

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	HH2. Household number: <input type="text"/> <input type="text"/>	
HH3. Interviewer name and number: Name: _____ <input type="text"/> <input type="text"/>	HH4. Supervisor name and number: Name: _____ <input type="text"/> <input type="text"/>	
HH5. Day/Month/Year of interview: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
HH6. AREA: Urban 1 Rural 2	HH7. REGION: Hhohho 1 Manzini..... 2 Shiselweni..... 3 Lubombo 4	

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: <input type="text"/> <input type="text"/> HH11. Total number of household members: <input type="text"/> <input type="text"/>
HH12. Number of women age 15-49 years: <input type="text"/> <input type="text"/>	HH13. Number of woman's Questionnaires completed: <input type="text"/> <input type="text"/>
HH12A. Number of men age 15-59 years: <input type="text"/> <input type="text"/>	HH13A. Number of man's Questionnaires completed: <input type="text"/> <input type="text"/>
HH14. Number of children under age 5: <input type="text"/> <input type="text"/>	HH15. Number of under-5 questionnaires completed: <input type="text"/> <input type="text"/>
HH16. Field edited by (Name and number): Name: _____ <input type="text"/> <input type="text"/>	HH17. Data entry clerk (Name and number): Name: _____ <input type="text"/> <input type="text"/>

HOUSEHOLD LISTING FORM HL

HH18. Record the time:
 Hour.....
 Minutes.....

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
 Use an additional questionnaire if all rows in the household listing form have been used.

		For women age 15-49		For men age 15-59		For children under age 5		If age 18-59 years		For all household members		For children age 0-17 years						
HL1. Line #	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'s DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Circle Line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'s NATURAL MOTHER ALIVE?	HL12. DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. If mother does not live in household HAS (name)'s MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL13. IS (name)'s NATURAL FATHER ALIVE?	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. If father does not live in household	
Line	Name	Relation*	M F	Month	Year	15-49	15-59	Mother	Mother	Y N DK	Y N	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
01		0 1	1 2	---	---	01	01	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
02		---	1 2	---	---	02	02	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
03		---	1 2	---	---	03	03	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
04		---	1 2	---	---	04	04	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
05		---	1 2	---	---	05	05	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
06		---	1 2	---	---	06	06	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
07		---	1 2	---	---	07	07	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
08		---	1 2	---	---	08	08	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
09		---	1 2	---	---	09	09	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---
10		---	1 2	---	---	10	10	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	1 2 8	---

HL1. Line #	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Circle Line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. IF MOTHER DOES NOT LIVE IN HOUSEHOLD	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. IF FATHER DOES NOT LIVE IN HOUSEHOLD
Line	Name	Relation*	M F	Month Year	Age	15-49	15-59	Mother	Mother	Y N DK	Y N	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
11			1 2			11	11			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
12			1 2			12	12			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13			1 2			13	13			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14			1 2			14	14			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15			1 2			15	15			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

Tick here if additional questionnaire used

Probe for additional household members.
 Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
 Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
 Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire.
 You should now have a separate questionnaire for each eligible woman, each child under five and each eligible man in the household.

Codes for HL3: Relationship to head of household

01 Head	06 Parent	11 Niece/Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted/Foster/Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law/Sister-In-Law	14 Not related
05 Grandchild	10 Uncle/Aunt	98 Don't know

CHILDREN ORPHANED & MADE VULNERABLE		OV
OV1. Check HL6: any children 0-17? <input type="checkbox"/> Yes ⇒ Continue to OV2 <input type="checkbox"/> No ⇒ Next Module		
OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF THIS HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes 1 No 2 Other (<i>specify</i>) _____ 6	2⇒Next MODULE 6⇒Next MODULE
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes 1 No 2	2⇒ Next Module
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes 1 No 2	

EDUCATION & BASIC NEEDS

ED & BN

ED1. Line #	For household members age 5 and above		For household members age 5-24 years												For household members age 5-17 years													
	ED2. Name and age Copy all household members from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THIS (2010) SCHOOL YEAR, DID (name) ATTEND?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT DID (name) ATTEND?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	BN1. DOES (name) HAVE AT LEAST ONE MEAL PER DAY?	BN2. DOES (name) HAVE A PAIR OF SHOES?	BN3. DOES (name) HAVE AT LEAST TWO SETS OF CLOTHING?																		
		Yes	No	Level:	Grade:	Yes	No	Level:	Grade:	Y	N	DK	Y	N	DK	Y	N	DK										
01		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
02		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
03		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
04		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
05		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
06		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
07		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
08		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
09		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
10		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
11		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
12		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
13		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
14		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
15		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap/standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND-WASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap/standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ___ ___ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine/ Jik..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection E Let it stand and settle..... F Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to pit (latrine) 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) ... 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit 23 Bucket..... 41 No facility, Bush, Field 95 Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public)..... 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___ Ten or more households..... 10 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christian 1 Muslim 2 Traditional 3 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	SiSwati..... 1 English..... 2 Other language (<i>specify</i>) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth/ Sand 11 Dung 12 Rudimentary floor Wood planks 21 Palm/Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch/Palm leaf/ Grass 12 Sod 13 Rudimentary Roofing Rustic mat..... 21 Palm/Bamboo 22 Wood planks 23 Cardboard 24 Finished roofing Corrugated iron..... 31 Wood 32 Calamine/Cement fibre 33 Ceramic tiles 34 Cement/ Concrete 35 Asbestos 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls No walls 11 Cane/Palm/Trunks 12 Stick & mud 13 Grass 14</p> <p>Rudimentary walls Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood (Off cuts) 24 Cardboard/ Carton 25 Reused wood 26</p> <p>Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Mud blocks 35 Wood planks/shingles 36</p> <p>Other (<i>specify</i>) 96</p>																			
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/Shrubs/Grass 09 Animal dung (Bulongwe) 10 Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8</p> <p>95⇒HC8</p>																		
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building (Lidladla) 3 Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																			
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	
	Yes	No																		
Electricity	1	2																		
Radio	1	2																		
Television	1	2																		
Non-mobile telephone	1	2																		
Refrigerator	1	2																		

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes	No	
[A] A WATCH?	Watch..... 1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1	2	
[C] A BICYCLE?	Bicycle 1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1	2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart..... 1	2	
[F] A CAR OR TRUCK?	Car/Truck 1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor..... 1	2	
[H] A POT	Pot 1	2	
[I] A HOE	Hoe 1	2	
[J] A SLEEPING MAT	Sleeping mat..... 1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own1 Rent2 Other (Not owned or rented)6		
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....1 No2		2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Hectares__ __		
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No2		2⇒HC15

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[X] OTHER?</p> <p><i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls__ __</p> <p>Horses, donkeys, or mules__ __</p> <p>Goats__ __</p> <p>Sheep__ __</p> <p>Chickens__ __</p> <p>Pigs__ __</p> <p>Other(<i>specify</i>)__ __</p>	
<p>HC 15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No2</p>	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes..... 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ____ ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</i>	Long-lasting treated nets Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 Other net (specify) 31 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH ANTI-INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>

Tick here if additional questionnaire used

INDOOR RESIDUAL SPRAYING**IR**

IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?

- Yes.....1
- No2
- DK.....8

2⇒Next Module
8⇒Next Module

IR2. WHO SPRAYED THE DWELLING?

Circle all that apply.

- Government worker/program A
- Private company..... B
- Non-governmental organization C
- Other (*specify*) _____ X
- DK..... Z

CHILD LABOUR

CL

To be administered for children age 5-14 years in the household. For household members below age 5 and above age 14, leave rows blank. Note that the reference period here is the last 7 days.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line #	CL2. Name and Age Copy all household members from Household Listing Form, HL2 and HL6	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND?		CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners.		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
		Yes Paid	No Unpaid		Yes	No		Yes	No		Yes	No	
01		1	2	3									
02		1	2	3									
03		1	2	3									
04		1	2	3									
05		1	2	3									
06		1	2	3									
07		1	2	3									
08		1	2	3									
09		1	2	3									
10		1	2	3									
11		1	2	3									
12		1	2	3									
13		1	2	3									
14		1	2	3									
15		1	2	3									

Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	__ __		1	2	__ __
2	__ __		1	2	__ __
3	__ __		1	2	__ __
4	__ __		1	2	__ __
5	__ __		1	2	__ __
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __
CD6.	Total children age 2-14 years				__ __

- If there is only one child age **2-14 years** in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number Of Eligible Children In The Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child_____

