

# SAMPLE IMPLEMENTATION

# Appendix A

Table A.1 Sample implementation: women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Zimbabwe 2006

Result	Residence		Province										Total
	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	
<b>Selected households</b>													
Completed (C)	88.5	85.4	86.1	81.8	80.5	80.9	88.6	85.1	89.7	86.2	90.2	94.7	86.4
Household present but no competent respondent at home (HP)	2.2	1.5	1.1	3.5	1.8	1.3	1.5	2.1	2.1	0.3	2.8	0.8	1.8
Postponed (P)	0.1	0.1	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Refused (R)	2.5	0.2	0.1	0.5	0.3	1.5	0.2	0.5	0.5	0.2	2.8	2.2	0.9
Dwelling not found (DNF)	0.8	2.4	1.2	3.2	4.6	2.6	1.5	3.2	0.7	1.3	0.8	0.1	1.9
Household absent (HA)	2.0	3.9	3.3	2.9	5.5	4.2	3.0	4.8	2.2	4.9	1.6	0.9	3.3
Dwelling vacant/address not a dwelling (DV)	2.4	5.9	6.9	4.4	7.3	7.3	4.0	4.2	4.2	6.4	1.4	1.1	4.8
Dwelling destroy (DD)	1.5	0.7	1.0	3.3	0.0	2.2	1.2	0.0	0.5	0.6	0.5	0.1	0.9
Other (O)	0.0	0.1	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,455	7,297	1,258	1,022	1,082	1,102	821	805	1,246	1,152	1,407	857	10,752
Household response rate (HRR)	94.1	95.4	97.1	91.9	92.3	93.6	96.5	93.6	96.5	97.8	93.4	96.8	95.0
<b>Eligible women</b>													
Completed (EWC)	85.1	93.4	93.8	93.1	89.5	88.3	94.9	90.3	95.2	93.7	82.9	85.9	90.2
Not at home (EWNH)	9.2	4.7	4.4	4.7	8.9	8.0	2.7	6.4	2.6	3.8	11.9	7.7	6.4
Postponed (EWP)	0.2	0.0	0.0	0.0	0.3	0.2	0.0	0.1	0.0	0.0	0.1	0.1	0.1
Refused (EWR)	4.4	0.4	0.4	0.9	0.6	1.8	0.7	1.1	1.0	0.8	4.2	5.5	1.9
Partly completed (EWPC)	0.3	0.1	0.3	0.2	0.3	0.3	0.0	0.1	0.2	0.1	0.3	0.2	0.2
Incapacitated (EWI)	0.5	1.2	0.9	1.1	0.5	1.1	1.6	1.7	0.9	1.4	0.5	0.5	1.0
Other (EWO)	0.2	0.1	0.3	0.0	0.0	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,763	6,107	1,108	807	778	880	708	698	1,185	1,039	1,683	984	9,870
Eligible women response rate (EWRR)	85.1	93.4	93.8	93.1	89.5	88.3	94.9	90.3	95.2	93.7	82.9	85.9	90.2
Overall response rate (ORR)	80.1	89.1	91.1	85.5	82.5	82.6	91.6	84.5	91.8	91.7	77.4	83.1	85.7

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2 Sample implementation: men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Zimbabwe 2006

Result	Residence		Province										Total
	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	
<b>Selected households</b>													
Completed (C)	88.5	85.4	86.1	81.8	80.5	80.9	88.6	85.1	89.7	86.2	90.2	94.7	86.4
Household present but no competent respondent at home (HP)	2.2	1.5	1.1	3.5	1.8	1.3	1.5	2.1	2.1	0.3	2.8	0.8	1.8
Postponed (P)	0.1	0.1	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Refused (R)	2.5	0.2	0.1	0.5	0.3	1.5	0.2	0.5	0.5	0.2	2.8	2.2	0.9
Dwelling not found (DNF)	0.8	2.4	1.2	3.2	4.6	2.6	1.5	3.2	0.7	1.3	0.8	0.1	1.9
Household absent (HA)	2.0	3.9	3.3	2.9	5.5	4.2	3.0	4.8	2.2	4.9	1.6	0.9	3.3
Dwelling vacant/address not a dwelling (DV)	2.4	5.9	6.9	4.4	7.3	7.3	4.0	4.2	4.2	6.4	1.4	1.1	4.8
Dwelling destroy (DD)	1.5	0.7	1.0	3.3	0.0	2.2	1.2	0.0	0.5	0.6	0.5	0.1	0.9
Other (O)	0.0	0.1	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,455	7,297	1,258	1,022	1,082	1,102	821	805	1,246	1,152	1,407	857	10,752
Household response rate (HRR)	94.1	95.4	97.1	91.9	92.3	93.6	96.5	93.6	96.5	97.8	93.4	96.8	95.0
<b>Eligible men</b>													
Completed (EMC)	71.9	88.3	85.0	89.7	83.5	80.5	89.8	81.8	88.8	91.4	66.7	74.9	81.9
Not at home (EMNH)	19.4	8.8	12.5	8.7	12.7	15.9	5.7	12.5	8.3	6.3	23.8	12.8	12.9
Postponed (EMP)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Refused (EMR)	6.9	0.8	0.9	0.4	1.4	1.9	0.7	3.9	1.4	0.9	7.7	9.0	3.2
Partly completed (EMPC)	0.2	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.1	0.2	0.1	0.8	0.2
Incapacitated (EMI)	1.3	1.8	1.2	1.2	2.3	1.3	3.8	1.8	1.2	1.1	1.3	2.0	1.6
Other (EMO)	0.3	0.1	0.2	0.0	0.0	0.1	0.0	0.0	0.3	0.0	0.4	0.5	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	3,421	5,340	929	804	692	830	609	567	1,077	852	1,547	854	8,761
Eligible mAen response rate (EMRR)	71.9	88.3	85.0	89.7	83.5	80.5	89.8	81.8	88.8	91.4	66.7	74.9	81.9
Overall response rate (ORR)	67.6	84.2	82.6	82.4	77.1	75.3	86.7	76.6	85.6	89.5	62.3	72.5	77.8

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible men falling into specific response categories, the eligible man response rate (EWRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2005-06 Zimbabwe Demographic and Health Survey (ZDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2005-06 DHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2005-06 ZDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2005-06 DHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[ \frac{m_h}{m_{h-1}} \left( \sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where  $h$  represents the stratum which varies from 1 to  $H$ ,  
 $m_h$  is the total number of clusters selected in the  $h^{\text{th}}$  stratum,  
 $y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum,  
 $x_{hi}$  is the sum of the weighted number of cases in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum, and  
 $f$  is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2005-06 DHS, there were 398 non-empty clusters. Hence, 398 replications were created. The variance of a rate  $r$  is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where  $r$  is the estimate computed from the full sample of 398 clusters,  
 $r_{(i)}$  is the estimate computed from the reduced sample of 397 clusters ( $i^{\text{th}}$  cluster excluded),  
and  
 $k$  is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2005-06 DHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eleven regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.15 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ( $R \pm 2SE$ ), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 5.236 and its standard error is 0.117. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e.,  $5.236 \pm 2 \times 0.117$ . There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 5.002 and 5.470.

Sampling errors are analyzed for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. At the national level, mostly relative standard error values (SE/R) for the means and proportions are below 10 percent, however the highest relative standard error values are for indicators with very low values (i.e. less than 2 percent). So in general, the relative standard errors for most estimates for the country as a whole are small, except for indicators with very small values, i.e. for estimates which are rare in the population. For example, the relative standard error for the total fertility rate (TFR 0-3 years) is small (2.9 percent) since births are a fairly common event. However, for the mortality rates which are rarer events, the average relative standard error value is higher; for example, the relative standard error for the 0-4 year estimate of infant mortality is 7.2.

The relative standard error varies across sub-populations. For example, for the variable *children ever born to women aged 40-49*, the relative standard errors as a percent of the estimated mean for the whole country, for the urban areas and for the rural areas are 2.2 percent, 2.8 percent and 2.5 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all selected variables, is 1.43 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.43 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Zimbabwe 2005-2006

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Net attendance ratio for primary school	Ratio	Children with primary school
Never married	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	All women 20 years or more
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	All women 40-49
Knows any contraceptive method	Proportion	Currently married women
Ever using contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Obtained method from public sector source	Proportion	Currently users modern method
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Proportion	All women
Mothers received tetanus 2+ injection for last birth	Proportion	Last birth in last 5 years
Mothers received medical assistance at delivery	Proportion	Births in last 5 years
Had diarrhoea in two weeks before survey	Proportion	Children under age 5 years
Treated with oral rehydration salts (ORS)	Proportion	Child with diarrhoea in last two weeks
Taken to a health provider	Proportion	Child with diarrhoea in last two weeks
Vaccination card seen	Proportion	Children age 12-23 months
Received BCG	Proportion	Children age 12-23 months
Received DPT (3 doses)	Proportion	Children age 12-23 months
Received polio (3 doses)	Proportion	Children age 12-23 months
Received measles	Proportion	Children age 12-23 months
Fully immunised	Proportion	Children age 12-23 months
Height-for-age (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-height (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-age (below -2SD)	Proportion	Children 0-59 months measured
Any anaemia for children	Proportion	Children 6-59 months
Any anaemia for women	Proportion	All women
BMI <18.5 for women	Proportion	All women
Use condom at last high-risk sex	Proportion	Women having high-risk sex last year
Use condom at last high-risk sex (youth)	Proportion	Women 15-24 having high-risk sex last year
Had high risk Intercourse	Proportion	All women
Abstinence among youth	Proportion	Women 15-24 who never had sex
Sexually active in last 12 months (youth)	Proportion	Women 15-24 who had sex in last months
Total Fertility Rate (TFR) for last three years	Mean	All women
Neonatal mortality last 5 (10) years <sup>1</sup>	Rate	All births last 5(10) years
Post-neonatal mortality last 5(10) years <sup>1</sup>	Rate	All births last 5(10) years
Infant mortality last 5(10) years <sup>1</sup>	Rate	All births last 5(10) years
Child mortality last 5(10) years <sup>1</sup>	Rate	All births last 5(10) years
Under 5 mortality last 5(10) years <sup>1</sup>	Rate	All births last 5(10) years
HIV prevalence rate	Proportion	All women 15-49
MEN		
Urban residence	Proportion	All men 15-54
Literate	Proportion	All men 15-54
No education	Proportion	All men 15-54
Secondary education or higher	Proportion	All men 15-54
Never married	Proportion	All men 15-54
Currently married/in union	Proportion	All men 15-54
Married before age 20	Proportion	All men 20-54
Want no more children	Proportion	Currently married men 15-49
Want to delay birth at least 2 years	Proportion	Currently married men 15-49
Ideal family size	Proportion	Currently married men 15-49
Has heard of HIV/AIDS	Proportion	All men 15-49
Knows about condoms	Proportion	All men 15-49
Knows about limiting partners	Proportion	All men 15-49
Multiple partners in past 12 months	Proportion	All men 15-49
Condom use in last higher-risk intercourse	Proportion	Men 15-49 having high-risk sex last year
Condom use in last higher-risk intercourse (youth)	Proportion	Men 15-24 having high-risk sex last year
Sexually active in past 12 months (youth)	Proportion	Men 15-24
Sexually active in past 12 months	Proportion	Never married men 15-24
HIV prevalence rate	Proportion	All men 15-49

<sup>1</sup> Five years for national sample and 10 years for residential and provincial subgroups

Table B.2 Sampling errors for National sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.393	0.015	8907	8907	2.875	0.038	0.363	0.423
Literate	0.912	0.006	8907	8907	2.162	0.007	0.899	0.925
No education	0.043	0.004	8907	8907	1.964	0.099	0.034	0.051
Secondary education or higher	0.631	0.014	8907	8907	2.812	0.023	0.603	0.660
Net attendance ratio for primary school	0.914	0.006	7379	7267	1.589	0.007	0.902	0.927
Never married	0.270	0.006	8907	8907	1.341	0.023	0.257	0.283
Currently married/in union	0.577	0.007	8907	8907	1.433	0.013	0.562	0.592
Married before age 20	0.572	0.010	6777	6755	1.639	0.017	0.552	0.592
Currently pregnant	0.066	0.003	8907	8907	1.164	0.046	0.060	0.072
Children ever born	2.153	0.030	8907	8907	1.288	0.014	2.092	2.213
Children surviving	1.993	0.029	8907	8907	1.325	0.014	1.935	2.050
Children ever born to women age 40-49	5.236	0.117	1338	1287	1.705	0.022	5.002	5.470
Knows any contraceptive method	0.993	0.001	5118	5143	1.139	0.001	0.991	0.996
Ever using contraceptive method	0.872	0.009	5118	5143	1.820	0.010	0.855	0.889
Currently using any contraceptive method	0.602	0.011	5118	5143	1.583	0.018	0.581	0.624
Currently using pill	0.430	0.011	5118	5143	1.585	0.026	0.408	0.452
Currently using IUD	0.003	0.001	5118	5143	1.135	0.291	0.001	0.005
Currently using female sterilisation	0.020	0.002	5118	5143	1.137	0.111	0.016	0.025
Currently using periodic abstinence	0.002	0.001	5118	5143	0.992	0.310	0.001	0.003
Obtained method from public sector source	0.678	0.013	3399	3446	1.632	0.019	0.652	0.705
Want no more children	0.423	0.010	5118	5143	1.422	0.023	0.404	0.443
Want to delay birth at least 2 years	0.321	0.008	5118	5143	1.175	0.024	0.305	0.336
Ideal family size	3.800	0.052	8792	8800	2.488	0.014	3.696	3.904
Mothers received tetanus 2+ injection for last birth	0.545	0.012	4073	4099	1.482	0.021	0.522	0.568
Mothers received medical assistance at delivery	0.685	0.014	5246	5231	1.914	0.021	0.657	0.713
Had diarrhoea in two weeks before survey	0.124	0.007	4875	4871	1.340	0.053	0.111	0.138
Treated with oral rehydration salts (ORS)	0.056	0.011	614	606	1.110	0.192	0.035	0.078
Taken to a health provider	0.320	0.026	614	606	1.286	0.081	0.269	0.372
Vaccination card seen	0.723	0.015	989	1019	1.050	0.021	0.693	0.753
Received BCG	0.757	0.015	989	1019	1.094	0.020	0.727	0.787
Received DPT (3 doses)	0.620	0.019	989	1019	1.257	0.031	0.582	0.659
Received polio (3 doses)	0.657	0.017	989	1019	1.159	0.026	0.623	0.692
Received measles	0.656	0.018	989	1019	1.214	0.028	0.620	0.693
Fully immunised	0.526	0.019	989	1019	1.218	0.036	0.487	0.564
Height-for-age (below -2SD)	0.294	0.009	4914	4860	1.327	0.031	0.276	0.313
Weight-for-height (below -2SD)	0.064	0.004	4914	4860	1.083	0.061	0.056	0.072
Weight-for-age (below -2SD)	0.166	0.007	4914	4860	1.184	0.040	0.153	0.180
Any anaemia for children	0.583	0.011	4378	4354	1.407	0.018	0.562	0.605
Any anaemia for women	0.378	0.009	7636	7634	1.604	0.024	0.360	0.395
BMI <18.5 for women	0.092	0.004	8020	8004	1.123	0.039	0.085	0.100
Use condom at last high-risk sex	0.467	0.023	680	655	1.225	0.050	0.420	0.514
Use condom at last high-risk sex (youth)	0.424	0.030	352	333	1.143	0.071	0.363	0.484
Abstinence among youth	0.811	0.010	2233	2195	1.258	0.013	0.790	0.832
Sexually active last (youth)	0.125	0.008	2233	2195	1.181	0.066	0.108	0.142
Total fertility rate (TFR) for last 3 years	3.798	0.111	na	24853	1.579	0.029	3.576	4.021
Neonatal mortality last 5 years	23.781	2.476	5286	5271	1.106	0.104	18.828	28.733
Postneonatal mortality last 5 years	36.083	3.110	5296	5282	1.078	0.086	29.863	42.304
Infant mortality last 5 years	59.864	4.299	5297	5283	1.158	0.072	51.266	68.461
Child mortality last 5 years	23.216	2.476	5329	5311	1.138	0.107	18.264	28.168
Under 5 mortality last 5 years	81.690	5.077	5341	5323	1.212	0.062	71.537	91.843
MEN								
Urban residence	0.405	0.013	7175	7175	2.200	0.032	0.379	0.430
Literate	0.951	0.003	7175	7175	1.197	0.003	0.945	0.957
No education	0.015	0.002	7175	7175	1.166	0.110	0.012	0.019
Secondary education or higher	0.712	0.010	7175	7175	1.950	0.015	0.691	0.733
Never married	0.475	0.007	7175	7175	1.203	0.015	0.460	0.489
Currently married/in union	0.477	0.007	7175	7175	1.209	0.015	0.462	0.491
Married before age 20	0.163	0.008	4871	4964	1.563	0.051	0.146	0.179
Want no more children	0.363	0.011	3067	3132	1.217	0.029	0.342	0.384
Want to delay birth at least 2 years	0.405	0.012	3067	3132	1.404	0.031	0.380	0.430
Ideal family size	4.541	0.080	2968	3035	1.399	0.018	4.381	4.700
Has heard of HIV/AIDS	0.992	0.001	6849	6863	1.015	0.001	0.990	0.994
Knows about condoms	0.814	0.006	6849	6863	1.319	0.008	0.802	0.826
Knows about limiting partners	0.847	0.007	6849	6863	1.707	0.009	0.832	0.862
Multiple partners in past 12 months	0.141	0.007	4311	4373	1.230	0.046	0.128	0.154
Sexually active in past 12 months (youth)	0.555	0.049	234	233	1.498	0.088	0.457	0.652
Sexually active in past 12 months	0.281	0.012	3050	2988	1.468	0.043	0.257	0.305

na = Not applicable

Table B.3 Sampling errors for Urban sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	3203	3502	na	0.000	1.000	1.000
Literate	0.976	0.003	3203	3502	1.095	0.003	0.970	0.982
No education	0.010	0.002	3203	3502	0.967	0.170	0.007	0.013
Secondary education or higher	0.846	0.009	3203	3502	1.333	0.010	0.829	0.863
Net attendance ratio for primary school	0.937	0.013	1677	1777	1.918	0.014	0.911	0.962
Never married	0.350	0.011	3203	3502	1.270	0.031	0.328	0.371
Currently married/in union	0.497	0.010	3203	3502	1.136	0.020	0.477	0.518
Married before age 20	0.460	0.014	2424	2654	1.394	0.031	0.432	0.488
Currently pregnant	0.044	0.004	3203	3502	1.104	0.091	0.036	0.052
Children ever born	1.557	0.031	3203	3502	1.049	0.020	1.495	1.620
Children surviving	1.463	0.029	3203	3502	1.025	0.020	1.405	1.521
Children ever born to women age 40-49	3.960	0.111	379	410	1.142	0.028	3.739	4.182
Knows any contraceptive method	0.998	0.001	1571	1742	0.645	0.001	0.996	0.999
Ever using contraceptive method	0.912	0.008	1571	1742	1.187	0.009	0.895	0.929
Currently using any contraceptive method	0.698	0.013	1571	1742	1.114	0.018	0.672	0.724
Currently using pill	0.477	0.015	1571	1742	1.161	0.031	0.447	0.506
Currently using IUD	0.008	0.002	1571	1742	1.105	0.314	0.003	0.013
Currently using female sterilisation	0.034	0.005	1571	1742	1.062	0.143	0.024	0.044
Currently using periodic abstinence	0.002	0.001	1571	1742	0.981	0.541	0.000	0.004
Obtained method from public sector source	0.492	0.019	1293	1429	1.372	0.039	0.454	0.530
Want no more children	0.476	0.013	1571	1742	1.013	0.027	0.450	0.501
Want to delay birth at least 2 years	0.263	0.012	1571	1742	1.104	0.047	0.238	0.287
Ideal family size	3.132	0.029	3171	3467	1.146	0.009	3.073	3.191
Mothers received tetanus 2+ injection for last birth	0.581	0.019	1135	1284	1.306	0.032	0.543	0.619
Mothers received medical assistance at delivery	0.937	0.009	1340	1513	1.319	0.010	0.919	0.956
Had diarrhoea in two weeks before survey	0.091	0.011	1259	1417	1.336	0.118	0.070	0.113
Treated with oral rehydration salts (ORS)	0.102	0.033	111	129	1.176	0.321	0.036	0.167
Taken to a health provider	0.391	0.057	111	129	1.262	0.145	0.278	0.505
Vaccination card seen	0.746	0.028	271	309	1.074	0.037	0.691	0.802
Received BCG	0.790	0.030	271	309	1.222	0.037	0.731	0.850
Received DPT (3 doses)	0.672	0.033	271	309	1.197	0.050	0.605	0.739
Received polio (3 doses)	0.733	0.028	271	309	1.062	0.038	0.677	0.789
Received measles	0.716	0.031	271	309	1.151	0.043	0.654	0.778
Fully immunised	0.580	0.036	271	309	1.231	0.062	0.507	0.652
Height-for-age (below -2SD)	0.238	0.016	1109	1186	1.183	0.066	0.207	0.270
Weight-for-height (below -2SD)	0.045	0.007	1109	1186	1.113	0.151	0.031	0.059
Weight-for-age (below -2SD)	0.113	0.010	1109	1186	1.058	0.092	0.092	0.134
Any anaemia for children	0.580	0.018	963	1025	1.119	0.031	0.544	0.617
Any anaemia for women	0.389	0.012	2535	2762	1.225	0.031	0.365	0.413
BMI <18.5 for women	0.068	0.005	2948	3222	1.065	0.072	0.058	0.078
Use condom at last high-risk sex	0.553	0.032	324	349	1.170	0.059	0.488	0.617
Use condom at last high-risk sex (youth)	0.512	0.041	174	180	1.089	0.081	0.430	0.595
Abstinence among youth	0.803	0.017	1043	1098	1.372	0.021	0.769	0.836
Sexually active last (youth)	0.137	0.014	1043	1098	1.282	0.100	0.110	0.164
Total fertility rate (TFR) for last 3 years	2.582	0.084	na	9856	1.122	0.033	2.413	2.751
Neonatal mortality in past 10 years	20.432	3.229	2537	2854	1.061	0.158	13.973	26.890
Postneonatal mortality in past 10 years	26.077	3.890	2539	2857	1.115	0.149	18.296	33.858
Infant mortality in past 10 years	46.509	5.261	2539	2857	1.138	0.113	35.987	57.030
Child mortality in past 10 years	18.239	3.564	2542	2861	1.217	0.195	11.112	25.366
Under-five mortality in past 10 years	63.900	5.820	2544	2864	1.088	0.091	52.260	75.539
MEN								
Urban residence	1.000	0.000	2459	2904	na	0.000	1.000	1.000
Literate	0.987	0.003	2459	2904	1.308	0.003	0.980	0.993
No education	0.002	0.001	2459	2904	0.976	0.471	0.000	0.003
Secondary education or higher	0.893	0.010	2459	2904	1.561	0.011	0.873	0.912
Never married	0.473	0.011	2459	2904	1.110	0.024	0.451	0.495
Currently married/in union	0.481	0.011	2459	2904	1.070	0.022	0.460	0.503
Married before age 20	0.124	0.013	1814	2161	1.692	0.106	0.098	0.150
Want no more children	0.437	0.018	1054	1271	1.190	0.042	0.401	0.474
Want to delay birth at least 2 years	0.330	0.018	1054	1271	1.251	0.055	0.293	0.366
Ideal family size	3.745	0.057	1019	1230	0.878	0.015	3.631	3.860
Has heard of HIV/AIDS	0.998	0.001	2336	2767	1.058	0.001	0.996	1.000
Knows about condoms	0.852	0.008	2336	2767	1.037	0.009	0.837	0.867
Knows about limiting partners	0.799	0.016	2336	2767	1.874	0.019	0.768	0.830
Multiple partners in past 12 months	0.141	0.009	1526	1793	1.012	0.064	0.123	0.159
Sexually active in past 12 months (youth)	0.743	0.037	94	97	0.823	0.050	0.669	0.818
Sexually active in past 12 months	0.284	0.015	996	1153	1.078	0.054	0.254	0.315

