O R R E S P O N D E N T A S S E N T	237	ASK ASSENT FOR DBS COLLECTION FROM MINOR: As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?		
	238	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3	
	239A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [] [] [] [] BIOMARKER NUMBER	
239B	CHECK 238:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 245	
PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING				
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
	241	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	

	WOMAN 2		SKIP
242	CHECK 241:	CONSENT GRANTED <input type="checkbox"/> ↓	REFUSED OR NOT PRESENT <input type="checkbox"/> → 245
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING			
MINOR RESPONDENT ASSENT	243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	244	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING			
PARENT/RESPONSIBLE ADULT CONSENT	245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)	
	246	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	247	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
248	CHECK 246:	CONSENT GRANTED <input type="checkbox"/> ↓	REFUSED OR NOT PRESENT <input type="checkbox"/> → 252
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
MINOR RESPONDENT ASSENT	249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)	
	250	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	251	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER

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

	WOMAN 2		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).		
253A	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.	NOT PRESENT99994 REFUSED99995 OTHER99996 } → 255B
253B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD		
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/> → 255B
255A	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.		
255B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?		YES <input type="checkbox"/> NO <input type="checkbox"/> → 259
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NOT PRESENT994 REFUSED995 OTHER996 } → 259
257	CHECK 256: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	} → 259
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 15-17 YEARS: CHECK 246 AND 250 ADULTS: CHECK 223	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	} → 262 } → 265
260	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	} → 263 } → 264
261	IF 259 AND 260 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265		
262	IF 259 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265		

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

WOMAN 2		SKIP
263	IF 259 IS REACTIVE AND 260 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	
264	IF 259 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS	
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3
		→ 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
267	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
268	IF ANOTHER WOMAN, GO TO 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301 IN THE MAN BIOMARKER QUESTIONNAIRE	

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
305	CHECK 303:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 307
306	CHECK 304:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 315

HIV TESTING FOR MEN AGE 15-59

	MAN 1		SKIP
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ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	307	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?		
	308	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
	309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
	309B	CHECK 308:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 312

	MAN 1	SKIP	
ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING			
ADULT RESPONDENT CONSENT	310	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>	
	311	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING			
ADULT RESPONDENT CONSENT	312	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM</p>	
	313	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	314	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="text-align: center;"> </div> BIOMARKER NUMBER
	315	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="text-align: center;"> </div>

→ 335

MAN 1		SKIP				
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION						
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	316	<p>ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>				
	317	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3</p>				
	318	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
319	<p>CHECK 317:</p> <p style="text-align: center;"> CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/> </p> <p style="text-align: right;">→ 328</p>					
MINOR RESPONDENT ASSENT FOR DBS COLLECTION						
M I N O R R E S P O N D E N T A S S E N T	320	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>				
	321	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p>				
	322A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
322B	<p>CHECK 321:</p> <p style="text-align: center;"> CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/> </p> <p style="text-align: right;">→ 328</p>					

	MAN 1	SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING		
PARENT/RESPONSIBLE ADULT CONSENT	323 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	324 CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	325 CHECK 324:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>
		328
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING		
MINOR RESPONDENT ASSENT	326 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	327 CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING		
PARENT/RESPONSIBLE ADULT CONSENT	328 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)	
	329 CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	330 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) [][][][] BIOMARKER NUMBER
	331 CHECK 329:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT <input type="checkbox"/>
		335