<p>CD9. Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.</p>		
<p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know/No opinion..... 8</p>	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard2</p> <p>No permission to see3</p> <p>Other reason6</p>	<p>2⇒HW4</p> <p>3⇒HW4</p> <p>6⇒HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for hand washing</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water</i></p>	<p>Water is available1</p> <p>Water is not available2</p>	
<p>HW3. <i>Record if washing agent is present at the specific place for hand washing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to next module if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>None Y</p>	<p>A⇒HH19</p> <p>B⇒HH19</p> <p>C⇒HH19</p> <p>D⇒HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT (SUCH AS BLUE SOAP (LUGONGOLO) OR SUNLIGHT) IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply</i></p>	<p>Bar soap A</p> <p>Detergent (Powder/ Liquid/ Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>Not able/Does not want to show Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes :	
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SALT IODIZATION		SI
SI1. WE 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? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 6 Salt not tested 7	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH22. <i>Does any eligible man age 15-59 reside in the household?</i></p> <p><i>Check household listing, column HL7A for any eligible men. You should have a questionnaire with the Information Panel filled in for each eligible man.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information (HH8 – HH15 on the cover page.</i></p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in a separate questionnaire for each eligible woman</i>		
WM1. Cluster number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	WM2. Household number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
WM3. Woman's name: Name _____	WM4. Woman's line number: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
WM5. Interviewer name and number: Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	WM6. Day/Month/Year of interview: <div style="text-align: right; margin-right: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	

Repeat greeting if not already read to this woman:

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **40 MINUTES**. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 40 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Begin the interview.*
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify) _____ 96
----------------------------------	---

WM8. Field edited by (Name and number): Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	WM9. Data entry clerk (Name and number): Name: _____ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
---	--

WM10. Record the time.	Hour and minutes : ..	
------------------------	-----------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... DK month.....98 Year DK year.....9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years)	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes1 No2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool0 Primary1 Secondary2 High3 Tertiary4	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade	
WB6. Check WB4: <input type="checkbox"/> Secondary or high or tertiary ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all1 Able to read only parts of sentence.....2 Able to read whole sentence3 No sentence in required language4 <i>(specify language)</i> Blind/mute, visually/speech impaired5	

CHILD MORTALITY		CM
<i>This module is to be administered to all women age 15-49.</i>		
CM0. NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGNANCIES YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER BEEN PREGNANT? <i>If "No" probe by asking:</i> I MEAN, EVER BEEN PREGNANT EVEN IF THE PREGNANCY ENDED WITH A MISCARRIAGE OR STILL BIRTH?	Yes 1 No 2	2⇒ ILLNESS SYMPTOMS Module
CM1. 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	2⇒ CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒ CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home __ __ Daughters at home __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒ CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere __ __ Daughters elsewhere __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes 1 No 2	2⇒ CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead __ __ Girls dead __ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum __ __	
CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number in CM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> <i>Yes. Check below:</i> <input type="checkbox"/> <i>No live births ⇒ Go to BH13</i> <input type="checkbox"/> <i>One or more live births ⇒ Continue with the BIRTH HISTORY module</i> <input type="checkbox"/> <i>No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or BH13</i>		

BIRTH HISTORY

BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1. Record twins and triplets on separate lines. If there are more than 14 live births, use an additional questionnaire.

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?	BH3. IS (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN?		BH5. IS (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY?	BH7. IS (name) LIVING WITH YOU?	BH8. Record household line number of child (from HL1) Record "00" if child is not listed.	BH9. If dead: HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; record months if less than 2 years; or years.			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH?
				Month	Year					Y	N	Unit	
01		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No	Record age in completed years.	1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
02		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
03		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
04		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
05		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
06		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth
07		1 Single 2 Multiple	1 Boy 2 Girl			1 Yes 2 No		1 Yes 2 No	Record "00" if child is not listed.	Days 1 Months 2 Years 3		1 Add Birth	2 Next Birth

BH Line No.	BH1. WHAT NAME WAS GIVEN TO YOUR (first/next) BABY?	BH2. WERE ANY OF THESE BIRTHS TWINS?		BH3. Is (name) A BOY OR A GIRL?	BH4. IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe: WHAT IS HIS/HER BIRTHDAY?</i>		BH5. Is (name) STILL ALIVE?	BH6. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	BH7. Is (name) LIVING WITH YOU?	BH8. Record household line number of child (from HLI) <i>Record "00" if child is not listed.</i>	BH9. <i>If dead:</i> HOW OLD WAS (name) WHEN HE/SHE DIED? If "1 year", probe: HOW MANY MONTHS OLD WAS (name)? <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No	
		S	M		B	G					Month	Year	Y		N
08		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
09		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
10		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
11		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
12		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
13		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
14		1	2	1	2				1	2	—	Days.....1 Months.....2 Years.....3	1	2	Add Birth Birth
BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth in Birth History)?											Yes.....	1	1 → Record Birth(s) in Birth History		
											No	2			

CM12. Compare number in CM10 with number of births in the Birth History above and check: <input type="checkbox"/> Numbers are same ⇒ Continue with BH13 <input type="checkbox"/> Numbers are different ⇒ Probe and reconcile		
BH13. SOME PREGNANCIES END BEFORE FULL TERM. THE EXPULSION OF A FETUS (BABY) FROM THE WOMB HAPPENS AS A RESULT OF AN ACCIDENT OR DELIBERATELY BEFORE IT IS ABLE TO SURVIVE INDEPENDENTLY. HAVE YOU EVER HAD SUCH A PREGNANCY THAT MISCARRIED OR ABORTED?	Yes 1 No 2	2⇒ BH16
BH14. HOW MANY PREGNANCIES DID YOU HAVE THAT ENDED IN MISCARRIAGE OR ABORTION?	Number of miscarriages/abortions __ __ None 00 DK 98	00⇒ BH16 98⇒ BH16
BH15. WHEN DID THE LAST MISCARRIAGE OR ABORTION HAPPEN?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
BH16. SOMETIMES A BABY IS BORN WITHOUT SHOWING SIGNS OF LIFE. HAVE YOU EVER HAD A PREGNANCY THAT ENDED IN A STILLBIRTH?	Yes 1 No 2	2⇒BH19
BH17. HOW MANY PREGNANCIES HAVE YOU HAD THAT ENDED IN A STILLBIRTH?	Number of still births __ __ DK 98	98⇒BH19
BH18. WHEN DID YOUR LAST STILLBIRTH HAPPEN?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	
BH19. SOMETIMES, AFTER A DIFFICULT CHILD BIRTH, A WOMAN CAN EXPERIENCE A CONSTANT LEAKAGE OF URINE OR STOOL FROM HER VAGINA DURING THE DAY OR NIGHT. HAVE YOU EVER HEARD ABOUT THIS CONDITION/ PROBLEM?	Yes 1 No 2	2⇒CM13
BH20. I HAVE NO INTEREST IN A NAME, BUT DO YOU KNOW OF SOMEONE WHO HAS SUFFERED FROM THIS CONDITION?	Yes 1 No 2	
BH21. HAVE YOU EVER SUFFERED FROM OR ARE YOU SUFFERING FROM THIS CONDITION?	Yes 1 No 2	2⇒CM13
BH22. WOULD YOU LIKE TO BE REFERRED FOR MEDICAL CONDITION? <i>If yes, use the referral card.</i>	Yes 1 No 2	

CM13. Check BH4 in BIRTH HISTORY: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2008**

No live birth in last 2 years. ⇒ Go to ILLNESS SYMPTOMS Module.

One or more live births in last 2 years. ⇒ Record name of last born child and continue with next module

Name of child _____

If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH

DB

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check child mortality/birth history module CM13 and record name of last-born child here _____.

Use this child's name in the following questions, where indicated.

<p>DB1. WHEN YOU GOT PREGNANT WITH (<i>name</i>), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1 No 2</p>	<p>1⇒Next Module</p>
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1 No more 2</p>	<p>2⇒Next Module</p>
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p>	<p>Months 1 __ __ Years 2 __ __ DK 998</p>	

MATERNAL AND NEWBORN HEALTH **MN**

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality/birth history module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/Midwife B</p> <p>Other person Traditional birth attendant F Community Health Worker/RHM G</p> <p>Other (specify)..... X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times _ _</p> <p>DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen)1 Yes (card not seen)2 No3 DK8</p>													
<p>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes.....1 No2 DK8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times _</p> <p>DK8</p>	<p>8⇒MN9</p>												

MN8. How many tetanus injections during last pregnancy were reported in MN7?