na = Not applicable



Table B.4 Sampling errors for Rural sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	5704	5405	na	na	0.000	0.000
Literate	0.871	0.009	5704	5405	2.072	0.011	0.852	0.889
No education	0.064	0.006	5704	5405	1.893	0.096	0.052	0.076
Secondary education or higher	0.493	0.019	5704	5405	2.831	0.038	0.455	0.530
Net attendance ratio for primary school	0.907	0.007	5702	5490	1.498	0.007	0.894	0.921
Never married	0.218	0.007	5704	5405	1.280	0.032	0.204	0.232
Currently married/in union	0.629	0.010	5704	5405	1.502	0.015	0.610	0.648
Married before age 20	0.645	0.012	4353	4102	1.630	0.018	0.621	0.668
Currently pregnant	0.080	0.004	5704	5405	1.128	0.051	0.072	0.088
Children ever born	2.538	0.039	5704	5405	1.206	0.015	2.460	2.616
Children surviving	2.336	0.036	5704	5405	1.232	0.016	2.263	2.409
Children ever born to women age 40-49	5.832	0.144	959	878	1.754	0.025	5.544	6.119
Knows any contraceptive method	0.991	0.002	3547	3401	1.220	0.002	0.987	0.995
Ever using contraceptive method	0.851	0.011	3547	3401	1.877	0.013	0.829	0.874
Currently using any contraceptive method	0.553	0.013	3547	3401	1.599	0.024	0.527	0.580
Currently using pill	0.406	0.014	3547	3401	1.743	0.035	0.377	0.434
Currently using IUD	0.000	0.000	3547	3401	0.813	0.631	0.000	0.001
Currently using female sterilisation	0.013	0.002	3547	3401	1.154	0.167	0.009	0.018
Currently using periodic abstinence	0.002	0.001	3547	3401	0.993	0.377	0.000	0.003
Obtained method from public sector source	0.811	0.015	2106	2016	1.794	0.019	0.780	0.841
Want no more children	0.396	0.012	3547	3401	1.510	0.031	0.371	0.421
Want to delay birth at least 2 years	0.351	0.009	3547	3401	1.178	0.027	0.332	0.370
Ideal family size	4.234	0.067	5621	5334	2.388	0.016	4.099	4.369
Mothers received tetanus 2+ injection for last birth	0.529	0.014	2938	2815	1.551	0.027	0.501	0.557
Mothers received medical assistance at delivery	0.582	0.016	3906	3718	1.791	0.028	0.550	0.614
Had diarrhoea in two weeks before survey	0.138	0.008	3616	3454	1.386	0.060	0.121	0.154
Treated with oral rehydration salts (ORS)	0.044	0.010	503	476	1.068	0.236	0.023	0.065
Taken to a health provider	0.301	0.029	503	476	1.320	0.097	0.243	0.359
Vaccination card seen	0.713	0.018	718	710	1.056	0.025	0.677	0.748
Received BCG	0.743	0.017	718	710	1.037	0.023	0.709	0.776
Received DPT (3 doses)	0.598	0.024	718	710	1.332	0.040	0.550	0.646
Received polio (3 doses)	0.625	0.022	718	710	1.246	0.036	0.580	0.669
Received measles	0.631	0.022	718	710	1.240	0.035	0.586	0.675
Fully immunised	0.502	0.023	718	710	1.254	0.046	0.456	0.548
Height-for-age (below -2SD)	0.312	0.011	3805	3674	1.340	0.035	0.291	0.334
Weight-for-height (below -2SD)	0.070	0.005	3805	3674	1.081	0.067	0.061	0.079
Weight-for-age (below -2SD)	0.184	0.008	3805	3674	1.193	0.043	0.168	0.199
Any anaemia for children	0.584	0.013	3415	3329	1.496	0.022	0.558	0.610
Any anaemia for women	0.371	0.012	5101	4872	1.846	0.034	0.346	0.396
BMI <18.5 for women	0.108	0.005	5072	4782	1.102	0.044	0.099	0.118
Use condom at last high-risk sex	0.369	0.032	356	306	1.257	0.087	0.305	0.434
Use condom at last high-risk sex (youth)	0.319	0.038	178	153	1.079	0.119	0.243	0.395
Abstinence among youth	0.820	0.012	1190	1097	1.087	0.015	0.796	0.844
Sexually active last (youth)	0.113	0.009	1190	1097	1.025	0.083	0.094	0.132
Total fertility rate (TFR) for last 3 years	4.584	0.130	na	14997	1.469	0.028	4.323	4.844
Neonatal mortality in past 10 years	21.627	2.172	7284	6932	1.172	0.100	17.283	25.970
Postneonatal mortality in past 10 years	28.929	2.438	7286	6933	1.123	0.084	24.053	33.804
Infant mortality in past 10 years	50.555	3.731	7287	6934	1.277	0.074	43.093	58.017
Child mortality in past 10 years	22.126	2.256	7311	6954	1.193	0.102	17.615	26.637
Under-five mortality in past 10 years	71.563	4.831	7315	6957	1.410	0.068	61.901	81.225
MEN								
Urban residence	0.000	0.000	4716	4271	na	na	0.000	0.000
Literate	0.926	0.005	4716	4271	1.186	0.005	0.917	0.935
No education	0.025	0.003	4716	4271	1.206	0.110	0.019	0.030
Secondary education or higher	0.589	0.015	4716	4271	2.042	0.025	0.560	0.618
Never married	0.476	0.009	4716	4271	1.263	0.019	0.457	0.494
Currently married/in union	0.473	0.009	4716	4271	1.306	0.020	0.454	0.492
Married before age 20	0.193	0.011	3057	2803	1.541	0.057	0.171	0.215
Want no more children	0.312	0.012	2013	1861	1.206	0.040	0.288	0.337
Want to delay birth at least 2 years	0.456	0.016	2013	1861	1.474	0.036	0.424	0.489
Ideal family size	5.083	0.114	1949	1804	1.427	0.023	4.854	5.312
Has heard of HIV/AIDS	0.988	0.002	4513	4096	1.057	0.002	0.985	0.991
Knows about condoms	0.788	0.009	4513	4096	1.481	0.011	0.770	0.806
Knows about limiting partners	0.879	0.006	4513	4096	1.339	0.007	0.866	0.892
Multiple partners in past 12 months	0.141	0.009	2785	2580	1.380	0.065	0.123	0.159
Condom use last higher-risk intercourse	0.498	0.027	949	883	1.674	0.055	0.443	0.552
Condom use last higher-risk intercourse (youth)	0.533	0.041	587	563	2.008	0.078	0.451	0.616
Sexually active in past 12 months (youth)	0.420	0.065	140	136	1.562	0.156	0.289	0.550
Sexually active in past 12 months	0.278	0.017	2054	1835	1.710	0.061	0.245	0.312

na = Not applicable

Table B.5 Sampling errors for Manicaland sample, Zimbabwe 2005-2006

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.218	0.039	1039	1043	3.072	0.180	0.140	0.297
Literate	0.915	0.020	1039	1043	2.321	0.022	0.875	0.955
No education	0.044	0.015	1039	1043	2.304	0.333	0.015	0.073
Secondary education or higher	0.575	0.029	1039	1043	1.894	0.051	0.517	0.633
Net attendance ratio for primary school	0.904	0.023	975	992	2.101	0.026	0.857	0.950
Never married	0.225	0.020	1039	1043	1.506	0.087	0.186	0.264
Currently married/in union	0.574	0.023	1039	1043	1.475	0.039	0.529	0.619
Married before age 20	0.609	0.020	804	812	1.168	0.033	0.568	0.649
Currently pregnant	0.074	0.008	1039	1043	1.024	0.112	0.058	0.091
Children ever born	2.483	0.079	1039	1043	1.046	0.032	2.324	2.642
Children surviving	2.247	0.066	1039	1043	0.957	0.029	2.115	2.379
Children ever born to women age 40-49	5.489	0.248	185	185	1.244	0.045	4.993	5.985
Knows any contraceptive method	0.991	0.007	603	599	1.818	0.007	0.977	1.005
Ever using contraceptive method	0.832	0.023	603	599	1.533	0.028	0.785	0.879
Currently using any contraceptive method	0.524	0.032	603	599	1.579	0.061	0.460	0.588
Currently using pill	0.377	0.030	603	599	1.523	0.080	0.317	0.437
Currently using IUD	0.004	0.003	603	599	1.298	0.855	0.000	0.010
Currently using female sterilisation	0.013	0.004	603	599	0.958	0.335	0.004	0.022
Currently using periodic abstinence	0.001	0.001	603	599	0.783	1.003	0.000	0.003
Obtained method from public sector source	0.705	0.039	328	334	1.550	0.055	0.627	0.783
Want no more children	0.385	0.023	603	599	1.168	0.060	0.338	0.431
Want to delay birth at least 2 years	0.306	0.023	603	599	1.201	0.074	0.261	0.351
Ideal family size	4.220	0.119	1015	1017	1.772	0.028	3.982	4.458
Mothers received tetanus 2+ injection for last birth	0.516	0.026	508	497	1.154	0.050	0.464	0.568
Mothers received medical assistance at delivery	0.613	0.031	704	679	1.372	0.051	0.551	0.675
Had diarrhoea in two weeks before survey	0.149	0.016	633	610	1.056	0.105	0.118	0.180
Treated with oral rehydration salts (ORS)	0.147	0.047	87	91	1.159	0.318	0.053	0.240
Taken to a health provider	0.242	0.054	87	91	1.175	0.225	0.133	0.351
Vaccination card seen	0.643	0.047	140	137	1.119	0.072	0.550	0.736
Received BCG	0.614	0.044	140	137	1.033	0.071	0.527	0.701
Received DPT (3 doses)	0.502	0.053	140	137	1.219	0.105	0.396	0.607
Received polio (3 doses)	0.551	0.049	140	137	1.139	0.089	0.453	0.649
Received measles	0.545	0.053	140	137	1.241	0.098	0.438	0.652
Fully immunised	0.412	0.053	140	137	1.252	0.129	0.306	0.518
Height-for-age (below -2SD)	0.349	0.015	641	643	0.728	0.044	0.319	0.380
Weight-for-height (below -2SD)	0.054	0.010	641	643	1.072	0.178	0.035	0.074
Weight-for-age (below -2SD)	0.162	0.017	641	643	1.032	0.105	0.128	0.196
Any anaemia for children	0.554	0.032	555	568	1.419	0.057	0.490	0.617
Any anaemia for women	0.307	0.020	881	877	1.250	0.064	0.268	0.346
BMI <18.5 for women	0.053	0.010	935	937	1.336	0.184	0.034	0.073
Use condom at last high-risk sex	0.485	0.063	45	55	0.839	0.130	0.359	0.612
Use condom at last high-risk sex (youth)	0.375	0.098	15	18	0.755	0.261	0.179	0.570
Abstinence among youth	0.893	0.016	225	215	0.793	0.018	0.861	0.926
Sexually active last (youth)	0.060	0.012	225	215	0.781	0.207	0.035	0.084
Total fertility rate (TFR) for last 3 years	4.220	0.275	na	2922	1.377	0.065	3.671	4.770
Neonatal mortality in past 10 years	38.081	5.289	1269	1231	0.876	0.139	27.503	48.659
Postneonatal mortality in past 10 years	32.589	6.167	1269	1231	1.015	0.189	20.255	44.924
Infant mortality in past 10 years	70.670	7.969	1269	1231	0.874	0.113	54.733	86.607
Child mortality in past 10 years	31.974	5.339	1277	1238	0.990	0.167	21.297	42.652
Under-five mortality in past 10 years	100.385	8.388	1277	1238	0.805	0.084	83.609	117.161
MEN								
Urban residence	0.229	0.041	790	829	2.761	0.181	0.146	0.311
Literate	0.926	0.011	790	829	1.176	0.012	0.904	0.948
No education	0.018	0.004	790	829	0.939	0.247	0.009	0.027
Secondary education or higher	0.655	0.036	790	829	2.144	0.055	0.583	0.728
Never married	0.504	0.020	790	829	1.113	0.039	0.465	0.544
Currently married/in union	0.443	0.019	790	829	1.081	0.043	0.405	0.482
Married before age 20	0.137	0.027	488	541	1.751	0.199	0.083	0.192
Want no more children	0.354	0.035	305	335	1.284	0.099	0.283	0.424
Want to delay birth at least 2 years	0.401	0.036	305	335	1.272	0.089	0.330	0.473
Ideal family size	4.767	0.159	294	322	0.964	0.033	4.448	5.085
Has heard of HIV/AIDS	0.988	0.004	753	793	0.978	0.004	0.980	0.996
Knows about condoms	0.754	0.021	753	793	1.325	0.028	0.712	0.796
Knows about limiting partners	0.851	0.018	753	793	1.369	0.021	0.816	0.887
Multiple partners in past 12 months	0.168	0.015	419	459	0.810	0.088	0.138	0.198
Sexually active in past 12 months (youth)	0.711	0.110	16	20	0.940	0.155	0.491	0.931
Sexually active in past 12 months	0.217	0.023	368	372	1.057	0.105	0.172	0.263

na = Not applicable

Table B.6 Sampling errors for Mashonaland Central sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.070	0.023	751	825	2.492	0.332	0.024	0.116
Literate	0.828	0.018	751	825	1.314	0.022	0.791	0.864
No education	0.098	0.014	751	825	1.328	0.147	0.069	0.127
Secondary education or higher	0.489	0.042	751	825	2.281	0.085	0.406	0.573
Net attendance ratio for primary school	0.865	0.024	622	755	1.468	0.028	0.816	0.914
Never married	0.166	0.023	751	825	1.703	0.139	0.120	0.213
Currently married/in union	0.693	0.033	751	825	1.947	0.047	0.627	0.758
Married before age 20	0.703	0.029	580	624	1.515	0.041	0.646	0.761
Currently pregnant	0.086	0.009	751	825	0.919	0.109	0.067	0.105
Children ever born	2.375	0.091	751	825	1.143	0.038	2.193	2.558
Children surviving	2.167	0.073	751	825	1.010	0.034	2.021	2.314
Children ever born to women age 40-49	5.119	0.411	112	117	1.753	0.080	4.296	5.941
Knows any contraceptive method	0.992	0.004	513	572	0.960	0.004	0.985	1.000
Ever using contraceptive method	0.855	0.041	513	572	2.632	0.048	0.773	0.937
Currently using any contraceptive method	0.614	0.023	513	572	1.066	0.037	0.568	0.660
Currently using pill	0.488	0.029	513	572	1.291	0.058	0.431	0.545
Currently using IUD	0.000	0.000	513	572	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.007	513	572	1.490	0.629	0.000	0.024
Currently using periodic abstinence	0.004	0.003	513	572	0.948	0.627	0.000	0.010
Obtained method from public sector source	0.789	0.030	338	366	1.366	0.039	0.728	0.849
Want no more children	0.395	0.030	513	572	1.375	0.075	0.335	0.454
Want to delay birth at least 2 years	0.376	0.025	513	572	1.154	0.066	0.327	0.425
Ideal family size	4.049	0.093	740	815	1.295	0.023	3.863	4.234
Mothers received tetanus 2+ injection for last birth	0.582	0.029	426	457	1.204	0.050	0.524	0.640
Mothers received medical assistance at delivery	0.604	0.041	533	585	1.725	0.067	0.523	0.685
Had diarrhoea in two weeks before survey	0.108	0.028	499	548	1.990	0.260	0.052	0.165
Treated with oral rehydration salts (ORS)	0.000	0.000	65	59	na	na	0.000	0.000
Taken to a health provider	0.298	0.062	65	59	0.977	0.207	0.175	0.422
Vaccination card seen	0.784	0.041	94	111	1.001	0.052	0.702	0.866
Received BCG	0.813	0.038	94	111	0.974	0.046	0.738	0.889
Received DPT (3 doses)	0.608	0.056	94	111	1.152	0.092	0.496	0.720
Received polio (3 doses)	0.646	0.068	94	111	1.428	0.105	0.510	0.782
Received measles	0.720	0.053	94	111	1.186	0.074	0.614	0.826
Fully immunised	0.566	0.056	94	111	1.144	0.100	0.453	0.679
Height-for-age (below -2SD)	0.348	0.043	501	577	1.883	0.125	0.261	0.435
Weight-for-height (below -2SD)	0.062	0.006	501	577	0.547	0.102	0.049	0.074
Weight-for-age (below -2SD)	0.223	0.026	501	577	1.433	0.117	0.171	0.275
Any anaemia for children	0.590	0.058	392	474	2.418	0.099	0.474	0.707
Any anaemia for women	0.371	0.018	584	652	0.898	0.048	0.335	0.406
BMI <18.5 for women	0.120	0.014	669	737	1.136	0.119	0.091	0.148
Use condom at last high-risk sex	0.727	0.069	36	34	0.913	0.094	0.590	0.865
Use condom at last high-risk sex (youth)	0.701	0.092	22	20	0.926	0.132	0.516	0.886
Abstinence among youth	0.889	0.025	121	130	0.867	0.028	0.839	0.939
Sexually active last (youth)	0.092	0.023	121	130	0.873	0.251	0.046	0.137
Total fertility rate (TFR) for last 3 years	4.561	0.235	na	2245	1.097	0.052	4.090	5.031
Neonatal mortality in past 10 years	15.090	5.242	954	1052	1.255	0.347	4.606	25.574
Postneonatal mortality in past 10 years	30.392	4.161	954	1052	0.735	0.137	22.070	38.713
Infant mortality in past 10 years	45.482	5.990	954	1052	0.821	0.132	33.501	57.463
Child mortality in past 10 years	29.189	7.058	957	1055	1.098	0.242	15.073	43.306
Under-five mortality in past 10 years	73.344	6.711	957	1055	0.700	0.091	59.922	86.765
MEN								
Urban residence	0.083	0.013	721	702	1.287	0.159	0.057	0.110
Literate	0.925	0.008	721	702	0.824	0.009	0.909	0.941
No education	0.023	0.007	721	702	1.340	0.325	0.008	0.038
Secondary education or higher	0.597	0.026	721	702	1.411	0.043	0.546	0.649
Never married	0.446	0.025	721	702	1.360	0.056	0.396	0.497
Currently married/in union	0.517	0.023	721	702	1.255	0.045	0.470	0.564
Married before age 20	0.246	0.044	518	502	2.313	0.178	0.159	0.334
Want no more children	0.276	0.025	357	342	1.050	0.090	0.226	0.326
Want to delay birth at least 2 years	0.489	0.050	357	342	1.895	0.103	0.388	0.589
Ideal family size	5.275	0.350	354	340	1.404	0.066	4.576	5.975
Has heard of HIV/AIDS	0.983	0.005	696	681	1.082	0.005	0.973	0.994
Knows about condoms	0.791	0.022	696	681	1.408	0.027	0.747	0.834
Knows about limiting partners	0.870	0.018	696	681	1.374	0.020	0.835	0.905
Multiple partners in past 12 months	0.168	0.023	469	462	1.355	0.140	0.121	0.214
Sexually active in past 12 months (youth)	0.556	0.149	20	18	1.308	0.268	0.258	0.854
Sexually active in past 12 months	0.329	0.044	278	278	1.561	0.134	0.240	0.417