	MAN 1	SKIP																		
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING																				
MINOR RESPONDENT ASSENT	332	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)																		
	333	CIRCLE THE CODE. <table style="float: right; border: none;"> <tr> <td>GRANTED</td> <td>1</td> </tr> <tr> <td>MINOR RESPONDENT</td> <td></td> </tr> <tr> <td>REFUSED</td> <td>2</td> </tr> <tr> <td>NOT PRESENT/OTHER</td> <td>3</td> </tr> </table>	GRANTED	1	MINOR RESPONDENT		REFUSED	2	NOT PRESENT/OTHER	3										
	GRANTED	1																		
	MINOR RESPONDENT																			
	REFUSED	2																		
	NOT PRESENT/OTHER	3																		
	334	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR. <div style="text-align: center; margin-top: 10px;"> _____ (SIGN) </div> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER </div>																		
	335	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).																		
	336A	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. <div style="float: right; border: 1px dashed black; padding: 5px; margin-top: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <table style="float: right; border: none; margin-top: 10px;"> <tr> <td>NOT PRESENT</td> <td>99994</td> <td rowspan="3" style="vertical-align: middle;">} → 339</td> </tr> <tr> <td>REFUSED</td> <td>99995</td> </tr> <tr> <td>OTHER</td> <td>99996</td> </tr> </table>	NOT PRESENT	99994	} → 339	REFUSED	99995	OTHER	99996											
NOT PRESENT	99994	} → 339																		
REFUSED	99995																			
OTHER	99996																			
336B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD																			
337	ADULT: CHECK 310 MINOR: CHECK 323 AND 326 <table style="margin-left: 20px; border: none;"> <tr> <td>CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/></td> <td style="margin-left: 100px;">CONSENT GRANTED <input type="checkbox"/></td> <td rowspan="2" style="vertical-align: middle;">} → 339</td> </tr> <tr> <td style="text-align: center;">↓</td> <td></td> </tr> </table>	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>	} → 339	↓															
CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>	} → 339																		
↓																				
338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.																			
339	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. <table style="float: right; border: none; margin-top: 10px;"> <tr> <td>REACTIVE</td> <td>1</td> <td rowspan="5" style="vertical-align: middle;">} → 342</td> </tr> <tr> <td>NON-REACTIVE</td> <td>2</td> </tr> <tr> <td>NOT PRESENT</td> <td>3</td> </tr> <tr> <td>REFUSED</td> <td>4</td> </tr> <tr> <td>OTHER</td> <td>5</td> </tr> </table> <table style="float: right; border: none; margin-top: 10px;"> <tr> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td rowspan="5" style="vertical-align: middle;">} → 345</td> </tr> </table>	REACTIVE	1	} → 342	NON-REACTIVE	2	NOT PRESENT	3	REFUSED	4	OTHER	5						} → 345		
REACTIVE	1	} → 342																		
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340	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE. <table style="float: right; border: none; margin-top: 10px;"> <tr> <td>REACTIVE</td> <td>1</td> <td rowspan="5" style="vertical-align: middle;">} → 343</td> </tr> <tr> <td>NON-REACTIVE</td> <td>2</td> </tr> <tr> <td>NOT PRESENT</td> <td>3</td> </tr> <tr> <td>REFUSED</td> <td>4</td> </tr> <tr> <td>OTHER</td> <td>5</td> </tr> </table> <table style="float: right; border: none; margin-top: 10px;"> <tr> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 10px;"></td> <td rowspan="5" style="vertical-align: middle;">} → 344</td> </tr> </table>	REACTIVE	1	} → 343		NON-REACTIVE	2	NOT PRESENT	3	REFUSED	4	OTHER	5							} → 344
REACTIVE	1	} → 343																		
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REFUSED	4																			
OTHER	5																			
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341	IF 339 AND 340 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 345																			

HIV TESTING FOR MEN AGE 15-59

MAN 1		SKIP	
342	IF 339 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>→ 348</p> </div>	
343	IF 339 IS REACTIVE AND 340 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 345		
344	IF 339 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
345	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?		RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3
346	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
347	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
348	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.		

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/Biomarkers". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____	
		LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
305	CHECK 303:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 307
306	CHECK 304:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 315

HIV TESTING FOR MEN AGE 15-59

	MAN 2		SKIP
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ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	307	ASK CONSENT FOR DBS COLLECTION:	
		As part of the survey we also are asking adults all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.	
		For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and taken to the central laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.	
		Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in the central laboratory?	
		4	
	308	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
	309B	CHECK 308:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>
			→ 312

	MAN 2		SKIP
ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING			
A D U L T R E S P O N D E N T C O N S E N T	310	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>	
	311	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING			
A D U L T R E S P O N D E N T C O N S E N T	312	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM</p>	
	313	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	314	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> BIOMARKER NUMBER
	315	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="text-align: center;"> <input style="border: 1px dashed black;" type="text"/> </div>

→ 335

MAN 2		SKIP				
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION						
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	316	<p>ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the central laboratory. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>				
	317	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3</p>				
	318	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	319	<p>CHECK 317:</p> <p style="text-align: center;"> CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/> </p> <p style="text-align: right;">→ 328</p>				
MINOR RESPONDENT ASSENT FOR DBS COLLECTION						
M I N O R R E S P O N D E N T A S S E N T	320	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>				
	321	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p>				
	322A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	322B	<p>CHECK 321:</p> <p style="text-align: center;"> CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/> </p> <p style="text-align: right;">→ 328</p>				

	MAN 2	SKIP							
PARENT / RESPONSIBLE ADULT CONSENT	PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING								
	323	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>							
	324	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="border: none;"> GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 </td> </tr> </table>		GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3					
		GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3							
325	<p>CHECK 324:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 45%; text-align: center;"> CONSENT GRANTED <input type="checkbox"/> </td> <td style="width: 10%;"></td> <td style="width: 45%; text-align: center;"> REFUSED OR NOT PRESENT <input type="checkbox"/> </td> </tr> </table>	CONSENT GRANTED <input type="checkbox"/>		REFUSED OR NOT PRESENT <input type="checkbox"/>					
CONSENT GRANTED <input type="checkbox"/>		REFUSED OR NOT PRESENT <input type="checkbox"/>							
		→ 328							
MINOR RESPONDENT ASSENT	MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING								
	326	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>							
	327	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="border: none;"> GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 </td> </tr> </table>		GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3					
	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3								
PARENT / RESPONSIBLE ADULT CONSENT	PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING								
	328	<p>ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)</p>							
	329	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="border: none;"> GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 </td> </tr> </table>		GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3					
		GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3							
330	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="border: none; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="border: none; text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER </td> </tr> </table>		_____ (SIGN)		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER				
	_____ (SIGN)								
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER								
331	<p>CHECK 329:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 45%; text-align: center;"> CONSENT GRANTED <input type="checkbox"/> </td> <td style="width: 10%;"></td> <td style="width: 45%; text-align: center;"> REFUSED OR NOT <input type="checkbox"/> </td> </tr> </table>	CONSENT GRANTED <input type="checkbox"/>		REFUSED OR NOT <input type="checkbox"/>					
CONSENT GRANTED <input type="checkbox"/>		REFUSED OR NOT <input type="checkbox"/>							
		→ 335							