At least two tetanus injections during last pregnancy. ⇒ Go to MN12

Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (<i>name</i>), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒MN12 8⇒MN12</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)? <i>If 7 or more times, record '7'.</i></p>	<p>Number of times DK.....8</p>	<p>8⇒MN12</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (<i>name</i>)?</p>	<p>Years ago</p>	
<p>MN12. Check MN1 for presence of antenatal care during this pregnancy:</p> <p><input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13</p> <p><input type="checkbox"/> No antenatal care received⇒Go to MN17</p>		
<p>MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒MN17 8⇒MN17</p>
<p>MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP/FansidarA Chloroquine.....B Other (<i>specify</i>)X DK.....Z</p>	
<p>MN15. Check MN14 for medicine taken:</p> <p><input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN16</p> <p><input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN17</p>		
<p>MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?</p>	<p>Number of times DK.....98</p>	
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional: DoctorA Nurse/ MidwifeB Other person Traditional birth attendantF Community health worker/RHMG Relative/Friend.....H Other (<i>specify</i>)X No oneY</p>	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital 21</p> <p>Govt. health centre 22</p> <p>Govt. Clinic/PHU 23</p> <p>Govt. outreach site 24</p> <p>Other public <i>(specify)</i> _____ 26</p> <p>Private Medical Sector</p> <p>Private hospital 31</p> <p>Private clinic 32</p> <p>Other private medical <i>(specify)</i> _____ 36</p> <p>On the way 41</p> <p>Other <i>(specify)</i> _____ 96</p>	<p>11⇒MN19A</p> <p>12⇒MN19A</p> <p>96⇒MN19A</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN19A. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH TO <i>(name)</i> DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Check the respondent's card and show Vit. A capsule to the woman</i></p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average 2</p> <p>Average 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>DK 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) ____ . ____</p> <p>From recall 2 (kg) ____ . ____</p> <p>DK 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>

<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours 1 __ __</p> <p>Days..... 2 __ __</p> <p>Don't know/remember 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk) A</p> <p>Plain water B</p> <p>Sugar or glucose water C</p> <p>Gripe water D</p> <p>Sugar-salt-water solution E</p> <p>Fruit juice F</p> <p>Infant formula G</p> <p>Tea / Infusions H</p> <p>Honey..... I</p> <p>Medicine J</p> <p>Other (<i>specify</i>) X</p>	

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

Yes. ⇒ Continue with IS2.

No. ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:
ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed..... A
- Child becomes sicker..... B
- Child develops a fever C
- Child has fast breathing D
- Child has difficulty breathing..... E
- Child has blood in stool..... F
- Child is drinking poorly..... G
- Child has diarrhoea..... H
- Other (specify) _____ X**
- Other (specify) _____ Y**
- Other (specify) _____ Z**

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>Check CM0.</p> <p><i>If yes in CM0, ask:</i> ARE YOU PREGNANT NOW?</p> <p><i>If no in CM0, circle '2' in CP1 and continue with CP2</i></p>	<p>Yes, currently pregnant1</p> <p>No2</p> <p>Unsure or DK8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes.....1</p> <p>No2</p>	1⇒CP3
<p>CP2A WHAT IS THE MAIN REASON THAT YOU ARE NOT USING ANY METHOD TO DELAY OR AVOID PREGNANCY</p>	<p>Religious beliefs.....01</p> <p>Partner refuses02</p> <p>Can't afford/expensive03</p> <p>Side effects04</p> <p>Not sexually active.....05</p> <p>Do not wish to avoid pregnancy06</p> <p>Other (<i>specify</i>)96</p>	<p>1⇒Next Module</p> <p>2⇒Next Module</p> <p>3⇒Next Module</p> <p>4⇒Next Module</p> <p>5⇒Next Module</p> <p>6⇒Next Module</p> <p>96⇒Next Module</p>
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization..... A</p> <p>Male sterilization/Vasectomy 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>Diaphragm I</p> <p>Foam/ Jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence/Rhythm.....L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) _____ X</p>	

UNMET NEED		UN
<p>UN1. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Go to UN5</p>		
<p>UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒UN4</p>
<p>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1</p> <p>No more 2</p>	
<p>UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?</p>	<p>Have another child 1</p> <p>No more / None 2</p> <p>Undecided / Don't know 8</p>	<p>1⇒UN7</p> <p>2⇒UN13</p> <p>8⇒UN13</p>
<p>UN5. <i>Check CP3. Currently using "Female sterilization"?</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to UN13</p> <p><input type="checkbox"/> No. ⇒ Continue with UN6</p>		
<p>UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child 1</p> <p>No more / None 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided / Don't know 8</p>	<p>2⇒UN9</p> <p>3⇒UN11</p> <p>8⇒UN9</p>
<p>UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years 2 ___</p> <p>Soon / Now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage 995</p> <p>Other 996</p> <p>Don't know 998</p>	<p>994⇒UN11</p>
<p>UN8. <i>Check CP1. Currently pregnant?</i></p> <p><input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13</p> <p><input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9</p>		

<p>UN9. Check CP2. Currently using a method?</p> <p><input type="checkbox"/> Yes. ⇒ Go to UN13</p> <p><input type="checkbox"/> No ⇒ Continue with UN10</p>		
<p>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1 ⇒ UN13</p> <p>8 ⇒ UN13</p>
<p>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p> <p>Do not prompt. If more than one method is mentioned, circle each one.</p>	<p>Infrequent sex / No sex A</p> <p>Menopausal..... B</p> <p>Never menstruated..... C</p> <p>Hysterectomy (surgical removal of uterus) D</p> <p>Has been trying to get pregnant for 2 years or more without result..... E</p> <p>Postpartum amenorrhea F</p> <p>Breastfeeding G</p> <p>Too old H</p> <p>Fatalistic I</p> <p>Tubal ligation J</p> <p>Other (<i>specify</i>) _____ X</p> <p>Don't know..... Z</p>	
<p>UN12. Check UN11. "Never menstruated" mentioned?</p> <p><input type="checkbox"/> Yes. ⇒ Go to Next Module</p> <p><input type="checkbox"/> No ⇒ Continue with UN13</p>		
<p>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p>	<p>Days ago 1 ___</p> <p>Weeks ago 2 ___</p> <p>Months ago..... 3 ___</p> <p>Years ago 4 ___</p> <p>In menopause / Has had hysterectomy..... 994 Before last birth 995 Never menstruated 996</p>	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man 2 No, not in union..... 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years __ __ DK 98	
MA2A IS YOUR PARTNER/HUSBAND LIVING WITH YOU IN THIS HOUSEHOLD OR IS HE STAYING ELSEWHERE? <i>If yes, record the line number of partner/husband from HLI.</i>	Line number of partner/husband..... __ __ Staying elsewhere..... 00	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes 1 No 2	2⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number __ __ DK 98	⇒MA7 98⇒MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage/ living together Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒MA10
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years __ __	
MA10. Check MA1. "Currently married (MA1 = 1)? <input type="checkbox"/> Yes. ⇒ Go to MA11 <input type="checkbox"/> Else ⇒ Go to Next Module		
MA11. WHAT TYPE OF MARRIAGE? <i>If both, WHAT TYPE OF MARRIAGE CERTIFICATE DO YOU HAVE?</i>	Swazi 1 Civil 2 Other (<i>specify</i>) 6	

Check for the presence of others. Before continuing, ensure privacy.

<p>SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) husband/partner 95</p>	<p>00⇒Next Module</p>
<p>SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒SB15</p>
<p>SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1</p> <p>Cohabiting partner 2</p> <p>Boyfriend 3</p> <p>Casual acquaintance 4</p> <p>Other (specify) _____ 6</p>	<p>3⇒SB7</p> <p>4⇒SB7</p> <p>6⇒SB7</p>
<p>SB6. Check MA1:</p> <p><input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8</p> <p><input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7</p>		
<p>SB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK 98</p>	
<p>SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒SB15</p>
<p>SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Husband 1 Cohabiting partner..... 2 Boyfriend 3 Casual acquaintance..... 4</p> <p>Other (specify) _____ 6</p>	<p>3⇒SB12 4⇒SB12 6⇒SB12</p>
<p>SB11. Check MA1 and MA7:</p> <p><input type="checkbox"/> <i>Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with SB12</i></p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner __ __ DK 98</p>	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	<p>2⇒SB15</p>
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners __ __</p>	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners __ __ DK 98</p>	

ATTITUDES TOWARD DOMESTIC ISSUES (VIOLENCE)

DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

- [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?
- [F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?
- [G] IF SHE SLEEPS WITH ANOTHER MAN?
- [H] IF SHE INITIATES SEX?
- [I] IF SHE REFUSES TO GIVE FOOD?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children	1	2	8
Argues	1	2	8
Refuses sex.....	1	2	8
Burns food	1	2	8
Refuses step children.....	1	2	8
Sleeps with another man.....	1	2	8
Initiates sex	1	2	8
Refuses to give food	1	2	8

DV2. *Check MA1:*

- Married or living with a man as if married. ⇒ Continue with DV3
- Not married and not living with a man as if married ⇒ Go to Next Module

DV3. HAS YOUR HUSBAND)/PARTNER EVER BEEN ANNOYED OR ANGERED BY THINGS YOU HAVE DONE?