na = Not applicable

Table B.7 Sampling errors for Mashonaland East sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.159	0.031	696	714	2.223	0.194	0.097	0.220
Literate	0.907	0.010	696	714	0.869	0.011	0.888	0.926
No education	0.030	0.009	696	714	1.343	0.291	0.012	0.047
Secondary education or higher	0.632	0.024	696	714	1.305	0.038	0.584	0.680
Net attendance ratio for primary school	0.937	0.009	685	715	0.871	0.009	0.920	0.955
Never married	0.212	0.019	696	714	1.217	0.089	0.175	0.250
Currently married/in union	0.619	0.023	696	714	1.246	0.037	0.573	0.665
Married before age 20	0.611	0.030	545	562	1.419	0.048	0.552	0.671
Currently pregnant	0.077	0.013	696	714	1.323	0.174	0.050	0.104
Children ever born	2.281	0.104	696	714	1.289	0.046	2.072	2.489
Children surviving	2.127	0.098	696	714	1.289	0.046	1.932	2.323
Children ever born to women age 40-49	5.073	0.271	118	114	1.303	0.053	4.530	5.615
Knows any contraceptive method	0.995	0.003	423	442	1.027	0.003	0.988	1.002
Ever using contraceptive method	0.897	0.021	423	442	1.452	0.024	0.854	0.940
Currently using any contraceptive method	0.640	0.029	423	442	1.259	0.046	0.581	0.699
Currently using pill	0.459	0.032	423	442	1.307	0.069	0.396	0.523
Currently using IUD	0.003	0.002	423	442	0.834	0.748	0.000	0.007
Currently using female sterilisation	0.008	0.004	423	442	0.958	0.517	0.000	0.016
Currently using periodic abstinence	0.000	0.000	423	442	na	na	0.000	0.000
Obtained method from public sector source	0.842	0.026	301	308	1.231	0.031	0.790	0.894
Want no more children	0.488	0.020	423	442	0.829	0.041	0.448	0.528
Want to delay birth at least 2 years	0.317	0.024	423	442	1.074	0.077	0.268	0.365
Ideal family size	3.735	0.087	694	712	1.235	0.023	3.561	3.909
Mothers received tetanus 2+ injection for last birth	0.694	0.027	308	319	1.030	0.039	0.641	0.748
Mothers received medical assistance at delivery	0.686	0.043	376	387	1.583	0.063	0.599	0.772
Had diarrhoea in two weeks before survey	0.126	0.016	355	367	0.844	0.128	0.093	0.158
Treated with oral rehydration salts (ORS)	0.054	0.031	46	46	0.923	0.578	0.000	0.117
Taken to a health provider	0.219	0.058	46	46	0.916	0.266	0.103	0.336
Vaccination card seen	0.687	0.061	79	77	1.132	0.089	0.564	0.810
Received BCG	0.946	0.026	79	77	0.994	0.028	0.894	0.998
Received DPT (3 doses)	0.845	0.045	79	77	1.060	0.053	0.756	0.934
Received polio (3 doses)	0.845	0.045	79	77	1.060	0.053	0.756	0.934
Received measles	0.873	0.045	79	77	1.167	0.052	0.783	0.963
Fully immunised	0.796	0.055	79	77	1.164	0.069	0.687	0.905
Height-for-age (below -2SD)	0.308	0.023	402	419	0.917	0.075	0.262	0.354
Weight-for-height (below -2SD)	0.111	0.019	402	419	1.139	0.174	0.072	0.150
Weight-for-age (below -2SD)	0.212	0.020	402	419	0.936	0.094	0.172	0.252
Any anaemia for children	0.631	0.031	399	412	1.228	0.049	0.569	0.693
Any anaemia for women	0.336	0.024	641	657	1.302	0.072	0.288	0.385
BMI <18.5 for women	0.093	0.013	626	638	1.102	0.139	0.067	0.118
Use condom at last high-risk sex	0.370	0.080	30	35	0.888	0.215	0.211	0.529
Use condom at last high-risk sex (youth)	0.245	0.131	11	13	0.965	0.535	0.000	0.508
Abstinence among youth	0.824	0.031	139	139	0.965	0.038	0.761	0.887
Sexually active last (youth)	0.080	0.025	139	139	1.064	0.306	0.031	0.130
Total fertility rate (TFR) for last 3 years	3.690	0.280	na	2030	1.360	0.076	3.131	4.249
Neonatal mortality in past 10 years	26.879	5.491	782	799	0.863	0.204	15.896	37.861
Postneonatal mortality in past 10 years	20.318	5.221	782	799	1.052	0.257	9.876	30.759
Infant mortality in past 10 years	47.196	6.527	782	799	0.810	0.138	34.143	60.249
Child mortality in past 10 years	24.854	5.251	788	805	0.888	0.211	14.352	35.356
Under-five mortality in past 10 years	70.877	8.834	788	805	0.904	0.125	53.208	88.545
MEN								
Urban residence	0.146	0.029	578	598	1.958	0.197	0.089	0.204
Literate	0.953	0.011	578	598	1.289	0.012	0.930	0.976
No education	0.020	0.005	578	598	0.926	0.267	0.009	0.031
Secondary education or higher	0.765	0.023	578	598	1.276	0.029	0.720	0.810
Never married	0.460	0.023	578	598	1.128	0.051	0.413	0.507
Currently married/in union	0.473	0.025	578	598	1.187	0.052	0.424	0.522
Married before age 20	0.173	0.025	399	418	1.299	0.143	0.123	0.222
Want no more children	0.399	0.026	248	259	0.841	0.066	0.347	0.452
Want to delay birth at least 2 years	0.388	0.026	248	259	0.846	0.068	0.335	0.440
Ideal family size	4.194	0.120	243	253	1.095	0.029	3.954	4.433
Has heard of HIV/AIDS	0.985	0.006	550	570	1.177	0.006	0.973	0.997
Knows about condoms	0.813	0.020	550	570	1.190	0.024	0.773	0.852
Knows about limiting partners	0.874	0.019	550	570	1.322	0.021	0.836	0.911
Multiple partners in past 12 months	0.042	0.016	315	331	1.375	0.369	0.011	0.074
Sexually active in past 12 months (youth)	1.000	0.000	4	5	na	0.000	1.000	1.000
Sexually active in past 12 months	0.183	0.033	232	242	1.302	0.181	0.117	0.250

na = Not applicable

Table B.8 Sampling errors for Mashonaland West sample, Zimbabwe 2005-2006

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.361	0.037	777	829	2.140	0.102	0.287	0.434
Literate	0.846	0.017	777	829	1.327	0.020	0.812	0.881
No education	0.075	0.014	777	829	1.472	0.186	0.047	0.103
Secondary education or higher	0.560	0.032	777	829	1.810	0.058	0.496	0.625
Net attendance ratio for primary school	0.863	0.017	754	748	1.153	0.019	0.829	0.896
Never married	0.210	0.015	777	829	1.050	0.073	0.180	0.241
Currently married/in union	0.620	0.020	777	829	1.148	0.032	0.580	0.660
Married before age 20	0.668	0.029	615	655	1.512	0.043	0.610	0.725
Currently pregnant	0.067	0.010	777	829	1.093	0.146	0.047	0.087
Children ever born	2.316	0.070	777	829	0.912	0.030	2.176	2.455
Children surviving	2.127	0.052	777	829	0.747	0.024	2.023	2.231
Children ever born to women age 40-49	5.306	0.232	124	126	1.069	0.044	4.843	5.770
Knows any contraceptive method	0.992	0.005	498	514	1.099	0.005	0.983	1.001
Ever using contraceptive method	0.911	0.017	498	514	1.301	0.018	0.877	0.944
Currently using any contraceptive method	0.620	0.031	498	514	1.413	0.050	0.558	0.681
Currently using pill	0.485	0.024	498	514	1.075	0.050	0.436	0.533
Currently using IUD	0.000	0.000	498	514	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.005	498	514	1.104	0.470	0.001	0.021
Currently using periodic abstinence	0.001	0.001	498	514	0.695	1.007	0.000	0.003
Obtained method from public sector source	0.705	0.045	344	362	1.819	0.063	0.616	0.795
Want no more children	0.429	0.028	498	514	1.254	0.065	0.373	0.485
Want to delay birth at least 2 years	0.313	0.024	498	514	1.176	0.078	0.264	0.362
Ideal family size	3.842	0.089	766	817	1.217	0.023	3.663	4.020
Mothers received tetanus 2+ injection for last birth 0.566	0.036	0.039	413	1.437	0.064	0.493	0.638	
Mothers received medical assistance at delivery	0.605	0.039	498	519	1.550	0.064	0.527	0.682
Had diarrhoea in two weeks before survey	0.141	0.027	459	481	1.534	0.189	0.088	0.194
Treated with oral rehydration salts (ORS)	0.032	0.025	66	68	1.156	0.805	0.000	0.083
Taken to a health provider	0.395	0.091	66	68	1.402	0.231	0.213	0.578
Vaccination card seen	0.710	0.051	87	90	1.032	0.072	0.608	0.812
Received BCG	0.705	0.055	87	90	1.106	0.078	0.595	0.815
Received DPT (3 doses)	0.637	0.063	87	90	1.203	0.099	0.510	0.763
Received polio (3 doses)	0.658	0.054	87	90	1.034	0.081	0.551	0.765
Received measles	0.649	0.048	87	90	0.920	0.074	0.553	0.745
Fully immunised	0.563	0.056	87	90	1.027	0.099	0.452	0.675
Height-for-age (below -2SD)	0.271	0.030	449	464	1.342	0.110	0.212	0.330
Weight-for-height (below -2SD)	0.094	0.014	449	464	0.981	0.147	0.066	0.121
Weight-for-age (below -2SD)	0.156	0.016	449	464	0.873	0.102	0.124	0.187
Any anaemia for children	0.591	0.027	367	387	1.094	0.046	0.536	0.645
Any anaemia for women	0.378	0.016	657	696	0.865	0.043	0.345	0.411
BMI <18.5 for women	0.097	0.011	686	735	0.954	0.111	0.075	0.118
Use condom at last high-risk sex	0.662	0.098	45	55	1.368	0.147	0.467	0.857
Use condom at last high-risk sex (youth)	0.718	0.151	15	17	1.253	0.210	0.417	1.019
Abstinence among youth	0.832	0.056	140	157	1.761	0.067	0.720	0.944
Sexually active last (youth)	0.085	0.032	140	157	1.367	0.381	0.020	0.149
Total fertility rate (TFR) for last 3 years	3.739	0.291	na	2320	1.264	0.078	3.158	4.321
Neonatal mortality in past 10 years	17.176	5.028	964	997	1.051	0.293	7.119	27.232
Postneonatal mortality in past 10 years	38.561	6.839	965	999	0.929	0.177	24.883	52.238
Infant mortality in past 10 years	55.736	9.758	965	999	1.099	0.175	36.221	75.251
Child mortality in past 10 years	22.893	6.155	967	1001	1.086	0.269	10.583	35.202
Under-five mortality in past 10 years	77.353	11.571	968	1003	1.113	0.150	54.211	100.496
MEN								
Urban residence	0.297	0.039	668	726	2.183	0.130	0.219	0.374
Literate	0.947	0.009	668	726	1.011	0.009	0.929	0.964
No education	0.016	0.004	668	726	0.919	0.277	0.007	0.025
Secondary education or higher	0.682	0.025	668	726	1.409	0.037	0.631	0.733
Never married	0.400	0.021	668	726	1.103	0.052	0.358	0.442
Currently married/in union	0.523	0.021	668	726	1.105	0.041	0.480	0.566
Married before age 20	0.230	0.029	480	528	1.488	0.125	0.172	0.287
Want no more children	0.321	0.039	312	348	1.466	0.121	0.243	0.398
Want to delay birth at least 2 years	0.412	0.043	312	348	1.543	0.105	0.326	0.498
Ideal family size	4.284	0.155	293	328	1.257	0.036	3.975	4.593
Has heard of HIV/AIDS	0.992	0.003	637	691	1.000	0.003	0.986	0.999
Knows about condoms	0.848	0.025	637	691	1.787	0.030	0.798	0.899
Knows about limiting partners	0.883	0.017	637	691	1.320	0.019	0.849	0.917
Multiple partners in past 12 months	0.160	0.026	417	462	1.424	0.160	0.108	0.211
Sexually active in past 12 months (youth)	0.615	0.101	15	15	0.780	0.165	0.413	0.818
Sexually active in past 12 months	0.237	0.034	255	263	1.291	0.145	0.168	0.306

na = Not applicable

Table B.9 Sampling errors for Matabeleland North sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.142	0.033	672	536	2.451	0.233	0.076	0.208
Literate	0.883	0.014	672	536	1.167	0.016	0.854	0.912
No education	0.068	0.012	672	536	1.260	0.179	0.044	0.093
Secondary education or higher	0.472	0.031	672	536	1.617	0.066	0.410	0.534
Net attendance ratio for primary school	0.916	0.012	733	618	0.945	0.013	0.892	0.939
Never married	0.292	0.018	672	536	1.002	0.060	0.257	0.328
Currently married/in union	0.602	0.019	672	536	1.027	0.032	0.563	0.640
Married before age 20	0.528	0.027	496	393	1.197	0.051	0.474	0.581
Currently pregnant	0.061	0.010	672	536	1.070	0.162	0.041	0.081
Children ever born	2.505	0.120	672	536	1.194	0.048	2.265	2.745
Children surviving	2.302	0.113	672	536	1.231	0.049	2.077	2.527
Children ever born to women age 40-49	5.891	0.253	115	87	0.957	0.043	5.384	6.397
Knows any contraceptive method	0.998	0.002	402	323	0.904	0.002	0.994	1.002
Ever using contraceptive method	0.815	0.029	402	323	1.471	0.035	0.758	0.872
Currently using any contraceptive method	0.457	0.040	402	323	1.615	0.088	0.376	0.537
Currently using pill	0.244	0.043	402	323	1.995	0.175	0.159	0.330
Currently using IUD	0.006	0.006	402	323	1.523	1.021	0.000	0.017
Currently using female sterilisation	0.039	0.011	402	323	1.108	0.275	0.017	0.060
Currently using periodic abstinence	0.000	0.000	402	323	na	na	0.000	0.000
Obtained method from public sector source	0.775	0.040	197	160	1.329	0.051	0.696	0.855
Want no more children	0.463	0.027	402	323	1.102	0.059	0.408	0.518
Want to delay birth at least 2 years	0.265	0.025	402	323	1.153	0.096	0.215	0.316
Ideal family size	3.863	0.118	670	534	1.632	0.030	3.627	4.098
Mothers received tetanus 2+ injection for last birth	0.457	0.031	336	263	1.123	0.067	0.396	0.519
Mothers received medical assistance at delivery	0.583	0.056	439	340	2.101	0.095	0.472	0.694
Had diarrhoea in two weeks before survey	0.097	0.019	414	320	1.233	0.194	0.059	0.134
Treated with oral rehydration salts (ORS)	0.000	0.000	40	31	na	na	0.000	0.000
Taken to a health provider	0.438	0.091	40	31	1.088	0.208	0.256	0.621
Vaccination card seen	0.818	0.043	68	54	0.925	0.053	0.732	0.905
Received BCG	0.849	0.030	68	54	0.684	0.035	0.790	0.909
Received DPT (3 doses)	0.682	0.066	68	54	1.177	0.097	0.549	0.815
Received polio (3 doses)	0.719	0.054	68	54	0.983	0.074	0.612	0.826
Received measles	0.701	0.062	68	54	1.124	0.089	0.577	0.826
Fully immunised	0.499	0.062	68	54	1.019	0.124	0.375	0.622
Height-for-age (below -2SD)	0.280	0.024	457	376	1.039	0.085	0.233	0.328
Weight-for-height (below -2SD)	0.059	0.018	457	376	1.503	0.296	0.024	0.095
Weight-for-age (below -2SD)	0.159	0.019	457	376	0.990	0.118	0.121	0.196
Any anaemia for children	0.585	0.036	401	333	1.408	0.062	0.512	0.657
Any anaemia for women	0.357	0.024	592	470	1.217	0.067	0.309	0.405
BMI <18.5 for women	0.169	0.016	615	489	1.075	0.096	0.137	0.202
Use condom at last high-risk sex	0.264	0.077	82	68	1.568	0.291	0.110	0.417
Use condom at last high-risk sex (youth)	0.174	0.065	49	41	1.192	0.375	0.043	0.304
Abstinence among youth	0.603	0.036	173	140	0.964	0.060	0.531	0.674
Sexually active last (youth)	0.294	0.028	173	140	0.793	0.094	0.239	0.349
Total fertility rate (TFR) for last 3 years	4.227	0.308	na	1494	1.162	0.073	3.611	4.843
Neonatal mortality in past 10 years	11.176	4.210	801	628	1.036	0.377	2.757	19.596
Postneonatal mortality in past 10 years	35.022	5.692	802	628	0.867	0.163	23.638	46.405
Infant mortality in past 10 years	46.198	6.756	802	628	0.912	0.146	32.686	59.710
Child mortality in past 10 years	21.564	7.238	806	630	1.330	0.336	7.088	36.039
Under-five mortality in past 10 years	66.765	8.966	807	631	0.960	0.134	48.834	84.697
MEN								
Urban residence	0.146	0.030	547	434	2.016	0.209	0.085	0.207
Literate	0.891	0.018	547	434	1.338	0.020	0.855	0.926
No education	0.038	0.010	547	434	1.201	0.258	0.019	0.058
Secondary education or higher	0.475	0.039	547	434	1.819	0.082	0.398	0.553
Never married	0.461	0.034	547	434	1.579	0.073	0.393	0.528
Currently married/in union	0.487	0.030	547	434	1.395	0.061	0.427	0.547
Married before age 20	0.162	0.021	355	286	1.057	0.128	0.121	0.204
Want no more children	0.329	0.045	239	194	1.469	0.136	0.240	0.419
Want to delay birth at least 2 years	0.431	0.039	239	194	1.213	0.090	0.353	0.509
Ideal family size	4.632	0.155	223	182	0.864	0.033	4.322	4.941
Has heard of HIV/AIDS	0.997	0.002	525	416	0.911	0.002	0.992	1.001
Knows about condoms	0.806	0.022	525	416	1.275	0.027	0.762	0.850
Knows about limiting partners	0.937	0.013	525	416	1.236	0.014	0.910	0.963
Multiple partners in past 12 months	0.132	0.022	378	304	1.281	0.169	0.087	0.177
Sexually active in past 12 months (youth)	0.336	0.156	31	22	1.811	0.465	0.024	0.649
Sexually active in past 12 months	0.452	0.035	235	182	1.085	0.078	0.381	0.522

na = Not applicable

Table B.10 Sampling errors for Matabeleland South sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.193	0.019	630	439	1.177	0.096	0.156	0.230
Literate	0.928	0.013	630	439	1.247	0.014	0.902	0.954
No education	0.036	0.008	630	439	1.024	0.211	0.021	0.051
Secondary education or higher	0.575	0.040	630	439	2.048	0.070	0.494	0.655
Net attendance ratio for primary school	0.919	0.018	679	454	1.419	0.020	0.882	0.955
Never married	0.389	0.028	630	439	1.444	0.072	0.333	0.445
Currently married/in union	0.473	0.023	630	439	1.175	0.049	0.426	0.519
Married before age 20	0.451	0.036	461	317	1.550	0.080	0.379	0.523
Currently pregnant	0.053	0.008	630	439	0.852	0.143	0.038	0.068
Children ever born	2.236	0.148	630	439	1.550	0.066	1.940	2.532
Children surviving	2.125	0.143	630	439	1.572	0.067	1.840	2.410
Children ever born to women age 40-49	4.995	0.214	123	82	0.922	0.043	4.566	5.424
Knows any contraceptive method	0.978	0.011	311	208	1.343	0.011	0.956	1.001
Ever using contraceptive method	0.840	0.028	311	208	1.359	0.034	0.784	0.897
Currently using any contraceptive method	0.472	0.024	311	208	0.862	0.052	0.423	0.521
Currently using pill	0.211	0.033	311	208	1.442	0.158	0.144	0.278
Currently using IUD	0.000	0.000	311	208	na	na	0.000	0.000
Currently using female sterilisation	0.031	0.013	311	208	1.356	0.432	0.004	0.057
Currently using periodic abstinence	0.000	0.000	311	208	na	na	0.000	0.000
Obtained method from public sector source	0.761	0.057	174	121	1.764	0.075	0.646	0.875
Want no more children	0.517	0.042	311	208	1.466	0.080	0.434	0.600
Want to delay birth at least 2 years	0.255	0.027	311	208	1.107	0.108	0.200	0.309
Ideal family size	3.681	0.097	604	422	1.174	0.026	3.488	3.874
Mothers received tetanus 2+ injection for last birth	0.482	0.035	274	184	1.149	0.073	0.412	0.553
Mothers received medical assistance at delivery	0.632	0.035	371	243	1.216	0.055	0.563	0.702
Had diarrhoea in two weeks before survey	0.146	0.016	353	232	0.806	0.109	0.114	0.178
Treated with oral rehydration salts (ORS)	0.096	0.045	53	34	1.072	0.476	0.005	0.187
Taken to a health provider	0.374	0.062	53	34	0.857	0.167	0.249	0.499
Vaccination card seen	0.790	0.057	72	46	1.109	0.071	0.677	0.904
Received BCG	0.750	0.059	72	46	1.086	0.078	0.633	0.867
Received DPT (3 doses)	0.592	0.085	72	46	1.400	0.144	0.422	0.763
Received polio (3 doses)	0.642	0.070	72	46	1.179	0.109	0.502	0.782
Received measles	0.632	0.062	72	46	1.038	0.098	0.508	0.756
Fully immunised	0.495	0.094	72	46	1.523	0.190	0.307	0.683
Height-for-age (below -2SD)	0.277	0.023	412	271	1.011	0.085	0.230	0.324
Weight-for-height (below -2SD)	0.039	0.012	412	271	1.213	0.298	0.016	0.063
Weight-for-age (below -2SD)	0.144	0.018	412	271	0.943	0.123	0.109	0.179
Any anaemia for children	0.612	0.035	381	246	1.289	0.057	0.543	0.682
Any anaemia for women	0.450	0.020	529	367	0.916	0.044	0.410	0.490
BMI <18.5 for women	0.124	0.014	579	405	1.033	0.114	0.096	0.152
Use condom at last high-risk sex	0.302	0.066	104	74	1.459	0.219	0.170	0.434
Use condom at last high-risk sex (youth)	0.310	0.065	61	44	1.095	0.211	0.179	0.441
Abstinence among youth	0.614	0.056	202	150	1.621	0.091	0.503	0.726
Sexually active last (youth)	0.263	0.037	202	150	1.207	0.143	0.188	0.338
Total fertility rate (TFR) for last 3 years	4.046	0.233	na	1194	0.923	0.058	3.579	4.513
Neonatal mortality in past 10 years	11.533	4.406	716	465	1.075	0.382	2.722	20.345
Postneonatal mortality in past 10 years	20.460	6.015	717	466	0.973	0.294	8.431	32.489
Infant mortality in past 10 years	31.993	8.024	717	466	1.060	0.251	15.944	48.042
Child mortality in past 10 years	13.764	4.518	718	467	0.990	0.328	4.729	22.799
Under-five mortality in past 10 years	45.317	9.908	719	467	1.111	0.219	25.502	65.132
MEN								
Urban residence	0.256	0.043	464	325	2.114	0.168	0.170	0.341
Literate	0.971	0.007	464	325	0.925	0.007	0.956	0.985
No education	0.019	0.008	464	325	1.245	0.411	0.003	0.035
Secondary education or higher	0.604	0.032	464	325	1.395	0.053	0.541	0.667
Never married	0.595	0.026	464	325	1.144	0.044	0.543	0.647
Currently married/in union	0.359	0.026	464	325	1.182	0.073	0.306	0.412
Married before age 20	0.109	0.035	260	190	1.788	0.317	0.040	0.178
Want no more children	0.544	0.044	140	99	1.033	0.080	0.457	0.632
Want to delay birth at least 2 years	0.228	0.044	140	99	1.246	0.194	0.140	0.317
Ideal family size	3.990	0.194	133	94	0.792	0.049	3.603	4.378
Has heard of HIV/AIDS	0.990	0.005	437	306	1.107	0.005	0.979	1.000
Knows about condoms	0.899	0.014	437	306	0.966	0.016	0.871	0.927
Knows about limiting partners	0.889	0.013	437	306	0.879	0.015	0.862	0.915
Multiple partners in past 12 months	0.024	0.013	232	164	1.313	0.547	0.000	0.051
Sexually active in past 12 months (youth)	0.688	0.127	20	16	1.198	0.185	0.434	0.943
Sexually active in past 12 months	0.272	0.042	242	166	1.478	0.156	0.188	0.357