	MAN 2	SKIP	
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
MINOR RESPONDENT ASSENT	332	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)	
	333	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	334	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
	335	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
	336A	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
	336B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD	
	337	ADULT: CHECK 310 MINOR: CHECK 323 AND 326	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
	338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.	
	339	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 15-17 YEARS: CHECK 329 AND 333 ADULTS: CHECK 313	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5
	340	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5
341	IF 339 AND 340 ARE REACTIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 345		

HIV TESTING FOR MEN AGE 15-59

MAN 2		SKIP	
342	IF 339 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345		
343	IF 339 IS REACTIVE AND 340 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 345		
344	IF 339 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
345	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?		RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3
346	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"		<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
347	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"		<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
348	IF ANOTHER MAN, GO TO 302 IN ADDITIONAL QUESTIONNAIRE, IF NO MORE MEN, END INTERVIEW.		

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (4) Adapt wording of instruction to accommodate local practices such as brass neck coils or other heavy ornamental jewelry that cannot be removed.
- (5) Adapt wording of instruction to accommodate local practices.
- (6) Cutoff for severe anemia should be adapted to country standard.

DEMOGRAPHIC AND HEALTH SURVEYS
FIELDWORKER QUESTIONNAIRE

ZAMBIA
MINISTRY OF HEALTH / ZAMBIA STATISTICS AGENCY

LANGUAGE OF
QUESTIONNAIRE ENGLISH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INSTRUCTIONS

Information on all DHS field workers is collected as part of the DHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.

102	In what province do you live?	CENTRAL 01 COPPERBELT 02 EASTERN 03 LUAPULA 04 LUSAKA 05 MUCHINGA 06 NORTHERN 07 NORTHWESTERN 08 SOUTHERN 09 WESTERN 10	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 LIVING WITH A MAN/WOMAN 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest grade/form you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES 1 NO 2	→ 111
110B	What is your current occupational category or qualification? For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR 01 ASSISTANT MEDICAL OFFICER 02 CLINICAL OFFICER 03 ASSISTANT CLINICAL OFFICER 04 REGISTERED NURSE/MIDWIFE 05 ENROLLED NURSE/MIDWIFE 06 NURSE ASSISTANT/ATTENDANT 07 LABORATORY SCIENTIST 08 LABORATORY TECHNOLOGIST 09 LABORATORY TECHNICIAN 10 LABORATORY ASSISTANT 11 NO TECHNICAL QUALIFICATION 95 OTHER _____ 96 (SPECIFY)	
111	What is your religion?	CATHOLIC 01 PROTESTANT 02 MUSLIM 03 NO RELIGION 95 OTHER _____ 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	ENGLISH A BEMBA B KAONDE C LOZI D LUNDA E LUVALE F NYANGA G TONGA H OTHER _____ X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	ENGLISH 1 BEMBA 2 KAONDE 3 LOZI 4 LUNDA 5 LUVALE 6 NYANGA 7 TONGA 8 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
115	Have you ever worked on: a) a DHS prior to this survey? c) any other survey prior to this survey (not a DHS)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) DHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) OTHER SURVEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) DHS	1	2	c) OTHER SURVEY	1	2	
	YES	NO										
a) DHS	1	2										
c) OTHER SURVEY	1	2										
116	Were you already working for Ministry of Health or Zambia Statistics Agency at the time you were employed to work on this DHS?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">YES, Ministry of Health</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES, Zambia Statistics Agency</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">3</td> </tr> </table>	YES, Ministry of Health	1	YES, Zambia Statistics Agency	2	NO	3	→ 118			
YES, Ministry of Health	1											
YES, Zambia Statistics Agency	2											
NO	3											
117	Are you a permanent or temporary employee of Ministry of Health or Zambia Statistics Agency?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PERMANENT</td> <td style="text-align: center;">1</td> </tr> <tr> <td>TEMPORARY</td> <td style="text-align: center;">2</td> </tr> </table>	PERMANENT	1	TEMPORARY	2						
PERMANENT	1											
TEMPORARY	2											
118	If you have comments, please write them here.											