Yes	1
No.....	2

2⇒ Next Module

DV4. IN SUCH OCCASIONS, HAS YOUR HUSBAND/PARTNER **EVER** HIT OR BEATEN YOU?

Yes	1
No.....	2

2⇒ Next Module

DV5. HAS THIS HAPPENED IN THE LAST 12 MONTHS?

Yes	1
No.....	2
Not sure.....	8

DV6. FOR WHAT REASON(S) WERE YOU EVER HIT OR BEATEN BY YOUR HUSBAND/PARTNER?

ANY OTHER REASON?

RECORD ALL REASONS MENTIONED.

Goes out without telling him	A
Argued with him	B
Refuses to have sex with him	C
Insulted him	D
Did not give him (enough) money	E
Beat the child.....	F
Husband/ partner was drunk	G
Involvement with another man	H
Other (<i>specify</i>).....	X

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No 2 DK 8	2⇒Next Module																
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK 8																	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK 8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No 2 DK 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<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>During pregnancy</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>During delivery</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>By breastfeeding</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	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No 2 DK / Not sure / Depends..... 8																	

HA12A. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ORAL SEX	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA12B. DO YOU THINK THE AIDS VIRUS CAN BE TRANSMITTED THROUGH ANAL SEX	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA12C. IN YOUR OPINION CAN HIV AIDS BE CURED?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	2⇒HA13
HA12D. IN YOUR OPINION CAN A MAN INFECTED WITH THE AIDS VIRUS BE CURED THROUGH HAVING SEX WITH A VIRGIN?	Yes..... 1 No 2 DK / Not sure / Depends..... 8	
HA13. Check CM13: Any live birth in last 2 years? <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14		
HA14. Check MN1: Received antenatal care? <input type="checkbox"/> Received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> Did not receive antenatal care ⇒ Go to HA24		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT AIDS OR THE AIDS VIRUS? WERE YOU GIVEN ANY INFORMATION ABOUT: [A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER? [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS? [C] GETTING TESTED FOR THE AIDS VIRUS? WERE YOU: [D] OFFERED A TEST FOR THE AIDS VIRUS?		Y N DK AIDS from mother 1 2 8 Things to do 1 2 8 Tested for AIDS 1 2 8 Offered a test 1 2 8
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No..... 2 DK 8	2⇒HA19 8⇒HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK 8	2⇒HA22 8⇒HA22

<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. <i>Check MN17: Birth delivered by health professional (A or B)?</i></p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HA24</p>
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒HA25</p>
<p>HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?</p>	<p>Less than 12 months ago 1</p> <p>12-23 months ago 2</p> <p>2 or more years ago 3</p>	<p>1⇒Next Module</p> <p>2⇒ Next Module</p> <p>3⇒ Next Module</p>
<p>HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HA27</p>

<p>HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>	<p>Less than 12 months ago..... 1 12-23 months ago 2 2 or more years ago 3</p>	
<p>HA25A. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test 1 Offered and accepted 2 Required..... 3</p>	
<p>HA25B. WHERE DID YOU GO FOR THE TEST?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Govt. hospital 11 Govt. health centre 12 Govt. clinic/PHU 13 Govt. VCT Centre 14 Other public (specify) _____ 16</p> <p>Private Medical Sector</p> <p>Private hospital..... 21 Private clinic 22 Other private medical (specify) _____ 26</p> <p>Other sources</p> <p>NGO VCT Centre 31 Mission hospital..... 32</p> <p>Other (specify) _____ 96</p> <p>DK 98</p>	
<p>HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>1⇒ Next Module 2⇒ Next Module 8⇒ Next Module</p>
<p>HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes 1 No..... 2</p>	

OTHER SEXUALLY TRANSMITTED INFECTIONS		SW
SW1. (APART FROM AIDS,) HAVE YOU HEARD ABOUT (OTHER) INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?	Yes.....1 No2	2⇒ SW4
SW2. IF A WOMAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT SHE HAVE? ANY OTHER SYMPTOMS? <i>Record all symptoms mentioned.</i>	Abdominal pain..... A Genital discharge/dripping..... B Foul smelling discharge..... C Burning pain on urination..... D Redness/inflammation in genital area E Swelling in genital area..... F Genital sores/ulcers..... G Genital warts..... H Genital itching I Blood in urine..... J Loss of weight..... K Hard to get pregnant/have a child L Other (specify) _____ W Other (specify) _____ X No symptoms..... Y Don't know Z	
SW3. IF A MAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT HE HAVE? ANY OTHER SYMPTOMS? <i>Record all symptoms mentioned.</i>	Abdominal pain..... A Genital discharge/dripping..... B Foul smelling discharge..... C Burning pain on urination..... D Redness/inflammation in genital area E Swelling in genital area..... F Genital sores/ulcers..... G Genital warts..... H Genital itching I Blood in urine..... J Loss of weight..... K Impotence L Other (specify) _____ W Other (specify) _____ X No symptoms..... Y Don't know Z	

<p>SW4. Check SB1: Ever had sex?</p> <p><input type="checkbox"/> Yes. ⇒ Go to SW5.</p> <p><input type="checkbox"/> No. ⇒ WM11</p>		
<p>SW5. Check SW1: Has heard about infection transmitted through sexual contact?</p> <p><input type="checkbox"/> Yes. ⇒ Go to SW6.</p> <p><input type="checkbox"/> No. ⇒ Go to SW7.</p>		
<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY</p>		
<p>SW6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE, WHICH YOU GOT THROUGH SEXUAL CONTACT?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>SW7. SOMETIMES, WOMEN EXPERIENCE A BAD SMELLING ABNORMAL GENITAL DISCHARGE.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A BAD SMELLING ABNORMAL GENITAL DISCHARGE?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>SW8. SOMETIMES WOMEN HAVE A GENITAL SORE OR ULCER.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A GENITAL SORE OR ULCER?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>SW9. Check SW6/SW7/SW8: Has had an infection or a symptom of sexually transmitted disease? (that is a yes in SW6 or SW7 or SW8)</p> <p><input type="checkbox"/> Yes. ⇒Go to SW10.</p> <p><input type="checkbox"/> No. ⇒Go to WM11</p>		
<p>SW10. THE LAST TIME YOU HAD PROBLEM(S) FROM (SW6 or SW7 or SW8), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</p>	<p>Yes.....1</p> <p>No2</p>	<p>1⇒SW12</p>
<p>SW11. WHAT WAS THE MAIN REASON FOR NOT SEEKING ADVICE OR TREATMENT?</p>	<p>Not necessary.....1</p> <p>Expensive2</p> <p>Religious prohibition3</p> <p>Fear of being ridiculed/ stigmatized 4</p> <p>Other (specify) _____ 6</p>	<p>1⇒SW13</p> <p>2⇒SW13</p>

<p>SW12. WHERE DID YOU GO?</p> <p>ANY OTHER PLACE?</p> <p><i>Record all sources mentioned.</i></p> <p><i>Probe to identify each type of source and circle the appropriate code(s).</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital A</p> <p>Govt. health centre B</p> <p>Govt. clinic/PHU C</p> <p>Rural Health Motivator D</p> <p>Govt. outreach site E</p> <p>Other public (specify) _____ F</p> <p>Private medical sector</p> <p>Private hospital G</p> <p>Private clinic H</p> <p>Private physician I</p> <p>Private pharmacy J</p> <p>Other private medical (specify) _____ K</p> <p>Other source</p> <p>FLAS L</p> <p>TASC M</p> <p>Relative or friend N</p> <p>Shop O</p> <p>Traditional practitioner P</p> <p>Street vendor Q</p> <p>Other (specify) _____ X</p>	
<p>SW13. WHEN YOU HAD PROBLEM(S) FROM (SW6 or SW7 or SW8) DID YOU INFORM THE PERSON(S) WITH WHOM YOU WERE HAVING SEX?</p>	<p>Yes 1</p> <p>No 2</p> <p>Some/ not all 3</p> <p>Did not have a partner 4</p>	

WM11. Record the time.	Hour and minutes :	
------------------------	--------------------------------	--