na = Not applicable

Table B.11 Sampling errors for Midlands sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.308	0.023	1128	1193	1.663	0.074	0.262	0.353
Literate	0.936	0.012	1128	1193	1.691	0.013	0.911	0.960
No education	0.034	0.009	1128	1193	1.676	0.266	0.016	0.052
Secondary education or higher	0.645	0.027	1128	1193	1.896	0.042	0.591	0.699
Net attendance ratio for primary school	0.927	0.016	952	1069	1.623	0.018	0.894	0.960
Never married	0.253	0.011	1128	1193	0.858	0.044	0.231	0.275
Currently married/in union	0.610	0.019	1128	1193	1.302	0.031	0.572	0.648
Married before age 20	0.596	0.026	864	913	1.554	0.044	0.544	0.648
Currently pregnant	0.073	0.010	1128	1193	1.238	0.131	0.054	0.093
Children ever born	2.265	0.065	1128	1193	0.954	0.029	2.136	2.394
Children surviving	2.106	0.060	1128	1193	0.959	0.029	1.985	2.226
Children ever born to women age 40-49	5.652	0.213	158	160	1.150	0.038	5.227	6.077
Knows any contraceptive method	0.990	0.003	698	728	0.785	0.003	0.985	0.996
Ever using contraceptive method	0.874	0.014	698	728	1.144	0.016	0.846	0.903
Currently using any contraceptive method	0.634	0.020	698	728	1.100	0.032	0.594	0.674
Currently using pill	0.449	0.023	698	728	1.217	0.051	0.403	0.495
Currently using IUD	0.002	0.002	698	728	1.129	0.994	0.000	0.006
Currently using female sterilisation	0.027	0.007	698	728	1.077	0.245	0.014	0.040
Currently using periodic abstinence	0.006	0.003	698	728	1.078	0.519	0.000	0.013
Obtained method from public sector source	0.677	0.044	458	485	2.023	0.065	0.588	0.765
Want no more children	0.409	0.027	698	728	1.435	0.065	0.355	0.462
Want to delay birth at least 2 years	0.349	0.022	698	728	1.198	0.062	0.305	0.392
Ideal family size	3.832	0.110	1121	1187	1.925	0.029	3.612	4.051
Mothers received tetanus 2+ injection for last birth	0.610	0.032	566	584	1.560	0.053	0.545	0.675
Mothers received medical assistance at delivery	0.639	0.036	761	774	1.779	0.057	0.566	0.712
Had diarrhoea in two weeks before survey	0.128	0.014	705	722	1.117	0.112	0.100	0.157
Treated with oral rehydration salts (ORS)	0.022	0.014	97	93	0.916	0.653	0.000	0.051
Taken to a health provider	0.279	0.056	97	93	1.168	0.202	0.166	0.392
Vaccination card seen	0.742	0.036	148	155	0.972	0.048	0.671	0.813
Received BCG	0.747	0.047	148	155	1.281	0.062	0.654	0.841
Received DPT (3 doses)	0.563	0.050	148	155	1.203	0.088	0.464	0.663
Received polio (3 doses)	0.576	0.043	148	155	1.057	0.075	0.489	0.663
Received measles	0.559	0.052	148	155	1.269	0.094	0.454	0.664
Fully immunised	0.426	0.052	148	155	1.278	0.123	0.321	0.531
Height-for-age (below -2SD)	0.273	0.022	701	764	1.237	0.081	0.228	0.317
Weight-for-height (below -2SD)	0.053	0.009	701	764	1.040	0.171	0.035	0.071
Weight-for-age (below -2SD)	0.169	0.013	701	764	0.896	0.080	0.142	0.196
Any anaemia for children	0.577	0.023	688	753	1.156	0.040	0.531	0.622
Any anaemia for women	0.377	0.019	1076	1127	1.257	0.049	0.340	0.414
BMI <18.5 for women	0.102	0.009	1001	1060	0.928	0.087	0.084	0.120
Use condom at last high-risk sex	0.351	0.074	62	60	1.217	0.212	0.202	0.500
Use condom at last high-risk sex (youth)	0.256	0.090	31	32	1.133	0.353	0.075	0.436
Abstinence among youth	0.863	0.022	253	281	1.032	0.026	0.818	0.908
Sexually active last (youth)	0.085	0.018	253	281	1.029	0.212	0.049	0.121
Total fertility rate (TFR) for last 3 years	4.235	0.252	na	3324	1.373	0.060	3.730	4.740
Neonatal mortality in past 10 years	28.041	4.057	1398	1422	0.831	0.145	19.927	36.155
Postneonatal mortality in past 10 years	25.113	4.244	1399	1423	0.947	0.169	16.625	33.600
Infant mortality in past 10 years	53.154	6.625	1399	1423	0.976	0.125	39.903	66.404
Child mortality in past 10 years	13.030	3.314	1401	1424	0.949	0.254	6.402	19.658
Under-five mortality in past 10 years	65.491	8.430	1402	1425	1.099	0.129	48.631	82.351
MEN								
Urban residence	0.349	0.033	956	1003	2.156	0.095	0.283	0.416
Literate	0.948	0.009	956	1003	1.251	0.009	0.930	0.966
No education	0.013	0.003	956	1003	0.805	0.229	0.007	0.019
Secondary education or higher	0.682	0.029	956	1003	1.926	0.043	0.624	0.740
Never married	0.476	0.018	956	1003	1.143	0.039	0.439	0.513
Currently married/in union	0.486	0.017	956	1003	1.074	0.036	0.451	0.521
Married before age 20	0.179	0.021	631	669	1.380	0.118	0.137	0.221
Want no more children	0.387	0.029	427	446	1.229	0.075	0.329	0.446
Want to delay birth at least 2 years	0.421	0.032	427	446	1.338	0.076	0.357	0.485
Ideal family size	4.724	0.153	417	434	1.129	0.032	4.417	5.030
Has heard of HIV/AIDS	0.992	0.003	910	956	0.875	0.003	0.986	0.997
Knows about condoms	0.762	0.021	910	956	1.519	0.028	0.719	0.805
Knows about limiting partners	0.883	0.021	910	956	1.968	0.024	0.841	0.925
Multiple partners in past 12 months	0.134	0.019	573	599	1.325	0.141	0.096	0.171
Sexually active in past 12 months (youth)	0.343	0.091	28	27	0.994	0.265	0.161	0.525
Sexually active in past 12 months	0.257	0.033	408	431	1.506	0.127	0.192	0.322

na = Not applicable



Table B.12 Sampling errors for Masvingo sample, Zimbabwe 2005-2006

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.077	0.017	974	1137	1.947	0.217	0.043	0.110
Literate	0.875	0.033	974	1137	3.101	0.038	0.809	0.941
No education	0.050	0.018	974	1137	2.534	0.354	0.015	0.086
Secondary education or higher	0.459	0.063	974	1137	3.960	0.138	0.332	0.585
Net attendance ratio for primary school	0.936	0.014	838	874	1.449	0.015	0.908	0.964
Never married	0.234	0.012	974	1137	0.856	0.050	0.211	0.257
Currently married/in union	0.613	0.017	974	1137	1.109	0.028	0.578	0.648
Married before age 20	0.647	0.035	721	822	1.961	0.054	0.578	0.717
Currently pregnant	0.080	0.010	974	1137	1.129	0.123	0.060	0.100
Children ever born	2.463	0.102	974	1137	1.265	0.042	2.258	2.667
Children surviving	2.280	0.109	974	1137	1.455	0.048	2.063	2.497
Children ever born to women age 40-49	6.462	0.431	140	168	2.096	0.067	5.601	7.323
Knows any contraceptive method	0.997	0.002	597	697	0.921	0.002	0.993	1.001
Ever using contraceptive method	0.848	0.031	597	697	2.092	0.036	0.787	0.910
Currently using any contraceptive method	0.541	0.047	597	697	2.290	0.086	0.448	0.635
Currently using pill	0.390	0.044	597	697	2.195	0.112	0.302	0.478
Currently using IUD	0.000	0.000	597	697	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.004	597	697	0.932	0.355	0.003	0.020
Currently using periodic abstinence	0.000	0.000	597	697	na	na	0.000	0.000
Obtained method from public sector source	0.851	0.034	359	411	1.813	0.040	0.783	0.919
Want no more children	0.307	0.025	597	697	1.302	0.080	0.258	0.356
Want to delay birth at least 2 years	0.381	0.019	597	697	0.960	0.050	0.343	0.419
Ideal family size	4.554	0.216	964	1127	2.942	0.047	4.123	4.985
Mothers received tetanus 2+ injection for last birth	0.455	0.033	501	609	1.530	0.073	0.388	0.522
Mothers received medical assistance at delivery	0.669	0.055	662	790	2.596	0.082	0.559	0.778
Had diarrhoea in two weeks before survey	0.155	0.018	608	738	1.158	0.117	0.119	0.192
Treated with oral rehydration salts (ORS)	0.025	0.015	92	115	0.952	0.597	0.000	0.056
Taken to a health provider	0.364	0.079	92	115	1.418	0.216	0.207	0.522
Vaccination card seen	0.719	0.034	123	170	0.903	0.048	0.651	0.787
Received BCG	0.724	0.032	123	170	0.837	0.044	0.661	0.787
Received DPT (3 doses)	0.616	0.059	123	170	1.451	0.096	0.498	0.735
Received polio (3 doses)	0.665	0.042	123	170	1.071	0.064	0.580	0.750
Received measles	0.636	0.044	123	170	1.086	0.069	0.548	0.723
Fully immunised	0.502	0.056	123	170	1.337	0.111	0.391	0.614
Height-for-age (below -2SD)	0.289	0.021	609	653	1.101	0.073	0.247	0.332
Weight-for-height (below -2SD)	0.071	0.013	609	653	1.152	0.177	0.046	0.096
Weight-for-age (below -2SD)	0.167	0.017	609	653	1.099	0.100	0.134	0.200
Any anaemia for children	0.585	0.019	535	570	0.877	0.032	0.547	0.623
Any anaemia for women	0.475	0.031	884	1046	1.831	0.064	0.413	0.536
BMI <18.5 for women	0.096	0.010	851	994	0.975	0.102	0.076	0.116
Use condom at last high-risk sex	0.442	0.106	40	47	1.337	0.241	0.229	0.655
Use condom at last high-risk sex (youth)	0.433	0.175	15	22	1.324	0.405	0.082	0.784
Abstinence among youth	0.869	0.020	219	258	0.879	0.023	0.829	0.909
Sexually active last (youth)	0.072	0.023	219	258	1.302	0.317	0.026	0.117
Total fertility rate (TFR) for last 3 years	4.897	0.554	na	3162	2.058	0.113	3.790	6.004
Neonatal mortality in past 10 years	15.494	5.592	1209	1447	1.470	0.361	4.309	26.678
Postneonatal mortality in past 10 years	26.751	8.857	1208	1446	1.746	0.331	9.036	44.465
Infant mortality in past 10 years	42.244	13.336	1209	1447	2.132	0.316	15.573	68.916
Child mortality in past 10 years	16.541	5.877	1211	1449	1.414	0.355	4.786	28.295
Under-five mortality in past 10 years	58.086	17.930	1212	1450	2.447	0.309	22.226	93.947
MEN								
Urban residence	0.123	0.023	779	800	1.932	0.185	0.078	0.169
Literate	0.945	0.011	779	800	1.305	0.011	0.923	0.966
No education	0.021	0.008	779	800	1.633	0.398	0.004	0.038
Secondary education or higher	0.636	0.049	779	800	2.832	0.077	0.539	0.734
Never married	0.495	0.023	779	800	1.259	0.046	0.449	0.540
Currently married/in union	0.473	0.026	779	800	1.456	0.055	0.421	0.525
Married before age 20	0.156	0.018	504	511	1.084	0.112	0.121	0.191
Want no more children	0.302	0.026	338	352	1.047	0.087	0.250	0.354
Want to delay birth at least 2 years	0.447	0.037	338	352	1.348	0.082	0.374	0.520
Ideal family size	5.452	0.354	332	347	1.440	0.065	4.744	6.161
Has heard of HIV/AIDS	0.994	0.002	754	771	0.880	0.003	0.989	0.999
Knows about condoms	0.838	0.014	754	771	1.037	0.017	0.810	0.866
Knows about limiting partners	0.920	0.007	754	771	0.669	0.007	0.906	0.933
Multiple partners in past 12 months	0.189	0.024	461	497	1.307	0.126	0.141	0.236
Sexually active in past 12 months (youth)	0.291	0.135	23	36	1.395	0.464	0.021	0.561
Sexually active in past 12 months	0.299	0.055	352	359	2.256	0.184	0.189	0.410

na = Not applicable

Table B.13 Sampling errors for Harare sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1395	1492	na	0.000	1.000	1.000
Literate	0.979	0.004	1395	1492	1.101	0.004	0.971	0.988
No education	0.005	0.001	1395	1492	0.615	0.229	0.003	0.008
Secondary education or higher	0.874	0.007	1395	1492	0.784	0.008	0.860	0.888
Net attendance ratio for primary school	0.953	0.011	700	698	1.236	0.011	0.931	0.974
Never married	0.338	0.017	1395	1492	1.364	0.051	0.303	0.372
Currently married/in union	0.509	0.015	1395	1492	1.116	0.029	0.480	0.539
Married before age 20	0.475	0.020	1067	1142	1.326	0.043	0.434	0.515
Currently pregnant	0.053	0.006	1395	1492	1.022	0.116	0.040	0.065
Children ever born	1.491	0.044	1395	1492	1.012	0.030	1.402	1.580
Children surviving	1.394	0.040	1395	1492	0.977	0.029	1.314	1.475
Children ever born to women age 40-49	4.080	0.153	137	146	1.013	0.038	3.774	4.386
Knows any contraceptive method	0.996	0.001	709	760	0.545	0.001	0.994	0.999
Ever using contraceptive method	0.918	0.011	709	760	1.031	0.012	0.897	0.939
Currently using any contraceptive method	0.719	0.016	709	760	0.974	0.023	0.686	0.752
Currently using pill	0.538	0.021	709	760	1.103	0.038	0.496	0.579
Currently using IUD	0.008	0.004	709	760	1.087	0.459	0.001	0.015
Currently using female sterilisation	0.018	0.005	709	760	1.106	0.311	0.007	0.028
Currently using periodic abstinence	0.003	0.002	709	760	0.849	0.599	0.000	0.006
Obtained method from public sector source	0.448	0.025	592	637	1.236	0.056	0.398	0.499
Want no more children	0.458	0.019	709	760	1.022	0.042	0.420	0.497
Want to delay birth at least 2 years	0.302	0.020	709	760	1.176	0.067	0.262	0.343
Ideal family size	3.123	0.033	1384	1482	0.901	0.011	3.056	3.190
Mothers received tetanus 2+ injection for last birth	0.527	0.028	521	566	1.297	0.053	0.471	0.583
Mothers received medical assistance at delivery	0.937	0.012	610	666	1.171	0.013	0.912	0.961
Had diarrhoea in two weeks before survey	0.089	0.015	572	620	1.217	0.164	0.060	0.118
Treated with oral rehydration salts (ORS)	0.099	0.050	52	55	1.198	0.504	0.000	0.200
Taken to a health provider	0.307	0.067	52	55	1.037	0.218	0.173	0.442
Vaccination card seen	0.672	0.046	113	123	1.060	0.069	0.579	0.765
Received BCG	0.773	0.050	113	123	1.291	0.065	0.672	0.874
Received DPT (3 doses)	0.601	0.053	113	123	1.158	0.088	0.495	0.707
Received polio (3 doses)	0.673	0.048	113	123	1.100	0.071	0.577	0.769
Received measles	0.685	0.056	113	123	1.294	0.082	0.573	0.797
Fully immunised	0.513	0.057	113	123	1.233	0.112	0.398	0.628
Height-for-age (below -2SD)	0.251	0.019	487	490	0.939	0.075	0.213	0.288
Weight-for-height (below -2SD)	0.039	0.009	487	490	1.098	0.241	0.020	0.058
Weight-for-age (below -2SD)	0.102	0.013	487	490	0.941	0.127	0.076	0.128
Any anaemia for children	0.563	0.021	420	421	0.846	0.037	0.521	0.604
Any anaemia for women	0.356	0.020	1104	1175	1.413	0.057	0.315	0.396
BMI <18.5 for women	0.069	0.008	1265	1355	1.145	0.118	0.053	0.085
Use condom at last high-risk sex	0.513	0.056	113	124	1.190	0.110	0.401	0.625
Use condom at last high-risk sex (youth)	0.495	0.080	59	63	1.215	0.161	0.336	0.655
Abstinence among youth	0.843	0.017	434	453	0.986	0.020	0.808	0.877
Sexually active last (youth)	0.099	0.016	434	453	1.094	0.158	0.068	0.131
Total fertility rate (TFR) for last 3 years	2.533	0.131	na	4203	1.172	0.052	2.271	2.795
Neonatal mortality in past 10 years	23.526	5.081	1159	1264	1.067	0.216	13.365	33.687
Postneonatal mortality in past 10 years	22.329	5.932	1159	1264	1.167	0.266	10.464	34.194
Infant mortality in past 10 years	45.855	8.623	1159	1264	1.267	0.188	28.609	63.101
Child mortality in past 10 years	19.543	5.704	1159	1264	1.354	0.292	8.135	30.950
Under-five mortality in past 10 years	64.502	8.832	1159	1264	1.143	0.137	46.838	82.166
MEN								
Urban residence	1.000	0.000	1032	1274	na	0.000	1.000	1.000
Literate	0.990	0.004	1032	1274	1.236	0.004	0.982	0.998
No education	0.001	0.001	1032	1274	1.079	1.007	0.000	0.003
Secondary education or higher	0.914	0.012	1032	1274	1.315	0.013	0.891	0.937
Never married	0.458	0.017	1032	1274	1.110	0.038	0.423	0.492
Currently married/in union	0.493	0.017	1032	1274	1.115	0.035	0.458	0.527
Married before age 20	0.129	0.021	775	968	1.709	0.160	0.088	0.170
Want no more children	0.410	0.028	461	574	1.230	0.069	0.353	0.466
Want to delay birth at least 2 years	0.346	0.027	461	574	1.195	0.077	0.293	0.399
Ideal family size	3.870	0.105	446	556	0.916	0.027	3.659	4.081
Has heard of HIV/AIDS	0.997	0.002	978	1219	1.075	0.002	0.993	1.001
Knows about condoms	0.840	0.012	978	1219	0.990	0.014	0.817	0.864
Knows about limiting partners	0.651	0.028	978	1219	1.808	0.042	0.596	0.706
Multiple partners in past 12 months	0.154	0.014	624	775	0.997	0.094	0.125	0.182
Sexually active in past 12 months (youth)	0.698	0.065	31	39	0.780	0.094	0.567	0.829
Sexually active in past 12 months	0.248	0.024	386	476	1.108	0.098	0.199	0.297