<p>WM12. Is the respondent the mother or caretaker of any child age 0-4 living in this household? Check household listing, column HL9.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.</p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6).</p> <p>A separate questionnaire should be used for each eligible child.</p>		
UF1. Cluster number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF2. Household number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF3. Child's name: Name _____	UF4. Child's line number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF5. Mother's/Caretaker's name: Name _____	UF6. Mother's/Caretaker's line number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	
UF7. Interviewer name and number: Name: _____ <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF8. Day/Month/Year of interview: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	

Repeat greeting if not already read to this respondent:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **30** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given* ⇒ *Begin the interview.*
- No, permission is not given* ⇒ *Complete UF9. Discuss this result with your supervisor*

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed.....</td><td style="text-align: right;">01</td></tr> <tr><td>Not at home.....</td><td style="text-align: right;">02</td></tr> <tr><td>Refused.....</td><td style="text-align: right;">03</td></tr> <tr><td>Partly completed.....</td><td style="text-align: right;">04</td></tr> <tr><td>Incapacitated.....</td><td style="text-align: right;">05</td></tr> <tr><td>Other (specify) _____</td><td style="text-align: right;">96</td></tr> </table>	Completed.....	01	Not at home.....	02	Refused.....	03	Partly completed.....	04	Incapacitated.....	05	Other (specify) _____	96
Completed.....	01												
Not at home.....	02												
Refused.....	03												
Partly completed.....	04												
Incapacitated.....	05												
Other (specify) _____	96												

UF10. Field edited by (Name and number): Name _____ <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>	UF11. Data entry clerk (Name and number): Name _____ <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>
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UF12. Record the time.	Hour and minutes ____ : ____	
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AGE	AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF <i>(name)</i>.</p> <p>IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day ____</p> <p>DK day 98</p> <p>Month ____</p> <p>Year ____</p>
<p>AG2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years)..... ____</p>

BIRTH REGISTRATION		BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen 1	1⇒Next Module 2⇒ Next Module
	Yes, not seen 2	
	No..... 3	
	DK 8	
BR2. HAS (<i>name</i>)'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1	1⇒Next Module
	No..... 2	
	DK 8	
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1	2⇒Next Module
	No..... 2	
BR3A. WHAT IS THE MAIN REASON THAT (<i>name</i>)'S BIRTH IS NOT REGISTERED?	Costs too much 01	
	Must travel too far 02	
	Did not know it should be registered..... 03	
	Did not want to pay fine 04	
	Does not know where to register 05	
	Partner refuses 06	
	No need to register child's birth 07	
	Father/ Mother does not have a PIN/ID 08	
	Other (<i>specify</i>) _____ 96	
DK 98		

EARLY CHILDHOOD DEVELOPMENT		EC																
<p>EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None 00</p> <p>Number of children's books 0 ___</p> <p>Ten or more books 10</p>																	
<p>EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>Homemade toys.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Toys from a shop.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Household objects or outside objects.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		Y	N	DK	Homemade toys.....	1	2	8	Toys from a shop.....	1	2	8	Household objects or outside objects.....	1	2	8	
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Toys from a shop.....	1	2	8															
Household objects or outside objects.....	1	2	8															
<p>EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD) FOR MORE THAN AN HOUR?</p> <p>If 'none' enter '0'. If 'don't know' enter '8'</p>	<p>Number of days left alone for more than an hour..... ___</p> <p>Number of days left with other child for more than an hour..... ___</p>																	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>																		
<p>EC5. Does <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>1⇒EC6</p> <p>8⇒EC7</p>																

<p>EC5A. WHAT IS THE MAIN REASON (<i>name</i>) NOT ATTENDING ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Too far..... 1</p> <p>Too costly..... 2</p> <p>Disability..... 3</p> <p>Religion..... 4</p> <p>Other (specify)..... 6</p> <p>DK..... 8</p>	<p>1⇒EC7</p> <p>2⇒EC7</p> <p>3⇒EC7</p> <p>4⇒EC7</p> <p>6⇒EC7</p> <p>8⇒EC7</p>																																			
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours..... _ _</p>																																				
<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>):</p> <p><i>If yes, ask:</i> WHO ENGAGED IN THIS ACTIVITY WITH (<i>name</i>)?</p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABIES?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (<i>name</i>)?</p>	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No One</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No One	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
	Mother	Father	Other	No One																																	
Read books	A	B	X	Y																																	
Told stories	A	B	X	Y																																	
Sang songs	A	B	X	Y																																	
Took outside	A	B	X	Y																																	
Played with	A	B	X	Y																																	
Named/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>																																				
<p>EC9. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>																																				

EC10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes 1 No 2 DK 8	
EC11. CAN (<i>name</i>) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?	Yes 1 No 2 DK 8	
EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?	Yes 1 No 2 DK 8	
EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No 2 DK 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No 2 DK 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No 2 DK 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No 2 DK 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No 2 DK 8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No 2 DK..... 8	1⇒BF2 8⇒BF3
BF1A. WHY HAS (NAME) NEVER BEEN BREASTFED?	No milk..... 1 Child did not take breast..... 2 Illness (child/mother)..... 3 Death (mother)..... 4 Fear of infection 5 Other (<i>specify</i>)..... 6	1⇒BF3 2⇒BF3 3⇒BF3 4⇒BF3 5⇒BF3 6⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK UMSOBHO YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	

BF10. DID (<i>name</i>) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF11. DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF11A. DID (<i>name</i>) DRINK EMAHEWU YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF11B. DID (<i>name</i>) DRINK TEA YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes..... 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH TIT/ NIPPLE?	Yes..... 1 No 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes..... 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREAST MILK). DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? <i>If less, probe:</i> WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less..... 1 Somewhat less 2 About the same..... 3 More..... 4 Nothing to drink..... 5 DK..... 8	
CA3. DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If "less", probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less..... 1 Somewhat less 2 About the same..... 3 More..... 4 Stopped food 5 Never gave food 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] SUGAR SALT SOLUTION	Fluid from ORS packet 1 2 8 Pre-packaged ORS for diarrhoea 1 2 8 Sugar salt solution 1 2 8	Y N DK
CA4H. Check CA4C: Sugar Salt Solution given? <input type="checkbox"/> Yes ⇒ Continue with CA4I <input type="checkbox"/> No ⇒ Go to CA5		
CA4I. HOW DID YOU PREPARE THE SUGAR SALT SOLUTION?	8 level caps of sugar and 1 cap salt 1 8 level caps of salt and 1 cap sugar 2 Other..... 6 DK..... 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes..... 1 No 2 DK..... 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup Antibiotic.....A Antimotility.....B ZincC Other (Not antibiotic, antimotility or zinc)G Unknown pill or syrup.....H</p> <p>Injection Antibiotic.....L Non-antibiotic.....M Unknown injection.....N</p> <p>IntravenousO</p> <p>Home remedy/Herbal medicineQ</p> <p>Other (specify) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (name) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA8. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only 1 Blocked or runny nose only 2 Both..... 3 Other (specify) _____ 6 DK 8</p>	<p>2⇒CA14 6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒CA12 8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector Govt. hospitalA Govt. health centre.....B Govt. clinic/PHUC Outreach site.....D Rural Health MotivatorE Other public (specify) _____ H</p> <p>Private medical sector Private hospitalI Private physician.....J Private pharmacyK Private clinicL Other private medical (specify) _____ O</p> <p>Other source Relative / FriendP ShopQ Traditional practitionerR Spiritual healerS Other (specify) _____ X</p>	

<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>2⇒CA14 8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup..... A Injection..... B</p> <p>Anti-malarials M</p> <p>Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen..... R</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes ⇒ Continue with CA15</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine 01 Put/Rinsed into toilet or latrine..... 02 Put/Rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried..... 05 Left in the open 06</p> <p>Other (<i>specify</i>) _____ 96 DK 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes..... 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
ML2. AT ANY TIME DURING THE ILLNESS, DID (<i>name</i>) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes..... 1 No 2 DK..... 8	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes..... 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS (<i>NAME</i>) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML5. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes..... 1 No 2 DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP/Fansidar A Chloroquine..... B Quinine D Combination with Artemisinin (Coartem)..... E Mefloquine F Other anti-malarial (<i>specify</i>) _____ H Antibiotic drugs Pill / Syrup I Injection..... J Doxycyclene K Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen R Phenergan S Other (<i>specify</i>) _____ X DK Z	
ML7. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1 No 2 DK 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No 2 DK..... 8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (name) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials: SP/Fansidar A Chloroquine..... B Quinine D Combination with Artemisinin (Coartem)..... E Mefloquine F Other anti-malarial <i>(specify)</i> _____ H</p> <p>Antibiotic drugs Pill / Syrup I Injection..... J Doxycyclene K</p> <p>Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen..... R Phenergan S</p> <p>Other (specify) _____ X DK Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes ⇒ Continue with ML11</p> <p><input type="checkbox"/> No ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML6 or ML9)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p> <p><i>Record how long after the fever started the first anti-malarial was given.</i></p>	<p>Same day 0 Next day 1 2 days after the fever 2 3 days after the fever 3 4 or more days after the fever 4</p> <p>DK 8</p>	

IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?	Yes, seen	1	1⇒IM3
	Yes, not seen	2	2⇒IM6
	No card	3	

IM2. DID YOU EVER HAVE A VACCINATION CARD FOR <i>(name)</i> ?	Yes	1	1⇒IM6
	No	2	2⇒IM6

IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization		
	Day	Month	Year

		Day	Month	Year
BCG	BCG			
POLIO AT BIRTH	OPV0			
POLIO 1	OPV1			
POLIO 2	OPV2			
POLIO 3	OPV3			
DPT1/HEP B1/HIB1	DPT/HEPB1/HIB1			
DPT2/HEP B2/HIB2	DPT/HEPB2/HIB2			
DPT/HEPB3/HIB3	DPT/HEPB3/HIB3			
MEASLES	MEASLES 1			
MEASLES (BOOSTER)	MEASLES 2			
VITAMIN A (MOST RECENT)	VIT. A			

IM4. Check IM3. Are all vaccines (BCG to Vitamin A) recorded?

Yes ⇒ Go to IM18

No ⇒ Continue with IM5

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record 'Yes' only if respondent mentions vaccines shown in the table above.</p>	<p>Yes 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM18 8⇒IM18</p>
<p>IM7. HAS (<i>name</i>) 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 DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks..... 1 Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT/HEPB/HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</p> <p><i>Probe by indicating that DPT/HepB/Hib vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM12. HOW MANY TIMES WAS A DPT/HEPB/HIB VACCINE RECEIVED?</p>	<p>Number of times _</p>	
<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>IM18. HAS (<i>name</i>) RECEIVED A VITAMIN A DOSE LIKE (THIS/ANY OF THESE) WITHIN THE LAST 6 MONTHS?</p> <p><i>Show Vitamin A capsules</i></p>	<p>Yes 1 No 2 DK..... 8</p>	

<p>IM19. Please tell me if (<i>name</i>) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:</p> <p>[A] 2006 July Integrated Measles Campaign (after the drought in 2006)</p> <p>[B] 2009 July Integrated Measles Campaign</p>	<p style="text-align: right;">Y N DK</p> <p><i>Integrated Measles Campaign</i>..... 1 2 8</p> <p><i>Integrated Measles Campaign</i>..... 1 2 8</p>	
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UF13. <i>Record the time.</i>	Hour and minutes ____ : ____	
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<p>UF14. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child..</i></p> <p><i>Check to see if there are other woman's or under-5 questionnaires to be administered in this household.</i></p> <p><i>Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</i></p>
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ANTHROPOMETRY		AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</p>		
AN1. Measurer's name and number:	Name _____	
AN2. Result of height/length and weight measurement	Either or both measured 1 Child not present..... 2 Child or caretaker refused 3 Other (specify)_____ 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg)..... Weight not measured..... 99.9	
AN4. Child's length or height	Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 _____ Height (cm) Standing up..... 2 _____ Length/Height not measured 9999.9
AN5. Oedema	Observe and record Checked Oedema present 1 Oedema not present 2 Unsure 3 Not checked (specify reason)_____ 7	

AN6. Is there another child in the household who is eligible for measurement?

Yes ⇒ Record measurements for next child.

No ⇒ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

MAN'S INFORMATION PANEL		MM
<i>This questionnaire is to be administered to all men age 15 through 59 (see column HL7A of Household Listing Form). Fill in one form for each eligible man.</i>		
MM1. Cluster number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	MM2. Household number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
MM3. Man's name: Name _____	MM4. Man's line number: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	
MM5. Interviewer name and number: Name: _____ <input style="width: 20px; height: 20px;" type="text"/>	MM6. Day/Month/Year of interview: <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> </div>	

Repeat greeting if not already read to this man:

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **20**MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **20**MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Begin the interview.*
- No, permission is not given ⇒ Complete MM7. Discuss this result with your supervisor.*

MM7. Result of man's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
--------------------------------	--

MM8. Field edited by (Name and number): Name: _____ <input style="width: 20px; height: 20px;" type="text"/>	MM9. Data entry clerk (Name and number): Name: _____ <input style="width: 20px; height: 20px;" type="text"/>
--	---

MM10. <i>Record the time.</i>	Hour and minutes :	
-------------------------------	--------------------------------	--

MAN'S BACKGROUND		MB
MB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
MB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MB1 and/or MB2 if inconsistent</i>	Age (in completed years).....	
MB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes..... 1 No 2	2⇒MB7
MB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary..... 1 Secondary..... 2 High..... 3 Tertiary..... 4	0⇒MB7
MB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade	
MB6. Check MB4: <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary ⇒ Continue with MB7</i>		
MB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 <i>(specify language)</i> Blind/mute, visually/speech impaired 5	

MARRIAGE/UNION		MU
MU1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN/ PARTNER AS IF MARRIED?	Yes, currently married..... 1 Yes, cohabiting with a woman 2 No, not in union..... 3	3⇒MU5
MU2. HOW OLD IS YOUR WIFE/PARTNER? <i>Probe: If more than one wife/ partner, ask;</i> HOW OLD WAS YOUR FIRST WIFE/PARTNER ON HER LAST BIRTHDAY?	Age in years __ __ DK 98	
MU2A IS YOUR PARTNER/WIFE LIVING WITH YOU IN THIS HOUSEHOLD OR IS SHE STAYING ELSEWHERE? <i>If yes, record the line number of partner/wife from HLI.</i>	Line number of partner/wife __ __ Staying elsewhere..... 00	
MU3. ARE THERE ANY OTHER WOMEN WITH WHOM YOU ARE LIVING WITH AS IF MARRIED?	Yes 1 No 2	2⇒MU7
MU4. HOW MANY WOMEN/ PARTNERS ARE YOU LIVING WITH AS IF MARRIED? <i>If one live-inpartner, enter '01'.</i> <i>If more than one, ask: HOW MANY WOMEN ARE YOU LIVING WITH AS IF YOU WERE MARRIED?</i>	Number of live-in partners <input type="text"/> <input type="text"/>	⇒MU7
MU5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman 2 No 3	3⇒Next Module
MU6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MU7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MU8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒MU10
MU9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER OR START LIVING WITH A WOMAN AS IF MARRIED?	Age in years __ __	
MU10. Check MU1. "Currently married (MU1 = 1)? <input type="checkbox"/> Yes. ⇒ Go to MU11 <input type="checkbox"/> Else⇒Go to Next Module		
MU11. WHAT TYPE OF MARRIAGE? <i>If both, WHAT TYPE OF MARRIAGE CERTIFICATE DO YOU HAVE?</i>	Swazi 1 Civil 2 Other (<i>specify</i>) 6	

ATTITUDES TOWARDS CONTRACEPTION		MR
<p>MR1. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU OR (ANY OF) YOUR WIFE(S)/PARTNER(S) CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID HER GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>	<p>1⇒Next Module</p>
<p>MR2. WOULD YOU YOURSELF USE OR WOULD YOU ALLOW (ANY OF) YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / not sure / depends 8</p>	<p>1⇒Next Module</p> <p>8⇒Next Module</p>
<p>MR3. WHY ARE YOU OR YOUR WIFE(S)/ PARTNER(S) NOT USING ANY METHOD TO DELAY OR AVOID PREGNANCY?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned.</i></p>	<p>Religious beliefs A</p> <p>Partner refuses B</p> <p>Can't afford / expensive C</p> <p>Side effects D</p> <p>Not sexually active E</p> <p>Do not wish to avoid pregnancy F</p> <p>Encourages promiscuity G</p> <p>Other (<i>specify</i>) X</p>	

SEXUAL BEHAVIOUR		MS
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p>MS1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years __ __</p> <p>First time when started living with (first) wife/partner 95</p>	00⇒Next Module
<p>MS2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>MS3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago 4 __ __</p>	4⇒MS15
<p>MS4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MS5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Spouse 1</p> <p>Cohabiting partner/concubine 2</p> <p>Girlfriend/fiancée 3</p> <p>Casual acquaintance 4</p> <p>Commercial sex worker 5</p> <p>Other (specify) _____ 6</p>	<p>3⇒MS7</p> <p>4⇒MS7</p> <p>5⇒MS7</p> <p>6⇒MS7</p>
<p>MS6. Check MUI:</p> <p><input type="checkbox"/> Currently married or living with a woman (MUI = 1 or 2) ⇒ Go to MS8</p> <p><input type="checkbox"/> Not married / Not in union (MUI = 3) ⇒ Continue with MS7</p>		
<p>MS7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner __ __</p> <p>DK 98</p>	
<p>MS8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MS15
<p>MS9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>MS10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>If person is 'girlfriend' or 'fiancée', ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Spouse 1 Cohabiting partner/concubine 2 Girlfriend/fiancée 3 Casual acquaintance..... 4 Commercial sex worker..... 5 Other (specify) _____ 6</p>	<p>3⇒MS12 4⇒MS12 5⇒MS12 6⇒MS12</p>
<p>MS11. Check MU1 and MU7:</p> <p><input type="checkbox"/> <i>Currently married or living with a woman (MU1 = 1 or 2) AND Married only once or lived with a woman only once (MU7= 1) ⇒ Go to MS13</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with MS12</i></p>		
<p>MS12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner __ __ DK 98</p>	
<p>MS13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒MS15</p>
<p>MS14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners __ __</p>	
<p>MS15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners __ __ DK 98</p>	

ATTITUDES TOWARDS DOMESTIC ISSUES (VIOLENCE)		MD																																								
<p>MD1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</p> <p>[A] IF SHE GOES OUT WITHOUT TELLING HIM?</p> <p>[B] IF SHE NEGLECTS THE CHILDREN?</p> <p>[C] IF SHE ARGUES WITH HIM?</p> <p>[D] IF SHE REFUSES TO HAVE SEX WITH HIM?</p> <p>[E] IF SHE BURNS THE FOOD?</p> <p>[F] IF SHE REFUSES TO ACCEPT STEP CHILDREN?</p> <p>[G] IF SHE SLEEPS WITH ANOTHER MAN?</p> <p>[H] IF SHE INITIATES SEX?</p> <p>[I] IF SHE REFUSES TO GIVE FOOD?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Goes out without telling</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Neglects children</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Argues.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses sex</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Burns food</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses step children</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Involved with another man.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Initiates sex</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Refuses to give food</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Goes out without telling	1	2	8	Neglects children	1	2	8	Argues.....	1	2	8	Refuses sex	1	2	8	Burns food	1	2	8	Refuses step children	1	2	8	Involved with another man.....	1	2	8	Initiates sex	1	2	8	Refuses to give food	1	2	8	
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<p>MD2. <i>Check MUI:</i></p> <p><input type="checkbox"/> Married or living with a woman as if married. ⇒ Continue with MD3</p> <p><input type="checkbox"/> Not married and not living with a woman as if married ⇒ Go to Next Module</p>																																										
<p>MD3. HAS (ONE OF) YOUR WIFE(S)/PARTNER(S) EVER BEEN ANNOYED OR ANGERED BY THINGS YOU HAVE DONE?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ Next Module																																								
<p>MD4. IN SUCH OCCASIONS, HAS (ONE OF) YOUR WIFE(S)/PARTNER(S) EVER HIT OR BEATEN YOU?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ Next Module																																								
<p>MD5. HAS THIS HAPPENED IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Not sure 8</p>	2⇒ Next Module 8⇒ Next Module																																								
<p>MD6. FOR WHAT REASON(S) WERE YOU EVER HIT OR BEATEN BY YOUR WIFE/PARTNER?</p> <p>ANY OTHER REASON?</p> <p><i>Record all reasons mentioned</i></p>	<p>Goes out without telling him..... A</p> <p>Argued with him B</p> <p>Refuses to have sex with him C</p> <p>Insulted him D</p> <p>Did not give him (enough) money..... E</p> <p>Beat the child F</p> <p>Husband/ partner was drunk G</p> <p>Involvement with another man..... H</p> <p>Other (<i>specify</i>) X</p>																																									

HIV/AIDS		MH																
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes..... 1 No 2 DK..... 8	2⇒ Next Module																
MH2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK..... 8																	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8																	
MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8																	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8																	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No 2 DK..... 8																	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8																	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding.....	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding.....	1	2	8															
MH9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
MH12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	
MH12A. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ORAL SEX?	Yes..... 1 No 2 DK/Not sure/Depends..... 8																	

MH12B. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ANAL SEX?	Yes..... 1 No 2 DK/Not sure/Depends 8	
MH12C. IN YOUR OPINION, CAN HIV/AIDS BE CURED?	Yes..... 1 No 2 DK 8	2⇒MH13 8⇒MH13
MH12D. IN YOUR OPINION, CAN A MAN BE INFECTED WITH HIV/AIDS BE CURED BY HAVING SEX WITH A VIRGIN WOMAN?	Yes..... 1 No 2 DK 8	
MH13. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No 2	2⇒MH18
MH14. I DON'T WANT TO KNOW THE RESULTS BUT, WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago..... 2 2 or more years ago..... 3	
MH15. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted 2 Required 3	
MH16. WHERE DID YOU GO FOR THE TEST? <i>Probe to identify the type of source.</i> <i>If unable to determine whether public or private, write the name of the place.</i> _____ <i>(Name of place)</i>	Public sector Govt. hospital 11 Govt. health centre 12 Govt. clinic/PHU..... 13 Govt. VCT Centre 14 Other public (specify) _____ 16 Private Medical Sector Private hospital 21 Private clinic..... 22 Other private medical (specify) _____ 26 Other sources NGO VCT Centre..... 31 Mission hospital 32 Other (specify) _____ 96 DK..... 98	
MH17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	1⇒ Next Module 2⇒ Next Module 8⇒ Next Module
MH18. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes..... 1 No 2	

OTHER SEXUALLY TRANSMITTED INFECTIONS		ST
ST1. (APART FROM AIDS,) HAVE YOU HEARD ABOUT (OTHER) INFECTIONS THAT CAN BE TRANSMITTED THROUGH SEXUAL CONTACT?	Yes.....1 No2	2⇒ ST4
ST2. IF A MAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT HE HAVE? ANY OTHER SYMPTOMS? <i>Record all symptoms mentioned.</i>	Abdominal pain A Genital discharge/dripping..... B Foul smelling discharge..... C Burning pain on urination..... D Redness/inflammation ingential area E Swelling in genital area..... F Genital sores/ulcers..... G Genital warts..... H Genital itching I Blood in urine..... J Loss of weight..... K Impotence L Other (specify) _____ W Other (specify) _____ X No symptoms..... Y Don't know Z	
ST3. IF A WOMAN HAS A SEXUALLY TRANSMITTED INFECTION/DISEASE, WHAT SIGNS OR SYMPTOMS MIGHT SHE HAVE? ANY OTHER SYMPTOMS? <i>Record all symptoms mentioned.</i>	Abdominal pain A Genital discharge/dripping..... B Foul smelling discharge..... C Burning pain on urination..... D Redness/inflammation ingential area E Swelling in genital area..... F Genital sores/ulcers..... G Genital warts..... H Genital itching I Blood in urine..... J Loss of weight..... K Hard to get pregnant/have a child L Other (specify) _____ W Other (specify) _____ X No symptoms..... Y Don't know Z	

<p>ST4. Check MSI: Ever had sex?</p> <p><input type="checkbox"/> Yes. ⇒ Go to ST5.</p> <p><input type="checkbox"/> No ⇒ Next module</p>		
<p>ST5. Check ST1: Has heard about infection transmitted through sexual contact?</p> <p><input type="checkbox"/> Yes. ⇒ Go to ST6.</p> <p><input type="checkbox"/> No. ⇒ Go to ST7.</p> <p>Check for the presence of others. Before continuing, make every effort to ensure privacy</p>		
<p>ST6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE, WHICH YOU GOT THROUGH SEXUAL CONTACT?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>ST7. SOMETIMES, MEN EXPERIENCE AN ABNORMAL DISCHARGE FROM THEIR PENIS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL DISCHARGE FROM YOUR PENIS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>ST8. SOMETIMES MEN HAVE A SORE OR ULCER ON OR NEAR THEIR PENIS.</p> <p>DURING THE LAST 12 MONTHS, HAVE YOU HAD A SORE OR ULCER ON OR NEAR YOUR PENIS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	
<p>ST9. Check ST6/ST7/ST8: Has had an infection or a symptom of sexually transmitted disease? (that is a yes in ST6 or ST7 or ST8)</p> <p><input type="checkbox"/> Yes. ⇒ Go to ST10.</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>ST10. THE LAST TIME YOU HAD PROBLEM(S) FROM (ST6 or ST7 or ST8), DID YOU SEEK ANY KIND OF ADVICE OR TREATMENT?</p>	<p>Yes.....1</p> <p>No2</p>	<p>1⇒ST12</p>
<p>ST11. WHAT WAS THE MAIN REASON FOR NOT SEEKING ADVICE OR TREATMENT?</p>	<p>Not necessary.....1</p> <p>Expensive2</p> <p>Religious prohibition3</p> <p>Fear of being ridiculed/ stigmatized.....4</p> <p>Other (specify) _____ 6</p>	<p>1⇒ST13</p> <p>2⇒ST13</p> <p>3⇒ST13</p> <p>4⇒ST13</p> <p>6⇒ST13</p>