na = Not applicable

Table B.14 Sampling errors for Bulawayo sample, Zimbabwe 2005-2006

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	845	697	na	0.000	1.000	1.000
Literate	0.983	0.004	845	697	0.844	0.004	0.975	0.990
No education	0.017	0.004	845	697	0.963	0.250	0.009	0.026
Secondary education or higher	0.868	0.011	845	697	0.976	0.013	0.845	0.891
Net attendance ratio for primary school	0.942	0.014	441	345	1.210	0.015	0.914	0.970
Never married	0.440	0.017	845	697	0.991	0.038	0.406	0.474
Currently married/in union	0.432	0.015	845	697	0.869	0.034	0.402	0.461
Married before age 20	0.353	0.019	624	514	0.999	0.054	0.315	0.392
Currently pregnant	0.024	0.004	845	697	0.769	0.168	0.016	0.032
Children ever born	1.465	0.051	845	697	0.861	0.035	1.364	1.567
Children surviving	1.406	0.050	845	697	0.876	0.036	1.306	1.506
Children ever born to women age 40-49	3.632	0.216	126	102	1.269	0.060	3.200	4.065
Knows any contraceptive method	0.997	0.003	364	301	1.067	0.003	0.990	1.003
Ever using contraceptive method	0.893	0.023	364	301	1.393	0.025	0.848	0.939
Currently using any contraceptive method	0.670	0.029	364	301	1.167	0.043	0.613	0.728
Currently using pill	0.408	0.034	364	301	1.307	0.083	0.340	0.475
Currently using IUD	0.009	0.005	364	301	1.053	0.594	0.000	0.019
Currently using female sterilisation	0.069	0.014	364	301	1.085	0.208	0.041	0.098
Currently using periodic abstinence	0.000	0.000	364	301	na	na	0.000	0.000
Obtained method from public sector source	0.455	0.033	308	260	1.145	0.072	0.389	0.520
Want no more children	0.556	0.026	364	301	0.989	0.046	0.505	0.608
Want to delay birth at least 2 years	0.210	0.016	364	301	0.763	0.078	0.177	0.242
Ideal family size	3.093	0.043	834	688	0.789	0.014	3.006	3.179
Mothers received tetanus 2+ injection for last birth	0.563	0.035	244	207	1.111	0.062	0.494	0.633
Mothers received medical assistance at delivery	0.951	0.012	292	248	0.976	0.013	0.926	0.975
Had diarrhoea in two weeks before survey	0.061	0.015	277	234	1.054	0.246	0.031	0.092
Treated with oral rehydration salts (ORS)	0.171	0.083	16	14	0.913	0.482	0.006	0.336
Taken to a health provider	0.455	0.128	16	14	1.071	0.281	0.199	0.711
Vaccination card seen	0.790	0.061	65	56	1.224	0.077	0.668	0.912
Received BCG	0.831	0.060	65	56	1.315	0.072	0.711	0.952
Received DPT (3 doses)	0.772	0.072	65	56	1.404	0.093	0.628	0.916
Received polio (3 doses)	0.805	0.065	65	56	1.345	0.081	0.675	0.936
Received measles	0.765	0.071	65	56	1.364	0.093	0.623	0.906
Fully immunised	0.718	0.077	65	56	1.393	0.107	0.564	0.872
Height-for-age (below -2SD)	0.239	0.025	255	203	0.898	0.107	0.188	0.290
Weight-for-height (below -2SD)	0.054	0.015	255	203	1.075	0.282	0.023	0.084
Weight-for-age (below -2SD)	0.138	0.027	255	203	1.102	0.196	0.084	0.193
Any anaemia for children	0.559	0.037	240	189	1.080	0.065	0.486	0.632
Any anaemia for women	0.380	0.016	688	567	0.887	0.043	0.347	0.412
BMI <18.5 for women	0.060	0.006	793	654	0.727	0.102	0.048	0.073
Use condom at last high-risk sex	0.575	0.035	123	103	0.781	0.061	0.505	0.645
Use condom at last high-risk sex (youth)	0.561	0.036	74	63	0.619	0.064	0.489	0.633
Abstinence among youth	0.746	0.044	327	271	1.811	0.059	0.658	0.833
Sexually active last (youth)	0.210	0.040	327	271	1.769	0.190	0.131	0.290
Total fertility rate (TFR) for last 3 years	2.326	0.191	na	1960	1.347	0.082	1.945	2.708
Neonatal mortality in past 10 years	5.057	2.932	569	480	1.001	0.580	0.000	10.920
Postneonatal mortality in past 10 years	29.316	8.278	570	481	0.989	0.282	12.759	45.872
Infant mortality in past 10 years	34.372	8.334	570	481	0.944	0.242	17.705	51.039
Child mortality in past 10 years	11.349	5.489	569	480	1.183	0.484	0.371	22.327
Under-five mortality in past 10 years	45.331	9.246	570	481	0.909	0.204	26.839	63.822
MEN								
Urban residence	1.000	0.000	640	483	na	0.000	1.000	1.000
Literate	0.987	0.004	640	483	0.883	0.004	0.979	0.995
No education	0.003	0.002	640	483	1.041	0.721	0.000	0.008
Secondary education or higher	0.895	0.015	640	483	1.272	0.017	0.864	0.926
Never married	0.537	0.021	640	483	1.056	0.039	0.495	0.578
Currently married/in union	0.423	0.024	640	483	1.212	0.056	0.376	0.471
Married before age 20	0.072	0.009	461	351	0.764	0.128	0.054	0.090
Want no more children	0.422	0.019	240	183	0.589	0.045	0.384	0.460
Want to delay birth at least 2 years	0.396	0.042	240	183	1.313	0.105	0.313	0.480
Ideal family size	3.770	0.119	233	178	1.080	0.032	3.531	4.008
Has heard of HIV/AIDS	1.000	0.000	609	460	na	0.000	1.000	1.000
Knows about condoms	0.851	0.014	609	460	0.955	0.016	0.823	0.878
Knows about limiting partners	0.935	0.011	609	460	1.075	0.011	0.914	0.957
Multiple partners in past 12 months	0.115	0.016	423	321	1.058	0.143	0.082	0.148
Sexually active in past 12 months (youth)	0.738	0.034	46	33	0.519	0.046	0.670	0.806
Sexually active in past 12 months	0.441	0.029	294	218	1.011	0.066	0.383	0.500

na = Not applicable

Table B.15 Sampling errors for HIV prevalence rates by sex, urban-rural residence, and province, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN 15-49								
<b>Residence</b>								
Urban	0.216	0.009	2448	2670	1.138	0.044	0.197	0.235
Rural	0.208	0.011	5046	4277	1.856	0.051	0.187	0.229
<b>Province</b>								
Manicaland	0.223	0.018	862	823	1.291	0.082	0.186	0.260
Mashonaland Central	0.229	0.036	583	665	2.079	0.158	0.157	0.302
Mashonaland East	0.213	0.018	628	560	1.112	0.085	0.176	0.249
Mashonaland West	0.225	0.022	655	666	1.346	0.098	0.181	0.269
Matebeleland North	0.228	0.016	570	421	0.927	0.072	0.195	0.260
Matebeleland South	0.246	0.021	531	345	1.134	0.086	0.204	0.289
Midlands	0.201	0.018	1074	935	1.472	0.090	0.165	0.237
Masvingo	0.173	0.025	872	898	1.980	0.147	0.122	0.223
Harare	0.211	0.013	1047	1169	1.010	0.060	0.186	0.237
Bulawayo	0.196	0.017	672	466	1.083	0.085	0.163	0.229
Total	0.211	0.007	7494	6947	1.589	0.035	0.196	0.226
MEN 15-49								
<b>Residence</b>								
Urban	0.157	0.011	1609	2319	1.265	0.073	0.134	0.180
Rural	0.138	0.008	3697	3529	1.452	0.060	0.121	0.154
<b>Province</b>								
Manicaland	0.166	0.022	613	693	1.454	0.132	0.122	0.210
Mashonaland Central	0.138	0.025	460	617	1.580	0.185	0.087	0.188
Mashonaland East	0.144	0.021	468	488	1.321	0.149	0.101	0.186
Mashonaland West	0.154	0.017	535	604	1.083	0.110	0.120	0.188
Matebeleland North	0.144	0.021	395	349	1.193	0.146	0.102	0.187
Matebeleland South	0.156	0.035	298	259	1.648	0.222	0.087	0.226
Midlands	0.115	0.017	838	809	1.519	0.146	0.081	0.148
Masvingo	0.121	0.019	589	654	1.413	0.157	0.083	0.159
Harare	0.173	0.016	683	1052	1.107	0.093	0.141	0.205
Bulawayo	0.128	0.021	427	324	1.322	0.167	0.085	0.171
Total	0.145	0.007	5306	5848	1.388	0.046	0.132	0.159
WOMEN AND MEN 15-49								
<b>Residence</b>								
Urban	0.189	0.009	4057	4990	1.384	0.045	0.172	0.206
Rural	0.176	0.008	8743	7806	2.025	0.047	0.160	0.193
<b>Province</b>								
Manicaland	0.197	0.017	1475	1516	1.620	0.085	0.164	0.231
Mashonaland Central	0.185	0.030	1043	1282	2.510	0.163	0.125	0.246
Mashonaland East	0.180	0.016	1096	1048	1.365	0.088	0.149	0.212
Mashonaland West	0.191	0.016	1190	1270	1.401	0.084	0.159	0.223
Matebeleland North	0.190	0.014	965	770	1.128	0.075	0.161	0.218
Matebeleland South	0.208	0.023	829	604	1.652	0.112	0.161	0.254
Midlands	0.161	0.016	1912	1744	1.900	0.099	0.129	0.193
Masvingo	0.151	0.019	1461	1552	2.077	0.129	0.112	0.190
Harare	0.193	0.010	1730	2221	1.093	0.054	0.172	0.214
Bulawayo	0.168	0.012	1099	789	1.045	0.070	0.145	0.192
Total	0.181	0.006	12800	12796	1.771	0.033	0.169	0.193

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Zimbabwe 2005-2006

Age	Female		Male		Age	Female		Male	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	578	2.7	579	3.0	36	194	0.9	147	0.8
1	545	2.5	549	2.8	37	184	0.9	195	1.0
2	569	2.7	567	2.9	38	172	0.8	146	0.8
3	569	2.7	577	3.0	39	149	0.7	138	0.7
4	600	2.8	635	3.3	40	159	0.7	113	0.6
5	601	2.8	651	3.3	41	147	0.7	105	0.5
6	614	2.9	689	3.5	42	184	0.9	110	0.6
7	555	2.6	611	3.1	43	165	0.8	130	0.7
8	605	2.8	668	3.4	44	110	0.5	98	0.5
9	598	2.8	585	3.0	45	156	0.7	130	0.7
10	620	2.9	639	3.3	46	137	0.6	99	0.5
11	610	2.9	633	3.3	47	133	0.6	88	0.5
12	548	2.6	504	2.6	48	122	0.6	103	0.5
13	665	3.1	632	3.3	49	101	0.5	84	0.4
14	582	2.7	599	3.1	50	175	0.8	73	0.4
15	409	1.9	415	2.1	51	165	0.8	106	0.5
16	545	2.6	461	2.4	52	156	0.7	75	0.4
17	420	2.0	464	2.4	53	154	0.7	101	0.5
18	483	2.3	475	2.4	54	102	0.5	42	0.2
19	476	2.2	403	2.1	55	128	0.6	104	0.5
20	425	2.0	377	1.9	56	122	0.6	106	0.5
21	463	2.2	377	1.9	57	86	0.4	82	0.4
22	452	2.1	340	1.7	58	111	0.5	92	0.5
23	456	2.1	344	1.8	59	76	0.4	62	0.3
24	337	1.6	304	1.6	60	92	0.4	74	0.4
25	360	1.7	321	1.7	61	56	0.3	58	0.3
26	357	1.7	276	1.4	62	64	0.3	60	0.3
27	290	1.4	211	1.1	63	106	0.5	82	0.4
28	301	1.4	271	1.4	64	70	0.3	51	0.3
29	331	1.5	250	1.3	65	87	0.4	97	0.5
30	315	1.5	241	1.2	66	60	0.3	59	0.3
31	266	1.2	219	1.1	67	61	0.3	57	0.3
32	263	1.2	214	1.1	68	48	0.2	49	0.3
33	274	1.3	274	1.4	69	50	0.2	43	0.2
34	230	1.1	158	0.8	70+	702	3.3	550	2.8
35	255	1.2	219	1.1	Don't know/ missing	9	0.0	2	0.0
					Total	21,361	100.0	19,441	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, number and percent distribution of interviewed women age 15-49, and percent of eligible women who were interviewed (weighted), by five-year age groups, Zimbabwe 2005-2006

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of eligible women interviewed
		Number	Percent	
10-14	3,024	na	na	na
15-19	2,335	2,125	24.0	91.0
20-24	2,134	1,926	21.7	90.3
25-29	1,639	1,467	16.6	89.5
30-34	1,348	1,219	13.7	90.4
35-39	954	848	9.6	88.9
40-44	765	697	7.9	91.1
45-49	649	582	6.6	89.6
50-54	751	na	na	na
15-49	9,824	8,863	100.0	90.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.  
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, number and percent distribution of interviewed men age 15-54 and percent of eligible men who were interviewed (weighted), by five-year age groups, Zimbabwe 2005-2006

Age group	Household population of men age 10-64	Interviewed men age 15-54		Percent of eligible men interviewed
		Number	Percent	
10-14	3,007	na	na	na
15-19	2,219	1,938	27.2	87.4
20-24	1,742	1,438	20.1	82.5
25-29	1,329	1,063	14.9	80.0
30-34	1,106	864	12.1	78.2
35-39	844	665	9.3	78.8
40-44	556	455	6.4	81.9
45-49	504	406	5.7	80.6
50-54	397	308	4.3	77.6
55-59	445	na	na	na
60-64	325	na	na	na
15-59	9,142	7,138	100.0	78.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.  
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Zimbabwe 2005-2006

Subject	Reference group	Percentage with missing information	Number of cases
<b>Birth date</b>	Births in the 15 years preceding the survey		
Month only		0.4	13,409
Month and year		0.1	13,409
<b>Age at death</b>	Deceased children born in the 15 years preceding the survey	1.6	888
<b>Age/date at first union<sup>1</sup></b>	Ever-married interviewed women age 15-49	0.4	6,503
<b>Respondent's education</b>	All interviewed women age 15-49	<.01	8,907
<b>Diarrhoea in last 2 weeks</b>	Living children age 0-59 months of interviewed women	2.9	4,871
<b>Anthropometry</b>	Living children age 0-59 months in household		
Height		7.8	5,729
Weight		6.8	5,729
Height or weight		8.0	5,729
<b>Anaemia</b>			
Children	Living children age 0-59 months in household	15.8	5,174
Women	Interviewed women age 15-49	22.8	9,824

<sup>1</sup> Both year and age missing

Table C.4 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Zimbabwe 2005-2006

Age at death (days)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	50	37	25	33	145
1	16	15	12	6	48
2	7	8	7	2	24
3	9	5	6	2	21
4	5	3	4	1	14
5	2	1	1	2	6
6	1	1	1	0	3
7	12	4	4	6	27
9	3	0	0	0	3
10	1	1	0	0	2
11	1	0	0	0	1
14	3	4	7	0	14
16	0	1	0	0	1
17	0	0	1	0	1
20	0	1	0	0	1
21	11	3	2	1	16
29	0	1	0	0	1
Total 0-30	121	85	69	52	327
Percent early neonatal <sup>1</sup>	74.1	82.5	79.9	86.6	79.5

<sup>1</sup> 0-6 days /0-30 days

Table C.5 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Zimbabwe 2005-2006

Age at death (months)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 <sup>a</sup>	121	85	69	52	327
1	30	11	10	4	55
2	11	15	9	7	43
3	40	10	11	5	66
4	22	7	4	4	37
5	15	11	5	3	34
6	14	8	4	11	38
7	12	4	5	11	32
8	6	8	3	2	18
9	9	12	9	7	36
10	1	4	0	4	10
11	12	1	4	0	17
12	20	12	14	9	55
13	1	0	0	0	1
14	1	1	0	1	3
15	1	0	0	0	1
16	1	0	0	0	1
17	1	2	0	0	2
18	1	2	2	0	5
19	0	0	0	1	1
20	0	0	2	0	2
23	1	0	0	0	1
Missing	2	0	0	1	3
1 year	9	9	8	9	34
Total 0-11	293	177	133	111	713
Percent neonatal <sup>1</sup>	41.2	48.2	51.9	47.4	45.9

<sup>a</sup> Includes deaths under one month reported in days

<sup>1</sup> Under one month/under one year



Table C.6 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Zimbabwe 2005-2006

Calendar year	Number of births			Percentage with complete birth date <sup>1</sup>			Sex ratio at birth <sup>2</sup>			Calendar year ratio <sup>3</sup>		
	L	D	T	L	D	T	L	D	T	L	D	T
2006	27	1	28	100.0	100.0	100.0	105.8	na	na	na	na	na
2005	904	41	945	100.0	100.0	100.0	111.8	119.8	112.1	na	na	na
2004	1,004	72	1,077	100.0	100.0	100.0	100.2	121.4	101.5	108.6	111.9	108.8
2003	946	89	1,035	100.0	100.0	100.0	104.9	83.5	102.9	96.5	123.3	98.4
2002	955	72	1,027	100.0	100.0	100.0	97.5	133.2	99.6	102.9	88.2	101.8
2001	910	74	984	99.9	97.9	99.8	107.3	89.4	105.8	96.6	96.2	96.6
2000	928	81	1,010	100.0	100.0	100.0	112.9	124.5	113.7	98.1	116.9	99.4
1999	983	66	1,048	99.7	96.8	99.5	107.3	131.5	108.7	110.8	104.7	110.4
1998	846	44	890	98.8	98.6	98.8	97.0	134.5	98.6	94.1	78.5	93.2
1997	815	47	861	99.4	98.8	99.4	110.9	68.8	108.1	102.7	98.1	102.4
2002-2006	3,836	275	4,111	100.0	100.0	100.0	103.3	111.0	103.8	na	na	na
1997-2001	4,481	311	4,793	99.6	98.4	99.5	107.0	107.7	107.1	na	na	na
1992-1996	3,547	245	3,792	99.3	98.6	99.3	101.1	147.9	103.6	na	na	na
1987-1991	2,632	198	2,829	99.6	95.0	99.3	100.4	119.1	101.6	na	na	na
< 1986	3,253	395	3,648	98.8	95.5	98.4	96.9	94.7	96.6	na	na	na
All	17,749	1,424	19,173	99.5	97.5	99.3	102.1	111.8	102.8	na	na	na

na = Not applicable

<sup>1</sup> Both year and month of birth given

<sup>2</sup>  $(B_m/B_f) \times 100$ , where  $B_m$  and  $B_f$  are the numbers of male and female births, respectively

<sup>3</sup>  $[2B_x / (B_{x-1} + B_{x+1})] \times 100$ , where  $B_x$  is the number of births in calendar year  $x$

**PERSONS INVOLVED IN THE 2005-06  
ZIMBABWE DEMOGRAPHIC AND  
HEALTH SURVEY**

*Appendix* **D**

---

**Project Director**  
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**Survey Director**  
**Washington T. Mapeta**

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Michael Makaya  
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Beverly Chiruka, Zimbabwe Musasa Project

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**Supervisors**

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Paul Elijah

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Bertha Chigariro  
Sinqobile Ncube  
Mandipedzei Nyagona  
Charity Dengende  
Maureen Chamisa

Thecla Nyamayaro  
Nyasha Makanjera  
Admire Matinika  
Cornelius Mutasa  
Fadzai Chihava

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Nicholas Tsenesa  
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Brightmore Matsvimbo  
Tawanda Murashi  
Obert Tawodzerwa  
Knowledge Nebiri

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Edhina Chiwawa  
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Virginia Ndlovu  
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Knowledge Dangarembizi  
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Nicola Mutimurefu

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Perseverance Moyo

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Louis Mzite

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Snodia Warikandwa  
Rufaro A. Murambiwa  
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Tonderai Chipfupi  
Henry Nyahunda  
Christopher Shoko

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Alfredo Aliaga, Sampling Specialist  
Keith Purvis, Data Processing Specialist  
Martin Wulfe, Data Processing Specialist  
Alexander Izmukhambetov, Data Processing Specialist  
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Muvandi Ityai, Consultant  
Andrew Inglis, GIS Specialist  
Kaye Mitchell, Document Production Specialist  
Erica Nybro, Dissemination Specialist  
Zhuzhi Moore, Technical Reviewer  
Sri Poedjastoeti, Technical Reviewer





ZIMBABWE  
2005 DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION														
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... LARGE CITY/SMALL CITY/TOWN/RURAL ..... (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		



**HOUSEHOLD SCHEDULE**

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

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE	CIRCLE LINE	CIRCLE LINE
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING NAMES, RELATIONSHIPS, AND SEX ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.</p>	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?			How old is (NAME)?	What is (NAME'S) current marital status? SEE CODES BELOW.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

**CODES FOR Q. 3**  
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT  
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER  
09 = NIECE/NEPHEW BY BLOOD  
10 = NIECE/NEPHEW BY MARRIAGE  
11 = OTHER RELATIVE  
12 = ADOPTED/FOSTER/STEPCHILD  
13 = NOT RELATED  
98 = DON'T KNOW

**CODES FOR Q. 8**

1 MARRIED  
2 LIVING WITH PARTNER  
3 DIVORCED  
4 SEPARATED  
5 WIDOWED  
6 NEVER MARRIED/NEVER LIVED WITH PARTNER

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick I mean (NAME) was too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="text"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="text"/>	Y N DK 1 2 8	<input type="text"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
02	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
03	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
04	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
05	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
06	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
07	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
08	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
09	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
10	1 2 8	1 2 8 ↓ GO TO 17	<input type="text"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="text"/>	1 2 8	<input type="text"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
01	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
02	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
03	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
04	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
05	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
06	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
07	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
08	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
09	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
10	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

**CODES FOR Qs. 27, 29 AND 31**  
**EDUCATION LEVEL:**  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

**EDUCATION GRADE:**  
00 = LESS THAN 1 YEAR COMPLETED  
(NOT ALLOWED FOR Qs. 29 AND 31)  
98 = DON'T KNOW

**CODES FOR Q.35**  
C = HAS CERTIFICATE  
R = REGISTERED, NO CERTIFICATE  
N = BIRTH NOT REGISTERED  
DK = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING NAMES, RELATIONSHIPS, AND SEX ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?			How old is (NAME)?	What is (NAME'S) current marital status? SEE CODES BELOW.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS					
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

**PROBE TO IDENTIFY ADDITIONAL HOUSEHOLD RESIDENTS.**

Just to make sure that I have a complete household listing:

- 2A) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- 2B) In addition, are there any other people who may not be members of your family, such as domestic servants, or friends who usually live here? YES  ENTER EACH IN TABLE NO
- 2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES  ENTER EACH IN TABLE NO

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
		Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8	Y N 1 2
11	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
12	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
13	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
14	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
15	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
16	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
17	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
18	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
19	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
20	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
<b>36</b> CHECK COLUMN 13 AND RECORD TOTAL NUMBER OF VERY SICK HOUSEHOLD MEMBERS AGE 18-59. IF NONE, RECORD '00'. <input type="text"/>								<b>37</b> CHECK COLUMN 20 AND RECORD TOTAL NUMBER OF CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR WAS VERY SICK. IF NONE, RECORD '00'. <input type="text"/>					

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
11	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
12	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
13	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
14	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
15	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
16	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
17	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
18	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
19	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
20	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

**CODES FOR Qs. 27, 29 AND 31**

**EDUCATION LEVEL:**  
0 = PRESCHOOL  
1 = PRIMARY  
2 = SECONDARY  
3 = HIGHER  
8 = DON'T KNOW

**EDUCATION GRADE:**  
00 = LESS THAN 1 YEAR COMPLETED  
(NOT ALLOWED FOR Qs. 29 AND 31)  
98 = DON'T KNOW

**CODES FOR Q.35**  
C = HAS CERTIFICATE  
R = REGISTERED, NO CERTIFICATE  
N = BIRTH NOT REGISTERED  
DK = DON'T KNOW

**TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS**

**38** LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.  
 CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. 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 NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 10.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'.  
 IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.  
 FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.  
 SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	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





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you treat your water in any way to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 108
107	What do you usually do to the water to make it safer to drink?  Anything else?  RECORD ALL MENTIONED.	BOIL ..... A ADD BLEACH/CHLORINE ..... B STRAIN THROUGH A CLOTH ..... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... D SOLAR DISINFECTION ..... E LET IT STAND AND SETTLE ..... F  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH OTHER ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET... 21 NON-VIP PIT LATRINE WITH SLAB ..... 22 NON-VIP PIT LATRINE WITHOUT SLAB ..... 23 COMPOSTING TOILET/ ARBO LOO ..... 31 BUCKET TOILET ..... 41 NO FACILITY/BUSH/FIELD ..... 51  OTHER ..... 96 (SPECIFY)	→ 111
109	Do you share this facility with other households?	YES ..... 1 NO ..... 2	→ 111
110	Including this household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
111	Does your dwelling unit/household have:	YES NO ELECTRICITY ..... 1 2 A radio? RADIO ..... 1 2 A television? TELEVISION ..... 1 2 A mobile telephone? MOBILE TELEPHONE ..... 1 2 A non-mobile telephone? NON-MOBILE TELEPHONE ..... 1 2 A refrigerator? REFRIGERATOR ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LIQUID PROPANE GAS ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 PARAFFIN/KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 MAIZE/OTHER CROP WASTE .. 10 ANIMAL DUNG ..... 11 DO NOT COOK ..... 12  OTHER ..... 96 (SPECIFY)	→ 114        → 116
113	In this household, is food cooked on a stove or an open fire?  PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD .... 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD ..... 2 CLOSED STOVE WITH CHIMNEY 3  OTHER ..... 6 (SPECIFY)	
114	Is the cooking usually done in the same building where people sleep, in a separate building, or outdoors?	IN THE HOUSE ..... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS ..... 3  OTHER ..... 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
116	TYPE OF DWELLING UNIT.  RECORD OBSERVATION.	TRADITIONAL ..... 01 MIXED ..... 02 DETACHED ..... 03 SEMI-DETACHED ..... 04 FLAT/TOWNHOME ..... 05 SHACK ..... 06 OTHER ..... 96 (SPECIFY)	
117	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/DUNG ..... 11 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH ..... 12 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 WOOD PLANKS ..... 23 FINISHED ROOFING METAL ..... 31 WOOD ..... 32 ASBESTOS ..... 33 TILES ..... 34 CEMENT ..... 35  OTHER ..... 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE WALLS.  RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS ..... 11 MUD ..... 12 RUDIMENTARY WALLS STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARTON ..... 24 REUSED WOOD ..... 25 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS ..... 35  OTHER ..... 96 (SPECIFY)																									
120	TYPE OF WINDOWS.  RECORD OBSERVATION.	<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> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS/ SHUTTERS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS .....	1	2	WINDOWS WITH GLASS .....	1	2	WINDOWS WITH SCREENS .....	1	2	WINDOWS WITH CURTAINS/ SHUTTERS .....	1	2										
	YES	NO																									
ANY WINDOWS .....	1	2																									
WINDOWS WITH GLASS .....	1	2																									
WINDOWS WITH SCREENS .....	1	2																									
WINDOWS WITH CURTAINS/ SHUTTERS .....	1	2																									
121	How many rooms in this household are used for sleeping?	ROOMS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																									
122	Does any member of this household own:  A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<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> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEEL BARREL .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	WHEEL BARREL .....	1	2	
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WHEEL BARREL .....	1	2																									
123	Do any members of this household have access to use land for agricultural purposes?	YES ..... 1 NO ..... 2	→ 125																								
124	How many acres of land are used by household members for agricultural purposes?  IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	ACRES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Does this household own any livestock, herds, or farm animals?	YES ..... 1 NO ..... 2	→ 127
126	How many of the following animals does this household have? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.  Cattle?  Horses, donkeys, or mules?  Goats?  Sheep?  Chickens or other poultry?  Pigs?	CATTLE ..... HORSES/DONKEYS/MULES ..... GOATS ..... SHEEP ..... POULTRY ..... PIGS .....	
127	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
128	During the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?  IF NOT SPRAYED, RECORD 95.  IF YES: How many months ago was the house sprayed? RECORD '00' IF LESS THAN ONE MONTH.	MONTHS AGO ..... NOT SPRAYED ..... 95	→ 130
129	Who sprayed the house?	GOVERNMENT PROGRAM .... 1 PRIVATE COMPANY ..... 2 HOUSEHOLD MEMBER ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
130	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 201
131	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS .....	

132	ASK THE RESPONDENT TO SHOW YOU THE NET (S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED ..... 1 NOT OBSERVED . . . 2	OBSERVED ..... 1 NOT OBSERVED . . . 2	OBSERVED ..... 1 NOT OBSERVED . . . 2
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO ..... MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO ..... MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO ..... MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98
134	What type of mosquito net do you have?	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET . . 21 OTHER ..... 31 (SPECIFY) NOT SURE ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
135	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	
136	Since you got the mosquito net, was it ever soaked or dipped in a liquid or chemical to repel mosquitos?	YES ..... 1 NO ... 2 (SKIP to 138) ← NOT SURE ..... 8	YES ..... 1 NO ... 2 (SKIP to 138) ← NOT SURE ..... 8	YES ..... 1 NO ... 2 (SKIP to 138) ← NOT SURE ..... 8	
137	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE ..... 98	
138	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 140) ← NOT SURE ..... 8	
139	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>  NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

**SECTION 2: SUPPORT FOR SICK PEOPLE**

201	CHECK Q36 IN HOUSEHOLD SCHEDULE AND RECORD NUMBER OF CHRONICALLY SICK HOUSEHOLD MEMBERS AGE 18-59. <div style="float:right; border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>			
	AT LEAST ONE <input type="checkbox"/> NONE <input type="checkbox"/>	→ 301		
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).			
203	LINE NUMBER AND NAME FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	1 <sup>ST</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>	2 <sup>ND</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>	3 <sup>RD</sup> SICK PERSON NAME _____ LINE NUMBER <input style="width:30px;" type="text"/>
204	You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.			
205	Now I would like to ask you about the support you received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 207) ← DK ..... 8
206	Did your household receive any of this support at least once a month while (NAME) was sick?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
207	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 209) ← DK ..... 8
208	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
209	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 211) ← DK ..... 8
210	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
211	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 213) ← DK ..... 8
212	Did your household receive any of this support in the past 30 days?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8

		1 <sup>ST</sup> SICK PERSON NAME _____	2 <sup>ND</sup> SICK PERSON NAME _____	3 <sup>RD</sup> SICK PERSON NAME _____
213	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL ... 3 (SKIP TO 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL ... 3 (SKIP TO 215) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL ... 3 (SKIP TO 215) ←
214	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3
215	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO ..... 3 (SKIP TO 217) ←
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3
217		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE SICK PEOPLE, GO TO 301.		

**SECTION 3: SUPPORT FOR PERSONS WHO HAVE DIED**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8			→ 401 → 401
302	How many household members died in the last 12 months?	NO. OF PERSONS .. <input type="text"/> <input type="text"/>			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE.				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE . . . . . 1 FEMALE . . . . . 2	MALE . . . . . 1 FEMALE . . . . . 2	MALE . . . . . 1 FEMALE . . . . . 2	
306	How old was (NAME) when (he/she) died?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 322) ← DK . . . . . 8	
308	CHECK 306:  AGE OF PERSON AT DEATH	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ←  18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ←  18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ←  18-59 <input type="text"/> <input type="text"/>	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 312) ← DK . . . . . 8	
311	Did your household receive any of this support at least once a month while (NAME) was sick?	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 314) ← DK . . . . . 8	
313	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 316) ← DK . . . . . 8	
315	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) ← DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 318) ← DK . . . . . 8	
317	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	YES . . . . . 1 NO . . . . . 2 DK . . . . . 8	



		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about health problems (NAME) may have recently had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE ..... 1 MILD ..... 2 NOT AT ALL 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL 3 (SKIP TO 320) ←	SEVERE ..... 1 MILD ..... 2 NOT AT ALL 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation?  IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO ..... 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO ..... 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
322		GO BACK TO 304 IN NEXT COLUMN; OR, IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

**SECTION 4: SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: <b>ANY CHILD AGE 0-17?</b></p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/></p> <p>NO CHILD AGE 0-17 <input type="checkbox"/></p>	<p>→ END</p>	
402	<p>CHECK Q36 IN HOUSEHOLD QUESTIONNAIRE: <b>ANY VERY SICK ADULTS 18-59?</b></p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/></p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/></p>	<p>GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
403	<p>CHECK 306 IN SECTION 3: <b>ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</b></p> <p>NO ADULT AGE 18-59 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT 18-59 IN 306 <input type="checkbox"/></p>	<p>GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
404	<p>CHECK Q37 IN HOUSEHOLD SCHEDULE: <b>ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND IS SICK?</b></p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER WHO HAS DIED OR IS SICK <input type="checkbox"/></p> <p>NO CHILD WITH MOTHER OR FATHER WHO HAS DIED OR IS VERY SICK <input type="checkbox"/></p> <p>GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN COLUMN 20</p>	<p>→ 501</p>	

405	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN A AS APPROPRIATE BEGINNING WITH WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THE CHILDREN ARE LISTED IN THE SCHEDULE OR IN COLUMN 20. IF MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.	NAME _____  LINE NUMBER <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER <input type="text"/> <input type="text"/>  AGE <input type="text"/> <input type="text"/>
406 I would like to ask you about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 405) and for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.  ASK THE CARE AND SUPPORT QUESTIONS FOR EACH CHILD LISTED IN Q405, BEGINNING WITH THE CHILD LISTED IN THE FIRST COLUMN.				
407 Now I would like to ask you about the support your household received for (NAME).  In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
408 In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8
409 Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
410 In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8
411 Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
412 In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8
413 Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
414 CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ←  AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ←  AGE 5-17 <input type="checkbox"/>
415 In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
416	GO BACK TO 407 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.			

405	CONTINUE LISTING OF CHILDREN	5TH CHILD		6TH CHILD		7TH CHILD		8TH CHILD	
		NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>
407	In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
408	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 410) ← DK ..... 8
409	Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
410	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 412) ← DK ..... 8
411	Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
412	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DK ..... 8
413	Did your household receive any of this support in the past 3 months?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
416	GO BACK TO 407 IN NEXT COLUMN IN THIS QUESTIONNAIRE, OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.								

**SECTION 5: WEIGHT AND HEIGHT MEASUREMENT - ALL CHILDREN UNDER AGE 5  
HEMOGLOBIN MEASUREMENT - CHILDREN 6-60 MONTHS**

CHECK COLUMN (12): RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN AGE 0-60 MONTHS.

FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COMPARE MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

BEFORE CONDUCTING ANEMIA TESTING, OBTAIN CONSENT FROM PARENT, GUARDIAN, OR OTHER RESPONSIBLE ADULT.

CHILDREN UNDER AGE 5				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2000 OR LATER			
LINE NO. FROM COL. (12)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(501)	(502)	(503)	(504)	(505)	(506)	(507)	(508)
			DAY MONTH YEAR			L S	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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TICK HERE IF CONTINUATION SHEET USED				<input type="checkbox"/>			

**CONSENT STATEMENT**

As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.

To know more about this problem in Zimbabwe, we are asking in this survey that young children all over the country take a test for low blood levels. We would like (NAME OF CHILD[REN] BORN IN 2000 OR LATER, AND AT LEAST 6 MONTHS OF AGE) to take part in this test by giving a few drops of blood from his (her) finger or heel.

The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result(s) for (NAME OF CHILD[REN]) will be given to you right after the test is done.

We will not tell anyone else the results of the test.

Do you have any questions?

You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.

Do you agree that (NAME) may give blood for the anaemia test?  
CIRCLE CODE AND SIGN.

HEMOGLOBIN MEASUREMENT OF CHILDREN 6-60 MONTHS				
RECORD NAME OF PARENT/RESPONSIBLE ADULT.	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT*  CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(509)	(510)	(511)	(512)	(513)
	<input type="text"/>	GRANTED 1 SIGN _____ REFUSED 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>

514	<p>CHECK 512:</p> <p>NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 515 FOR ANY CHILD WITH A LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH HOUSEHOLD INTERVIEW.</p>
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515	<p>We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the clinic at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the clinic?</p>
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NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_





ZIMBABWE  
2005 DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... PROVINCE ..... LARGE CITY/SMALL CITY/TOWN/RURAL ..... (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>															

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>								
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE:    1 SHONA      2 NDEBELE      3 ENGLISH LANGUAGE USED FOR INTERVIEW:    A SHONA      B NDEBELE      C ENGLISH      X OTHER TRANSLATOR USED    1 YES      2 NO												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____		NAME _____	NAME _____								
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>		

**SECTION 1. RESPONDENT'S BACKGROUND**

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Organization. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 45 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ..... 1 ↓      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area?  _____ NAME OF PLACE	CITY ..... 1 TOWN ..... 2 COMMUNAL LAND ..... 3 RESETTLEMENT AREA ..... 4 OTHER RURAL AREA ..... 5 ABROAD ..... 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday?  COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
110	What is the highest grade (number of years) you completed at that level?	GRADE/YEARS ..... <input type="text"/> <input type="text"/>	
111	CHECK 109:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> →		115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112:  CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	TRADITIONAL ..... 01 ROMAN CATHOLIC ..... 02 PROTESTANT ..... 03 PENTECOSTAL ..... 04 APOSTOLIC SECT ..... 05 OTHER CHRISTIAN ..... 06 MUSLIM ..... 07 NONE ..... 08 OTHER ..... 96 (SPECIFY)	→ 201
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>  DON'T KNOW/NOT SURE ..... 98	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are currently living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Sometimes babies are born alive and die shortly after birth. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES ... 1 NO ... 2	1 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1, 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2000 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2000		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000.  ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2000 end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1230 142 1318 197"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1230 197 1318 252"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1230 252 1318 306"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1230 306 1318 361"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↘ 240								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8									
240	Are you the primary care giver for any children?	YES ..... 1 NO ..... 2	→ 301								
241	Are any of these children for whom you are the primary caregiver under the age of 18?	YES ..... 1 NO ..... 2	→ 301								
242	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver.  Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES ..... 1 NO ..... 2 UNSURE ..... 8									

**SECTION 3. CONTRACEPTION**

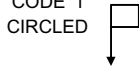
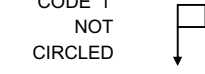
<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
04	IUD (LOOP) Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
06	IMPLANT Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION (MORNING AFTER PILL/POSTINO 2) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 330
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> ↓ WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 322
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTION ..... E IMPLANT ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 316  → 315  → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of pills you are using?  RECORD NAME OF BRAND.	PACKAGE SEEN ..... 01  PACKAGE NOT SEEN ..... 02	→ 313A
313	MARK CODE FOR BRAND NAME.	OVRETTE ..... 01 LO-FEMENAL ..... 02 MICRONOR ..... 03 MICRONOVUM ..... 04 MARVELLON ..... 05 DUOFEM ..... 06 EXCLUTON ..... 07 OTHER _____ 96 (SPECIFY)	→ 314



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																	
319	In what month and year was the sterilization performed?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> → 320	
319A	In what month and year did you start using (CURRENT METHOD) continuously?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																		
320	CHECK 319/319A, 215, 230 AND CALENDAR:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A  GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		YES <input type="checkbox"/> NO <input type="checkbox"/>																	
321	CHECK 319/319A:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> YEAR IS 2000 OR LATER <input type="checkbox"/>  ↓  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.   ASK ABOUT SOURCE OF METHOD AT THE START OF USE AND ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH USE STARTED.   THEN CONTINUE WITH 322. </td> <td style="width: 50%; border: none; vertical-align: top;"> YEAR IS 1999 OR EARLIER <input type="checkbox"/>  ↓  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000.   THEN SKIP TO → 328 </td> </tr> </table>			YEAR IS 2000 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.  ASK ABOUT SOURCE OF METHOD AT THE START OF USE AND ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH USE STARTED.  THEN CONTINUE WITH 322.	YEAR IS 1999 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000.  THEN SKIP TO → 328															
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</b></p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p><b>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</b></p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p><b>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.</b> NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																																																														
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE.</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED . . . . .</td><td>00</td><td>→</td><td>330</td></tr> <tr><td>FEMALE STERILIZATION . . . . .</td><td>01</td><td></td><td></td></tr> <tr><td>MALE STERILIZATION . . . . .</td><td>02</td><td>→</td><td>332</td></tr> <tr><td>PILL . . . . .</td><td>03</td><td></td><td></td></tr> <tr><td>IUD . . . . .</td><td>04</td><td></td><td></td></tr> <tr><td>INJECTION . . . . .</td><td>05</td><td></td><td></td></tr> <tr><td>IMPLANT . . . . .</td><td>06</td><td></td><td></td></tr> <tr><td>MALE CONDOM . . . . .</td><td>07</td><td>→</td><td>329</td></tr> <tr><td>FEMALE CONDOM . . . . .</td><td>08</td><td></td><td></td></tr> <tr><td>DIAPHRAGM . . . . .</td><td>09</td><td></td><td></td></tr> <tr><td>FOAM/JELLY . . . . .</td><td>10</td><td></td><td></td></tr> <tr><td>LACTATIONAL AMEN. METHOD . . . . .</td><td>11</td><td></td><td></td></tr> <tr><td>RHYTHM METHOD . . . . .</td><td>12</td><td></td><td></td></tr> <tr><td>WITHDRAWAL . . . . .</td><td>13</td><td>→</td><td>332</td></tr> <tr><td>OTHER METHOD . . . . .</td><td>96</td><td></td><td></td></tr> </table>	NO CODE CIRCLED . . . . .	00	→	330	FEMALE STERILIZATION . . . . .	01			MALE STERILIZATION . . . . .	02	→	332	PILL . . . . .	03			IUD . . . . .	04			INJECTION . . . . .	05			IMPLANT . . . . .	06			MALE CONDOM . . . . .	07	→	329	FEMALE CONDOM . . . . .	08			DIAPHRAGM . . . . .	09			FOAM/JELLY . . . . .	10			LACTATIONAL AMEN. METHOD . . . . .	11			RHYTHM METHOD . . . . .	12			WITHDRAWAL . . . . .	13	→	332	OTHER METHOD . . . . .	96			
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324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At the time you obtained the method, were you told about side effects or problems you might have with the method?</p>	<table border="0"> <tr><td>YES . . . . .</td><td>1</td><td></td><td></td></tr> <tr><td>NO . . . . .</td><td>2</td><td>→</td><td>326</td></tr> </table>	YES . . . . .	1			NO . . . . .	2	→	326																																																					
YES . . . . .	1																																																														
NO . . . . .	2	→	326																																																												
325	<p>Were you told what to do if you experienced side effects or problems?</p>	<table border="0"> <tr><td>YES . . . . .</td><td>1</td><td></td><td></td></tr> <tr><td>NO . . . . .</td><td>2</td><td></td><td></td></tr> </table>	YES . . . . .	1			NO . . . . .	2																																																							
YES . . . . .	1																																																														
NO . . . . .	2																																																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 328</p>
327	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
328	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTION ..... 05</p> <p>IMPLANT ..... 06</p> <p>MALE CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER METHOD ..... 96</p>	<p>→ 332</p> <p>→ 332</p>
329	<p>Where did you (or your partner) obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL/CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ..... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC CLINIC ..... 14</p> <p>MOH MOBILE CLINIC ..... 16</p> <p>ZNFPC CBD/DEPOT HOLDER ..... 17</p> <p>OTHER PUBLIC ..... 18</p> <p>(SPECIFY)</p> <p><b>MISSION FACILITY</b> ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE DOCTOR ..... 36</p> <p>(SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET ..... 42</p> <p>TUCK SHOP ..... 43</p> <p>SERVICE STATION ..... 44</p> <p>OTHER RETAIL ..... 46</p> <p>(SPECIFY)</p> <p><b>OTHER PRIVATE SOURCE</b></p> <p>CHURCH ..... 51</p> <p>FRIEND/RELATIVE ..... 52</p> <p><b>OTHER</b> ..... 96</p> <p>(SPECIFY)</p>	<p>→ 332</p>
330	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 332</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL/CLINIC ..... A</p> <p>RURAL/MUNICIPAL CLINIC .... B</p> <p>RURAL HEALTH CENTRE ..... C</p> <p>ZNFPC CLINIC ..... D</p> <p>MOH MOBILE CLINIC ..... E</p> <p>ZNFPC CBD/DEPOT HOLDER ..... F</p> <p>OTHER PUBLIC ..... G</p> <p>(SPECIFY) _____</p> <p><b>MISSION FACILITY</b> ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... I</p> <p>PHARMACY ..... J</p> <p>PRIVATE DOCTOR ..... K</p> <p>CBD ..... L</p> <p>OTHER PRIVATE DOCTOR ..... M</p> <p>(SPECIFY) _____</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... N</p> <p>SUPERMARKET ..... O</p> <p>TUCK SHOP ..... P</p> <p>SERVICE STATION ..... Q</p> <p>OTHER RETAIL ..... R</p> <p>(SPECIFY) _____</p> <p><b>OTHER PRIVATE SOURCE</b></p> <p>CHURCH ..... S</p> <p>FRIEND/RELATIVE ..... T</p> <p><b>OTHER</b> ..... X</p> <p>(SPECIFY) _____</p>	
332	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES ..... 1 NO ..... 2	
333	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→ 335
334	Did any staff member at the health facility speak to you about family planning methods?	YES ..... 1 NO ..... 2	
335	<p>CHECK 301 (07) KNOWS MALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→</p>	337	
336	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8	
337	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→</p>	401	
338	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8	