<p>ST12. WHERE DID YOU GO?</p> <p>ANY OTHER PLACE?</p> <p><i>Record all sources mentioned.</i></p> <p><i>Probe to identify each type of source and circle the appropriate code(s).</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... A</p> <p>Govt. health centre B</p> <p>Govt. clinic/PHU..... C</p> <p>Rural Health Motivator..... D</p> <p>Govt. outreach site..... E</p> <p>Other public (specify) _____ F</p> <p>Private medical sector</p> <p>Private hospital G</p> <p>Private clinic..... H</p> <p>Private physician..... I</p> <p>Private pharmacy..... J</p> <p>Other private medical (specify) _____ K</p> <p>Other source</p> <p>FLAS L</p> <p>TASC M</p> <p>Relative or friend..... N</p> <p>Shop O</p> <p>Traditional practitioner P</p> <p>Street vendor..... Q</p> <p>Other (specify) _____ X</p>	
<p>ST13. WHEN YOU HAD PROBLEM(S) FROM (ST6 or ST7 or ST8) DID YOU INFORM THE PERSON(S) WITH WHOM YOU WERE HAVING SEX?</p>	<p>Yes.....1</p> <p>No2</p> <p>Some/ not all3</p> <p>Did not have a partner4</p>	

OTHER HEALTH ISSUES (MALE CIRCUMCISION)		MC
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
MC1. SOME MEN ARE CIRCUMCISED. ARE YOU CIRCUMCISED?	Yes 1 No 2	2⇒MC4
MC2. AT WHAT AGE WERE YOU CIRCUMCISED?	Infant/baby 00 Age in years __ __	
MC3. WHAT IS THE MAIN REASON YOU WERE CIRCUMCISED?	Tradition / Religion 1 Health / Hygiene 2 HIV/AIDS prevention 3 Sexual satisfaction 4 Ease of putting on a condom 5 Other (<i>specify</i>) 6 DK 8	1⇒MC5 2⇒MC5 3⇒MC5 4⇒MC5 5⇒MC5 6⇒MC5 8⇒MC5
MC3A. <i>Check MC1:</i>		
<input type="checkbox"/> <i>Circumcised ⇒Go to MC5</i> <input type="checkbox"/> <i>Not circumcised ⇒Continue with MC4</i>		
MC4. WHAT IS THE MAIN REASON WHY YOU ARE NOT CIRCUMCISED?	Tradition / Religion 01 Embarrassment 02 To be different 03 Sexual satisfaction 04 Cost 05 Fears / Pain 06 Other (<i>specify</i>) 96 DK 98	
MC5. WOULD YOU WANT YOUR SON TO BE CIRCUMCISED?	Yes 1 No 2 DK 8	1⇒MM11 8⇒MM11
MC6. WHAT IS THE MAIN REASON WHY YOU WOULD NOT WANT HIM TO BE CIRCUMCISED?	Tradition / Religion 01 Health / Hygiene 02 To be different 03 Sexual satisfaction 04 Cost 05 Fears/Pain 06 Other (<i>specify</i>) 96 DK 98	

MM11. <i>Record the time.</i>	Hour and minutes __ : __	
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MM12. *End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

Appendix G. Referral Forms

Referral Form for Oedema Cases

Kukhona lusito longalutfola uma umntfwana anesifo sekuvuvuka emtimbeni noma etinyaweni. Ungatsandza yini sikuchumanise nelihhovisi lelibukene netekondleka? Sidzinga kwati kutsi singachumana njani nawe lokufaka ekhatsi: libito nendzawo lapho umeluleki angakutfola khona. Loko lositjela kona angeke kuhlanguaniswe nalenkhulume lesibenayo. Labo labenta lolucwango angeke bagcine imininingwane yakho.

There are services available at the Swaziland National Nutrition Council if you want medical and professional assistance for the condition of the child. Would you like to be referred to the Swaziland National Nutrition Council for assistance? We will need to get your contact information including your name and place where the service provider can find you. However, there is no way for you to be connected with this interview. We will only share the information you feel comfortable giving us permission to pass on. The research team will not be keeping your contact information.

CONTACT INFORMATION

Name:.....

Location

Region:

Inkhundla:.....

Major Area:.....

Sub-Area:.....

Nearby Landmark (e.g., church, school, clinic):.....

What is the best and safest way for counselor to find you:

.....
.....
.....

Information to be shared:

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.....
.....

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE PROCEDURE FOR THE OFFERING THE SERVICE TO THE PARTICIPANT AND THE PARTICIPANT HAS GIVEN ME PERMISSION TO SHARE THE ABOVE CONTACT INFORMATION WITH A SERVICE PROVIDER

Name of interviewer:

Interviewer's Code:

Referral Form for Obstetric Fistula Cases

Kukhona lusito longalutfola emfolamphilo ngalesimo sakho. Ungatsandza yini kutsi sikuchumanise mayelana nalolusito? Angeke sitjele muntfu loku lesikukhulumile nawe. Sidzinga kwati kutsi singachumana njani nawe, lokufaka ekhatsi: libito nendzawo lapho umeluleki angakutfolela khona. Loku lositjela kona angeke kuhlanguaniswe nalenkhulumo lesibenayo. Sitawukhuluma kuphela ngaloku lotasivumela kutsi sikhulume ngako. Labo labenta lolucwaningo angeke bagcine imininingwane yakho.

There are services available if you want to talk to someone more about your medical condition. Would you like for us to help put you in touch with a doctor/medical professional that will provide assistance? We will need to get your contact information, including your name and a place where the service provider can find you. However, we would not give any of the information you have shared with us during the interview. There is no way for you to be connected with this interview. We will only share the information you feel comfortable giving us permission to pass on. The research team will not be keeping your contact information.

CONTACT INFORMATION

Name:.....

Location

Region:.....

Inkhundla:.....

Major Area:.....

Sub-Area:.....

Nearby Landmark (e.g., church, school, clinic):.....

What is the best and safest way for counselor to find you:

.....
.....
.....

Information to be shared:

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.....
.....

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE PROCEDURE FOR THE OFFERING THE SERVICE TO THE PARTICIPANT AND THE PARTICIPANT HAS GIVEN ME PERMISSION TO SHARE THE ABOVE CONTACT INFORMATION WITH A SERVICE PROVIDER

Name of interviewer:

Interviewer's Code:

Referral Form for Counseling Services for Domestic Violence

Kukhona lusito longalutfole nawufuna kukhulumisana nemuntfu ngebudlova. Uma utiva uhlukubetekile emoyeni nobe utiva ungakaphephi, ungatsandza yini kutsi sikuchumanise nalongakweluleka. Angeke sitjele muntfu loku lesikukhulume nawe. Sidzinga kwati kutsi singachumana njani nawe lokufaka ekhatsi : libito ne ndzawo lapho umeluleki angakutfole khona. Loku lositjela kona ngeke kuhlanganiswe nalenkhulumo besinayo. Sitawukhuluma kuphela ngaloku lotasivumela kutsi sikhulume ngako. Labo labenta lolucwaningo angeke bagcine imininingwane yakho.

There are services available if you want to talk to someone more about violence. If you are feeling upset about the things we have talked about or you currently don't feel safe, would you like for us to help put you in touch with a counseling service? We will need to get your contact information, including your name and a place where a counselor can find you. However, we would not give any of the information you have shared with us during the interview. There is no way for you to be connected with this interview. We will share only the information you feel comfortable giving us permission to pass on. The research team will not be keeping your contact information.

CONTACT INFORMATION

Name: _____

Location

Region: _____

Inkhundla: _____

Major Area: _____

Sub-Area: _____

Nearby Landmark (e.g., church, school, clinic): _____

What is the best and safest way for counselor to find you: _____

Information to be shared: _____

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE PROCEDURE FOR OFFERING DIRECT COUNSELING SERVICE TO THE PARTICIPANT AND THE PARTICIPANT HAS GIVEN ME PERMISSION TO SHARE THE ABOVE CONTACT INFORMATION WITH A SERVICE PROVIDER

Name of interviewer: _____

Interviewer's Code: ____