SECTION 4 PREGNANCY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 601			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 431) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 431) ←	THEN ..... 1 (SKIP TO 431) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 431) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED ..... C UNTRAINED ..... D UNSURE ABOUT TRAINING ..... E OTHER ..... X (SPECIFY)  NO ONE ..... Y (SKIP TO 414) ←		
408	Where did you receive antenatal care for this pregnancy?  Anywhere else?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  RECORD ALL MENTIONED.  _____ _____ (NAME OF PLACE(S))	HOME YOUR HOME ..... A OTHER HOME ..... B PUBLIC SECTOR CENTRAL HSP ... C PROVINCIAL HSP . D DIST/RURAL HSP. . E RURAL/MUNCPL CL. . F RURAL HLTH CNTR. . G OTHER PUBLIC _____ H (SPECIFY) MISSION FACILITY . . I PRIVATE MED. SECTOR PRIVATE HSP/CLC. J OTHER PRIV. MED. K  OTHER ..... X (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once?  Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO  WEIGHT 1 2 BP 1 2 URINE 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 414) ← DON'T KNOW ..... 8		
413	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW .... 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW .... 8		
415	During this pregnancy, how many times did you get this injection?	NUMBER OF TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ← ↓		
417	Did you receive any tetanus injections at any time before this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8		
418	How many times did you get a tetanus injection before this pregnancy? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ..... <input type="text"/> <input type="text"/> DK MONTH ..... 98  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron/folic acid tablets or iron syrup?  SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 431) ← DON'T KNOW ..... 8		
426	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ..... A CHLOROQUINE ... B DELTAPRIM ..... C OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
427	CHECK 426:  DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="text"/> CIRCLED A' NOT <input type="text"/> <input type="checkbox"/> CIRCLED ↓ (SKIP TO 431) ←		
428	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>		
429	CHECK 407:  ANTENATAL CARE FROM HEALTH PROFESSIONAL DURING PREGNANCY	CODES OTHER <input type="text"/> A' OR 'B' <input type="text"/> CIRCLED ↓ (SKIP TO 431) ←		
430	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT ..... 1 OTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 3		
431	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
432	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 434) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 434) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 434) ← DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	How much did (NAME) weigh?  ASK FOR HEALTH CARD.  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
434	Who assisted with the delivery of (NAME)? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE B <b>TRADITIONAL MIDWIFE</b> TRAINED ..... C UNTRAINED ..... D UNSURE ABOUT TRAINING ..... E <b>OTHER</b> _____ X (SPECIFY)  NO ONE ..... Y	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE B <b>TRADITIONAL MIDWIFE</b> TRAINED ..... C UNTRAINED ..... D UNSURE ABOUT TRAINING ..... E <b>OTHER</b> _____ X (SPECIFY)  NO ONE ..... Y	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE B <b>TRADITIONAL MIDWIFE</b> TRAINED ..... C UNTRAINED ..... D UNSURE ABOUT TRAINING ..... E <b>OTHER</b> _____ X (SPECIFY)  NO ONE ..... Y
435	Where did you give birth to (NAME)?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	<b>HOME</b> YOUR HOME 11 (SKIP TO 444) ←   OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 <b>MISSION FACILITY</b> . . 31 <b>PRIVATE MED. SECTOR</b> PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) <b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 444) ←	<b>HOME</b> YOUR HOME 11 (SKIP TO 444) ←   OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 <b>MISSION FACILITY</b> . . 31 <b>PRIVATE MED. SECTOR</b> PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← <b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 445) ←	<b>HOME</b> YOUR HOME 11 (SKIP TO 444) ←   OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 <b>MISSION FACILITY</b> . . 31 <b>PRIVATE MED. SECTOR</b> PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← <b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 445) ←
436	How many hours after your labor pains began, did you get to the facility? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS ..... <input type="text"/> <input type="text"/>  25 HOURS OR MORE ..... 25  DON'T KNOW ..... 98		
437	How long after you arrived at the facility, did a health professional check on you? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS ..... <input type="text"/> <input type="text"/>  25 HOURS OR MORE ..... 25  DON'T KNOW ..... 98		
438	Was (NAME) delivered by caesarean section?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
440	Before you were discharged after (NAME) was born, did any health personnel check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 443) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2 (SKIP TO 443) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2 (SKIP TO 443) ←
441	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
442	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE .. 12 <b>TRADITIONAL MIDWIFE</b> TRAINED ..... 21 UNTRAINED ..... 22 UNSURE ABOUT TRAINING ..... 23 <b>OTHER</b> _____ (SPECIFY) 96 (SKIP TO 453) ←		
443	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 (SKIP TO 446) ← NO ..... 2 (SKIP TO 453) ←	YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 (SKIP TO 455) ← NO ..... 2
444	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH ... A FACILITY NOT OPEN . B TOO FAR/NO TRANSPORTATION ..... C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER _____ (SPECIFY) X		
445	After (NAME) was born did a health professional or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←		
446	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
447	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE .. 12 <b>TRADITIONAL MIDWIFE</b> TRAINED ..... 21 UNTRAINED ..... 22 UNSURE ABOUT TRAINING ..... 23 <b>OTHER</b> _____ (SPECIFY) 96														
448	Where did this first check of (NAME) take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____  (NAME OF PLACE)	<b>HOME</b> YOUR HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCPL CL...24 RURAL HLTH CNTR.. 25 OTHER PUBLIC _____ (SPECIFY) 26 <b>MISSION FACILITY</b> .. 31 <b>PRIVATE MED. SECTOR</b> PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) <b>OTHER</b> _____ (SPECIFY) 96														
448A	CHECK 443:	YES      NOT ASKED  <input type="checkbox"/> <input type="checkbox"/> ↓                    ↓ (SKIP TO 453)														
449	In the two months after (NAME) was born, did a health care provider or traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 453) ← DON'T KNOW ..... 8														
450	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS.. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
451	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE .. 12 <b>TRADITIONAL MIDWIFE</b> TRAINED ..... 21 UNTRAINED ..... 22 UNSURE ABOUT TRAINING ..... 23 <b>OTHER</b> _____ (SPECIFY) 96														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____  (NAME OF PLACE)	<b>HOME</b> YOUR HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL... 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ 26 (SPECIFY) <b>MISSION FACILITY</b> .. 31 <b>PRIVATE MED. SECTOR</b> PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) <b>OTHER</b> _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP.	YES ..... 1 NO ..... 2		
454	Has your period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 456) ← NO ..... 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 459) ←	YES ..... 1 NO ..... 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?  PROBE FOR LOCAL BELIEFS AND PRACTICES.	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	YES ..... 1 NO ..... 2 (SKIP TO 464) ←
463	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY ..... I  OTHER _____ X (SPECIFY)
464	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2	YES ..... 1 (SKIP TO 470) ← NO ..... 2	YES ..... 1 (SKIP TO 470) ← NO ..... 2
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98
467	CHECK 404:  IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472)
468	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a feeding bottle yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
472	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 473</p> <p>_____</p> <p>(NAME)</p>				501
473	<p>Now I would like to ask you about the food (NAME FROM 472) and you ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>ASK ABOUT EACH FOOD TYPE. FOR THOSE ITEMS WHERE INFORMATION IS SOUGHT FOR BOTH THE CHILD AND THE MOTHER, ASK ABOUT THE CHILD FIRST AND THEN THE MOTHER.</p> <p>a. Commercially produced infant formula?</p> <p>b. Any maize or meal-meal porridge or gruel?</p> <p>c. Any Celerac, Proneuro, or other commercially fortified baby food?</p> <p>d. Any sadza, bread, rice, noodles, or any foods made from grains?</p> <p>e. Any pumpkin, carrots, squash, or yams or sweet potatoes that are yellow or orange inside?</p> <p>f. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g. Any dark, green, leafy vegetables such as spinach, pumpkin or okra leaves?</p> <p>h. Any ripe mangoes or paw paw?</p> <p>i. Any other fruits or vegetables?</p> <p>j. Any liver, kidney, heart or other organ meats?</p> <p>k. Any beef, pork, lamb, goat, rabbit or any game meat.</p> <p>l. Any chicken, duck or other birds?</p> <p>m. Any eggs?</p> <p>n. Any fresh or dried fish or shellfish?</p> <p>o. Any foods made from cowpeas, beans, other peas, or lentils?</p> <p>p. Any peanut butter or other food from nuts?</p> <p>q. Any cheese, yogurt, or milk products?</p> <p>r. Any foods made with other oil, fat, or butter?</p> <p>s. Any sugary foods such as pastries, cakes, chocolates, sweets, or candies?</p> <p>t. Any other solid or semi-solid food?</p> <p>u. Plain water?</p> <p>v. Milk, such as tinned, powdered, or fresh animal milk?</p> <p>w. Any sugary drinks such as mahewu, sodas or fruit juices?</p> <p>x. Tea or coffee?</p> <p>y. Any other liquids?</p>	473A CHILD Yesterday, during the day or night, did (NAME FROM 473) eat/drink:	473B MOTHER And you yourself, yesterday during the day or night, did you eat/drink:		
		YES NO DK	YES NO DK		
		a. 1 2 8			
		b. 1 2 8			
		c. 1 2 8			
		d. 1 2 8	1 2 8		
		e. 1 2 8	1 2 8		
		f. 1 2 8	1 2 8		
		g. 1 2 8	1 2 8		
		h. 1 2 8	1 2 8		
		i. 1 2 8	1 2 8		
		j. 1 2 8	1 2 8		
		k. 1 2 8	1 2 8		
		l. 1 2 8	1 2 8		
		m. 1 2 8	1 2 8		
		n. 1 2 8	1 2 8		
		o. 1 2 8	1 2 8		
		p. 1 2 8	1 2 8		
		q. 1 2 8	1 2 8		
		r. 1 2 8	1 2 8		
		s. 1 2 8	1 2 8		
		t. 1 2 8	1 2 8		
		u. 1 2 8	1 2 8		
		v. 1 2 8	1 2 8		
		w. 1 2 8	1 2 8		
		x. 1 2 8	1 2 8		
		y. 1 2 8	1 2 8		

474	CHECK 473A: AT LEAST ONE "YES"  <input type="checkbox"/> ↓	NOT A SINGLE "YES" <input type="checkbox"/>	→ 501
475	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="checkbox"/>  DON'T KNOW ..... 8	

**SECTION 5. IMMUNIZATION AND CHILD HEALTH**

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>
503	FROM 212 AND 216	NAME _____  LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____  LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____  LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 561)
504	Has (NAME) ever received a vitamin A dose like this? SHOW AMPULE/ CAPSULE/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> DON'T KNOW ..... 98	MONTHS AGO <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> DON'T KNOW ..... 98	MONTHS AGO <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> DON'T KNOW ..... 98
506	Do you have a child health card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 508) ← YES, NOT SEEN ..... 2 (SKIP TO 510) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 508) ← YES, NOT SEEN ..... 2 (SKIP TO 510) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 508) ← YES, NOT SEEN ..... 2 (SKIP TO 510) ← NO CARD ..... 3
507	Did you ever have a child health card for (NAME)?	YES ..... 1 (SKIP TO 510) ← NO ..... 2	YES ..... 1 (SKIP TO 510) ← NO ..... 2	YES ..... 1 (SKIP TO 510) ← NO ..... 2
508	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.			
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR
	BCG	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 4 BOOSTER	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 4 BOOSTER	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MEASLES 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MEASLES 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	VITAMIN A (MOST RECENT)	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	VITAMIN A (2nd MOST RECENT)	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-4, HEPATITIS B 1-3 AND/OR MEASLES 1-2 VACCINES	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ←
		NO ..... 2 (SKIP TO 520) ←	NO ..... 2 (SKIP TO 520) ←	NO ..... 2 (SKIP TO 520) ←
		DON'T KNOW ..... 8	DON'T KNOW ..... 8	DON'T KNOW ..... 8
510	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1  NO ..... 2 (SKIP TO 522) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 522) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 522) ← DON'T KNOW ..... 8
511	Please tell me if (NAME) received any of the following vaccinations:			
511A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8
514	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
515	A DPT vaccination, that is, an injection given in the right thigh, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 517) ← DON'T KNOW ..... 8
516	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
517	A hepatitis B vaccination, that is, an injection given in the left thigh?	YES ..... 1 NO ..... 2 (SKIP TO 519) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 519) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 519) ← DON'T KNOW ..... 8
518	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
519	An injection to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
520	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
523	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
524	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she offered 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 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
525	When (NAME) had diarrhea, 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 offered 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 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE ..... 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
526	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 531) ←	YES ..... 1 NO ..... 2 (SKIP TO 531) ←	YES ..... 1 NO ..... 2 (SKIP TO 531) ←
527	Where did you seek advice or treatment?  Anywhere else?  IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  RECORD ALL PLACES MENTIONED.  _____  (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> CENTRAL HSP ..... A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> .. H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY ..... J OTHER PRIVATE MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> CENTRAL HSP ..... A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> .. H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY ..... J OTHER PRIVATE MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> CENTRAL HSP ..... A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> .. H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY ..... J OTHER PRIVATE MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	CHECK 527:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 530) ←
529	Where did you first seek advice or treatment?  USE LETTER CODE FROM 527.	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>
530	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
531	Does (NAME) still have diarrhea?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
532	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:  a. An ORS satchet  b. A homemade sugar-salt-water solution (SSS)?  c. Any other liquid?	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8
533	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
534	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER TYPE OF PILL/SYRUP ..... C UNKNOWN PILL/SYRUP ..... D <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... G UNKNOWN ..... F INJECTION ..... G <b>(IV) INTRAVENOUS</b> ..... H <b>HOME REMEDY/</b> HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER TYPE OF PILL/SYRUP ..... C UNKNOWN PILL/SYRUP ..... D <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... G UNKNOWN ..... F INJECTION ..... G <b>(IV) INTRAVENOUS</b> ..... H <b>HOME REMEDY/</b> HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER TYPE OF PILL/SYRUP ..... C UNKNOWN PILL/SYRUP ..... D <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... G UNKNOWN ..... F INJECTION ..... G <b>(IV) INTRAVENOUS</b> ..... H <b>HOME REMEDY/</b> HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)
535	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 539) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 539) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 539) ← DON'T KNOW ..... 8
537	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 540) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 540) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 540) ← DON'T KNOW ..... 8
538	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ..... 1 NOSE ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 540) ←	CHEST ..... 1 NOSE ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 540) ←	CHEST ..... 1 NOSE ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 540) ←
539	CHECK 535:  HAD FEVER?	"YES"      OTHER <input type="checkbox"/> <input type="checkbox"/> ↓                      ← (SKIP TO 557)	"YES"      OTHER <input type="checkbox"/> <input type="checkbox"/> ↓                      ← (SKIP TO 557)	"YES"      OTHER <input type="checkbox"/> <input type="checkbox"/> ↓                      ← (SKIP TO 557)
540	Now I would like to know how much (NAME) was given to drink during the (fever/cough/rapid breathing). Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
541	When (NAME) had (fever/cough/rapid breathing), 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 offered 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 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
542	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 547) ←	YES ..... 1 NO ..... 2 (SKIP TO 547) ←	YES ..... 1 NO ..... 2 (SKIP TO 547) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> CENTRAL HSP . . . . . A PROVINCIAL HSP . . . . . B DIST/RURAL HSP. . . . . C RURAL HLTH CNTR. . . . . D MUNCPL CLINIC . . . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> . . . . . H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . . . . . I PRIVATE DOCTOR . . . . . H PHARMACY . . . . . J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP . . . . . L TRADITIONAL PRACTITIONER . . . . . M OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> CENTRAL HSP . . . . . A PROVINCIAL HSP . . . . . B DIST/RURAL HSP. . . . . C RURAL HLTH CNTR. . . . . D MUNCPL CLINIC . . . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> . . . . . H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . . . . . I PRIVATE DOCTOR . . . . . H PHARMACY . . . . . J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP . . . . . L TRADITIONAL PRACTITIONER . . . . . M OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> CENTRAL HSP . . . . . A PROVINCIAL HSP . . . . . B DIST/RURAL HSP. . . . . C RURAL HLTH CNTR. . . . . D MUNCPL CLINIC . . . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . . . F OTHER PUBLIC _____ G (SPECIFY) <b>MISSION FACILITY</b> . . . . . H <b>PRIVATE SECTOR</b> PRIVATE HSP/CLC . . . . . I PRIVATE DOCTOR . . . . . H PHARMACY . . . . . J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) <b>OTHER SOURCE</b> SHOP . . . . . L TRADITIONAL PRACTITIONER . . . . . M OTHER _____ X (SPECIFY)
544	CHECK 543:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←
545	Where did you first seek advice or treatment?  USE LETTER CODE FROM 543.	FIRST PLACE . . . . . <input type="checkbox"/>	FIRST PLACE . . . . . <input type="checkbox"/>	FIRST PLACE . . . . . <input type="checkbox"/>
546	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . <input type="text"/>	DAYS . . . . . <input type="text"/>	DAYS . . . . . <input type="text"/>
547	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH COUGH AND FEVER . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH COUGH AND FEVER . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . . . 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH COUGH AND FEVER . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW . . . . . 8
548	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 557) ← DON'T KNOW . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 557) ← DON'T KNOW . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 557) ← DON'T KNOW . . . . . 8





		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
553	For how many days did (NAME) take the SP/Fansidar?  IF 7 OR MORE DAYS, RECORD '7'.	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	
554	CHECK 549:  CHLOROQUINE	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER THE FEVER ..... 2 THREE OR MORE DAYS AFTER THE FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER THE FEVER ..... 2 THREE OR MORE DAYS AFTER THE FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER THE FEVER ..... 2 THREE OR MORE DAYS AFTER THE FEVER ..... 3 DON'T KNOW ..... 8	
556	For how many days did (NAME) take chloroquine?  IF 7 OR MORE DAYS, RECORD '7'.	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	
557	CHECK 535: HAD FEVER	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	
558	Did (NAME) get any injection or suppository for the (fever/cough/rapid breathing)?	INJECTION ..... A SUPPOSITORY ..... B NONE ..... Y DON'T KNOW ..... Z	INJECTION ..... A SUPPOSITORY ..... B NONE ..... Y DON'T KNOW ..... Z	INJECTION ..... A SUPPOSITORY ..... B NONE ..... Y DON'T KNOW ..... Z	
559	Was anything else done about (NAME'S) fever?	YES ..... 1 NO ..... 2 (SKIP TO 561) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 561) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 561) DON'T KNOW ..... 8	
560	What was done about (NAME'S) fever?	CONSULTED TRADITIONAL HEALER ..... A GAVE TEPID SPONGING ..... B GAVE HERBS ..... C OTHER ..... Y (SPECIFY) DON'T KNOW ..... Z  (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER ..... A GAVE TEPID SPONGING ..... B GAVE HERBS ..... C OTHER ..... Y (SPECIFY) DON'T KNOW ..... Z  (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER ..... A GAVE TEPID SPONGING ..... B GAVE HERBS ..... C OTHER ..... Y (SPECIFY) DON'T KNOW ..... Z  (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	
561	CHECK 215 AND 218, ALL ROWS:  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>	NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT			601
562	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ..... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THREW INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98			

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000.		619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
607	Besides yourself, does your husband/partner have other wives, does he live with other women as if married, or does he maintain a small house?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 610
608	How many other wives or partners does your husband live with now?	NUMBER OF OTHER WIVES AND LIVE-IN PARTNERS .... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
609	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
611	<p>CHECK 610:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p> </div> </div>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 613
612	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604:  NOT ASKED OR NOT WIDOWED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	617
615	CHECK 610. MARRIED MORE THAN ONCE <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/>	619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD ..... 1 DIVORCE/SEPARATION ..... 2	619
617	To whom did most of your late husband's property go?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 OTHER ..... 5 (SPECIFY) NO PROPERTY ..... 6	619
618	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	622  622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	647
622	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		627
623	The <u>first</u> time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8	627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ... 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	
627	When was the <u>last</u> time you had sexual intercourse?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	629  641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this (second or third) person?		DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>
629	The last time you had sexual intercourse with this (second/ third) person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 631) ←	YES ..... 1 NO ..... 2 (SKIP TO 631) ←	YES ..... 1 NO ..... 2 (SKIP TO 631) ←
630	What was the main reason you used a condom on that occasion?	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8
631	The last time you had sexual intercourse with this (second/ third) person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 633) ←	YES ..... 1 NO ..... 2 (SKIP TO 633) ←	YES ..... 1 NO ..... 2 (SKIP TO 633) ←
632	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
633	What was your relationship to this person with whom you had sexual intercourse? IF RESPONDENT IS GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE ..... 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER .....96 (SPECIFY)	SPOUSE ..... 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER .....96 (SPECIFY)	SPOUSE ..... 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER .....96 (SPECIFY)
634	For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>
635	CHECK 107:	15-24 Y. OLD <input type="checkbox"/> 25-49 Y. OLD <input type="checkbox"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="checkbox"/> 25-49 Y. OLD <input type="checkbox"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="checkbox"/> 25-49 Y. OLD <input type="checkbox"/> (SKIP TO 639) ↓
636	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW ..... 98
637	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 639) ←
638	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
639	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 641) ←	YES ..... 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
641	<p>In total, how many different people have you had sexual intercourse with in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
642	<p>CHECK 629 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/></p>		647
643	<p>You told me you used a condom the last time you had sexual intercourse.</p> <p>What brand of condom did you use that time?</p>	<p><b>MALE CONDOMS</b></p> <p>CHOICE ASSORTED ..... 1</p> <p>DUREX ..... 2</p> <p>ECSTASY ..... 3</p> <p>PROTECTA ..... 4</p> <p>PUBLIC SECTOR DIST.</p> <p>(BLUE CONDOM OR KAREX... 5</p> <p>ROUGH RIDER ..... 6</p> <p>OTHER ..... 7</p> <p>(SPECIFY)</p> <p>MALE CONDOM, DK ... 8</p> <p><b>FEMALE CONDOMS</b></p> <p>CARE ..... 9</p> <p>OTHER ..... 10</p> <p>(SPECIFY)</p> <p>FEMALE CONDOM, DK 12</p>	
644	<p>How many condoms did you (your spouse/partner) get that time?</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
645	<p>How much did the condom(s) cost?</p>	<p>COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 995</p> <p>DON'T KNOW ..... 998</p>	
646	<p>From where was the condom obtained?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL/CLINIC ..... 11</p> <p>RURAL/MUNICIPAL CLINIC ... 12</p> <p>RURAL HEALTH CENTRE ..... 13</p> <p>ZNFPC CLINIC ..... 14</p> <p>MOH MOBILE CLINIC ..... 15</p> <p>ZNFPC CBD/DEPOT HOLDER ... 16</p> <p>VILLAGE/FARM</p> <p>HEALTH WORKER 17</p> <p>OTHER PUBLIC ..... 18</p> <p>(SPECIFY)</p> <p><b>MISSION FACILITY</b> ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY ..... 32</p> <p>PRIVATE DOCTOR ..... 33</p> <p>CBD ..... 34</p> <p>OTHER PRIVATE</p> <p>DOCTOR ..... 35</p> <p>(SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... 41</p> <p>SUPERMARKET ..... 42</p> <p>TUCK SHOP ..... 43</p> <p>SERVICE STATION ..... 44</p> <p>OTHER RETAIL ..... 45</p> <p>(SPECIFY)</p> <p><b>OTHER PRIVATE SOURCE</b></p> <p>CHURCH ..... 46</p> <p>FRIEND/RELATIVE ..... 47</p> <p><b>OTHER</b> ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW/NOT SURE ..... 98</p>	<p>651</p> <p>647</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Do you know of any place where a person can get a female condom?	YES ..... 1 NO ..... 2	→ 701
653	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL/CLINIC ..... A RURAL/MUNICIPAL CLINIC ..... B RURAL HEALTH CENTRE ..... C ZNFCP CLINIC ..... D MOH MOBILE CLINIC ..... E ZNFCP CBD/DEPOT ..... F VILLAGE/FARM HEALTH WORKER ..... G OTHER PUBLIC ..... H (SPECIFY)</p> <p><b>MISSION FACILITY</b> ..... I</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... J PHARMACY ..... K PRIVATE DOCTOR ..... L CBD ..... M OTHER PRIVATE DOCTOR ..... N (SPECIFY)</p> <p><b>RETAIL OUTLET</b></p> <p>GENERAL DEALER ..... O SUPERMARKET ..... P TUCK SHOP ..... Q SERVICE STATION ..... R OTHER RETAIL ..... S (SPECIFY)</p> <p><b>OTHER PRIVATE SOURCE</b></p> <p>CHURCH ..... T FRIEND/RELATIVE ..... U <b>OTHER</b> ..... X (SPECIFY)</p>	
654	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2 DONT KNOW/UNSURE ..... 8	



SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708
704	CHECK 226 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		709
705	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>SUBFECUND/INFECUND ..... E</p> <p>POSTPARTUM AMENORRHEIC ..... F</p> <p>BREASTFEEDING ..... G</p> <p>FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... O</p> <p>FEAR OF SIDE EFFECTS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>MALE CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	→ 713



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 722
717	CHECK 311/311A: NEITHER CODE B, G, NOR L CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, G, OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 719 → 721
718	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 720
719	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 8 OTHER ..... 6 (SPECIFY)	
720	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 722
721	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	
722	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	YES NO DK HAS STD ..... 1 2 8 OTHER WOMEN ..... 1 2 8 TIRED/NOT IN MOOD ..... 1 2 8	
723	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
724	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 801
725	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	
726	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/UNSURE ..... 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY ..... 1</p> <p>SECONDARY ..... 2</p> <p>HIGHER ..... 3</p> <p>DON'T KNOW ..... 8</p>	→ 806
805	What was the highest (grade/form/year) he completed at that level?	<p>GRADE ..... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p>	
812	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND ..... 1</p> <p>FAMILY LAND ..... 2</p> <p>RENTED LAND ..... 3</p> <p>SOMEONE ELSE'S LAND ..... 4</p>	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER ..... 1</p> <p>FOR SOMEONE ELSE ..... 2</p> <p>SELF-EMPLOYED ..... 3</p>	
815	Do you usually work at home or away from home?	<p>HOME ..... 1</p> <p>AWAY ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	→ 823
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6	
823	Who usually makes the following decisions: mainly you, mainly your husband/partner, you and you husband/partner jointly, or someone else?  Who usually makes decisions about health care for yourself?  Who usually makes decisions about making major household purchases?  Who usually makes decisions about making purchases for daily household needs?  Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5  1    2    3    4    5  1    2    3    4    5  1    2    3    4    5  1    2    3    4    5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 ..... 1    2    8 HUSBAND ..... 1    2    8 OTHER MALES ..... 1    2    8 OTHER FEMALES ... 1    2    8	
825	Now I would like your opinion about married couples. 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:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES    NO    DK GOES OUT ..... 1    2    8 NEGL. CHILDREN ... 1    2    8 ARGUES ..... 1    2    8 REFUSES SEX ..... 1    2    8 BURNS FOOD ..... 1    2    8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of HIV or an illness called AIDS?	YES ..... 1 NO ..... 2	→ 1001
902	Can people reduce their chances of getting HIV, the virus that causes AIDS, by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↳ 910
909	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS ... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES . K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
910	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW ..... 1 MEDIUM ..... 2 HIGH ..... 3 NO RISK ..... 4 DON'T KNOW ..... 8	
911	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
912	Can HIV be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
913	CHECK 912: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> → 915																	
914	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
915	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
916	CHECK 215:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 ↓	NO BIRTHS <input type="checkbox"/> → 926  LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 → 926																	
917	CHECK 407:  YES, <input type="checkbox"/> PERSON SEEN ↓	NO ONE <input type="checkbox"/> → 926																	
918	During any of the antenatal visits for that pregnancy, did anyone talk to you about:  Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR HIV	1	2	8																
919	Were you tested for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 925																
920	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																	
921	Did you get the results of the test?	YES ..... 1 NO ..... 2																	
922	Where was the test done?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT/RURAL HOSPITAL ..... 13 RURAL HEALTH CENTRE ..... 14 MUNICIPAL CLINIC ..... 15 OTHER PUBLIC ..... 16 (SPECIFY) <b>MISSION FACILITY</b> ..... 21 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 NEW START CENTRE ..... 32 OTHER PRIVATE VCT CENTRE .. ..... 33 (SPECIFY) OTHER PRIVATE DOCTOR ..... 36 (SPECIFY) <b>OTHER</b> ..... 96 (SPECIFY)																	
923	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 933																
924	When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 928																
925	Were you offered a test for HIV as part of your antenatal care?	YES ..... 1 NO ..... 2																	
926	Have you ever been tested to see if you have been infected with HIV?	YES ..... 1 NO ..... 2	→ 933																
927	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3	
929	Did you get the results of the test?	YES ..... 1 NO ..... 2	
930	Where was the test done?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT/RURAL HOSPITAL ..... 13 RURAL HEALTH CENTRE ..... 14 MUNICIPAL CLINIC ..... 15 OTHER PUBLIC ..... 16 (SPECIFY) <b>MISSION FACILITY</b> ..... 21 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 NEW START CENTRE ..... 32 OTHER PRIVATE VCT CENTRE .. ..... 33 (SPECIFY) OTHER PRIVATE DOCTOR ..... 36 (SPECIFY) <b>OTHER</b> ..... 96 (SPECIFY)	
931	CHECK 921 AND 929: GOT THE RESULTS OF HIV TEST  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 936
932	Did you tell your husband/partner the result of your test?	YES ..... 1 NO ..... 2 NO HUSBAND/PARTNER ..... 3	→ 936
933	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT ..... 01 DON'T KNOW WHERE TO GO ..... 02 TESTING SITE DIFFICULT TO GET TO ..... 03 AFRAID OF TEST RESULT ..... 04 FATALISTIC/NOTHING CAN BE DONE ..... 05 CONCERNED ABOUT CONFIDENTIALITY ..... 06 NO RISK/NOT SEXUALLY ACTIVE ..... 07 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 936
934	Do you know of a place where people can go to get tested for HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2	→ 936
935	Where is that?  RECORD ALL SOURCES MENTIONED.  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____  _____ (NAME OF PLACE(S))  Any other place?	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT/RURAL HOSPITAL ..... C RURAL HEALTH CENTRE ..... D MUNICIPAL CLINIC ..... E OTHER PUBLIC ..... F (SPECIFY) <b>MISSION FACILITY</b> ..... G <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... H NEW START CENTRE ..... I OTHER PRIVATE VCT CENTRE .. ..... J (SPECIFY) OTHER PRIVATE DOCTOR ..... K (SPECIFY) <b>OTHER</b> ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	CHECK 601: CURRENTLY MARITAL STATUS  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 939
937	Did your husband/partner ever have a test for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 939
938	Did he tell you the result of his test?	YES ..... 1 NO ..... 2	
939	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
940	If a member of your family got infected with HIV, would you want others to know about it?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
941	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
942	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
942A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
943	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 948
944	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
945	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
946	CHECK 943, 944, AND 945  OTHER <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 948
947	Do you personally know someone who is suspected to have HIV or who has AIDS?	YES ..... 1 NO ..... 2	
948	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
949	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
950	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
951	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
952	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 10. OTHER HEALTH CARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact? <input type="checkbox"/></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1002	<p>CHECK 620:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1010
1003	<p>CHECK 1001:</p> <p>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p> <p>HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p>		→ 1005
1004	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1005	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling, abnormal genital discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1006	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1007	<p>CHECK 1004, 1005, AND 1006</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 1010
1008	<p>The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1010
1009	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>DISTRICT/RURAL HOSPITAL ..... C</p> <p>RURAL HEALTH CENTRE ..... D</p> <p>RURAL/MUNICIPAL CLINIC ..... E</p> <p>VILLAGE/FARM HEALTH WORKER ..... F</p> <p>OTHER PUBLIC ..... G</p> <p>(SPECIFY)</p> <p><b>MISSION FACILITY</b> ..... H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... I</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE MEDICAL ..... K</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... L</p> <p>RELATIVE/FRIEND ..... M</p> <p>TRADITIONAL HEALER ..... N</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1010	CHECK 901 AND 1001  KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>	<input type="checkbox"/> → 1015	1015																											
1011	CHECK 301 (07) KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> → 1013	1013																											
1012	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8																												
1013	CHECK 301 (08) KNOWS FEMALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> → 1015	1015																											
1014	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8																												
1015	Now I would like to ask some questions about medical care for yourself.  Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?  Getting permission to go.  Getting money needed for treatment.  The distance to the health facility.  Having to take transport.  Not wanting to go alone.  Concern that there may not be a female health provider.  Concern that there may not be any health provider.  Concern that there may not be drugs available.	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROB- LEM</th> <th style="text-align: center;">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKING TRANSPORT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROVIDER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO HEALTH PROVIDER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO DRUGS AVAILABLE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY .....	1	2	DISTANCE .....	1	2	TAKING TRANSPORT ...	1	2	GO ALONE .....	1	2	NO FEMALE PROVIDER .	1	2	NO HEALTH PROVIDER .	1	2	NO DRUGS AVAILABLE .	1	2	
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NO HEALTH PROVIDER .	1	2																												
NO DRUGS AVAILABLE .	1	2																												
1016	Do you have medical aid?	YES ..... 1 NO ..... 2	→ 1018																											
1017	What type of medical aid do you have?	PRIVATELY PURCHASED BY INDIVIDUAL ..... 1 THROUGH EMPLOYER ONLY ..... 2 PARTIALLY THROUGH EMPLOYER . 3 NONE ..... 4  OTHER _____ 6 (SPECIFY) DON'T KNOW/UNSURE ..... 8																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	<p>Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1022</p>	
1019	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1022</p>	
1020	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p><b>PUBLIC SECTOR</b></p> <p>CENTRAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>DISTRICT/RURAL HOSPITAL ..... 13</p> <p>RURAL HEALTH CENTRE ..... 14</p> <p>MUNICIPAL CLINIC ..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p>_____ (SPECIFY)</p> <p><b>MISSION FACILITY</b> ..... 21</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 31</p> <p>NEW START CENTRE ..... 32</p> <p>OTHER PRIVATE</p> <p>VCT CENTRE .. _____ 33</p> <p>_____ (SPECIFY)</p> <p>OTHER PRIVATE</p> <p>DOCTOR _____ 34</p> <p>_____ (SPECIFY)</p> <p><b>OTHER</b> _____ 96</p> <p>_____ (SPECIFY)</p>	
1021	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1022	<p>Do you currently smoke cigarettes?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 1024</p>	
1023	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES ..... <input type="text"/> <input type="text"/></p>	
1024	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 1026</p>	
1025	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE ..... A</p> <p>CHEWING TOBACCO ..... B</p> <p>SNUFF ..... C</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
1026	<p>Now I would like to ask you some questions about tuberculosis.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 1101</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN  COUGHING OR SNEEZING ..... A  THROUGH SHARING UTENSILS ... B  THROUGH TOUCHING A PERSON  WITH TB ..... C  THROUGH FOOD ..... D  THROUGH SEXUAL CONTACT ..... E  THROUGH MOSQUITO BITES ..... F</p> <p>OTHER _____ X  (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
1028	<p>Can tuberculosis be cured?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
1029	<p>If a member of your family got tuberculosis, would you want others to know about it?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW/NOT SURE/  DEPENDS ..... 8</p>	

**Section 11: DOMESTIC VIOLENCE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> → WOMAN NOT SELECTED <input type="checkbox"/> →		GO TO 1201																												
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 → ABSOLUTELY NOT POSSIBLE ..... 2 →		1138																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1103	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> → NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →		1117																												
1104	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	MONEY .....	1	2	8	
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MONEY .....	1	2	8																												
1105	A (Does/did) your (last) husband/partner ever:	<table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2	3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3	<p><b>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN, SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</b></p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>									
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c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
1106A	(Does/did) your (last) husband/partner ever do any of the following things to you:  a) push you, shake you, throw something at you, or twist your arm or pull your hair?  b) slap you?  c) punch you with his fist or with something that could hurt you, kick you, drag you, or beat you up?  d) try to choke you or burn you on purpose?  e) threaten you with a knife, gun, or any other weapon?  f) attack you with a knife, gun, or any other weapon?  g) physically force you to have sexual intercourse with him?  h) force you to perform any other sexual acts?	1106B <b>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</b> How often did this happen during the last 12 months: often, only sometimes, or not at all?  <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1107	CHECK 1106A (a-h):  AT LEAST ONE 'YES' <input type="checkbox"/> ALL ANSWERS ARE 'NO' <input type="checkbox"/>		1114A																																																				
1108	How long after you first got married to/started living with your (last) husband/partner did this (any of these things) first happen to you?  IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95	→ 1110																																																				
1109	How long before you got married to/started living with your (last) husband/partner did this (any of these things) first happen to you?	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/> YEARS ..... 3 <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98																																																					
1110	Does (did) your husband/partner drink alcohol or use other intoxicating substances?	YES ..... 1 NO ..... 2	→ 1113																																																				
1111	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																																																					
1112	When he has (had) been drinking or using other intoxicating substances, how often do (did) these things happen to you?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																																																					
1113	Did the following ever happen as a result of what your (last) husband/partner did to you:  a) You had cuts, bruises or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?  d) You were late or unable to go to work?	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2																																																					



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
1114A	<p>Have you ever done any of the following to your husband/partner at times when he was not already emotionally or physically hurting you?</p> <p>a) say or do something to humiliate him in front of others?</p> <p>b) threaten to hurt or harm him or someone close to him?</p> <p>c) insult him or make him feel bad about himself?</p> <p>d) hit, slapped, kicked, or done anything else to physically hurt him?</p>	<p>1114B <b>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</b></p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">SOME-TIMES</td> <td style="text-align: center;">OFTEN</td> <td style="text-align: center;">NOT AT ALL</td> </tr> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </table>			SOME-TIMES	OFTEN	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1115	<p>CHECK 1114A a, b, c and d:</p> <p>AT LEAST ONE 'YES' FOR ANY OF a, b, c, or d <input type="checkbox"/></p> <p>ALL ANSWERS ARE 'NO' FOR EACH OF a, b, c, and d <input type="checkbox"/></p>		1117																																													
1116	<p>Have you done any of these things to your husband/partner in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																																														
1117	<p>CHECK 601 AND 602:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>EVER MARRIED/LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:</p> </td> <td style="vertical-align: top;"> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone ever:</p> </td> </tr> </table> <p>1117a. slapped, hit, kicked, or done anything to physically hurt you?</p> <p>1117b. insulted, humiliated, or done anything to emotionally hurt you?</p>	<p>EVER MARRIED/LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone ever:</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>1117b</p> <p>1120A</p>																																											
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1118	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>FORMER HUSBAND/PARTNER .. F</p> <p>CURRENT BOYFRIEND ..... G</p> <p>FORMER BOYFRIEND ..... H</p> <p>MOTHER-IN-LAW ..... I</p> <p>FATHER-IN-LAW ..... J</p> <p>OTHER IN-LAW ..... K</p> <p>TEACHER ..... L</p> <p>EMPLOYER/SOMEONE AT WORK . M</p> <p>POLICE/SOLDIER ..... N</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p>																																														



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	Who was the person who forced you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . 02 CURRENT/FORMER BOYFRIEND . . 03 FATHER . . . . . 04 STEP FATHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . . 13 POLICE/SOLDIER . . . . . 11 PRIEST/RELIGIOUS LEADER . . . . 12 STRANGER . . . . . 14 OTHER _____ . 96 (SPECIFY)	
1131	CHECK1106A (a-h), 1117a-b, 1125 AND 1128: AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES' →		1136
1132	Have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . . 1 NO . . . . . 2	→ 1134
1133	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND/PARTNER'S FAMILY . . . . B CURRENT/LAST/LATE HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . . K OTHER _____ X (SPECIFY)	→ 1136
1134	What is the main reason you did not seek help?	DON'T KNOW WHO TO GO TO . . . . 01 NO USE/FATALISTIC . . . . . 02 PART OF LIFE . . . . . 03 AFRAID OF DIVORCE/DESERTION . . 04 AFRAID OF FURTHER ABUSE . . . . 05 AFRAID OF GETTING PERSON ABUSING HER IN TROUBLE . . . . 06 EMBARASSED . . . . . 07 DON'T WANT TO DISGRACE FAMILY . 08 OTHER _____ 96 (SPECIFY)	
1135	Have you ever told any one else about this?	YES . . . . . 1 NO . . . . . 2	
1136	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1137	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND . . . . .	1	2	3	OTHER MALE ADULT . . . . .	1	2	3	FEMALE ADULT . . . . .	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND . . . . .	1	2	3																
OTHER MALE ADULT . . . . .	1	2	3																
FEMALE ADULT . . . . .	1	2	3																
1138	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
	_____																		
	_____																		
	_____																		

**SECTION 12. MATERNAL AND ADULT MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1202	<p>CHECK 1201:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							1214
1203	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1204	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
1205	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	<p>How many years ago did (NAME) die?</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	
1212	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
<p>IF NO MORE BROTHERS OR SISTERS, GO TO 1214.</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (13)) ←
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS ..... <input type="text"/>					MINUTES ..... <input type="text"/>

SECTION 13. ANTHROPOMETRY, ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>ANTHROPOMETRY</b>			
1301	RECORD WEIGHT IN KILOGRAMS.	WEIGHT ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1302	RECORD HEIGHT IN CENTIMETERS.	HEIGHT ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1303	RECORD RESULT FOR ANTHROPOMETRIC MEASUREMENT.  (SPECIFY)	MEASURED ..... 1 REFUSED ..... 2 ABSENT ..... 3  OTHER ..... 6	
<b>CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17</b>			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1304	CHECK 106: <b>AGE</b>  AGE 15-17 <input type="checkbox"/> ↓ AGE 18-49 <input type="checkbox"/> → 1310		
1305	CHECK 601 AND 602: <b>RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A MAN</b>  CODE 3 IN BOTH QUESTIONS 601 AND 602 <input type="checkbox"/> ↓ CODE 1 OR CODE 2 IN QUESTION 601 OR IN QUESTION 602 <input type="checkbox"/> → 1310		
1306	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED.  IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT ..... <input type="text"/> <input type="text"/>	
1307	READ THE <b>ANAEMIA CONSENT STATEMENT</b> TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.  As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.  To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger.  The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test.  Do you have any questions?  You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.  Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	<b>CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST</b>  CONSENTED ..... 1 SIGN REFUSED ..... 2  PARENT/ADULT NOT PRESENT . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	<p><b>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</b></p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p><b>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</b></p> <p>CONSENT ..... 1 SIGN</p> <p>REFUSED ..... 2</p> <p>PARENT/ADULT NOT PRESENT . 8</p>	<p>1310</p>

1309	<p><b>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</b></p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p><b>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</b></p> <p>CONSENT ..... 1 SIGN</p> <p>REFUSED ..... 2</p>	
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<b>RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS</b>			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1310	CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1312
1311	CHECK 1307: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/></p>		1313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	<p><b>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</b></p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT ..... 1 (SIGN)</p> <p>REFUSED ..... 2</p>	
1313	<p><b>CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS</b></p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1315</p>		
1314	<p><b>CHECK 1308: PARENTAL/ADULT CONSENT FOR HIV TEST</b></p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1317</p>		
1315	<p><b>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</b></p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT ..... 1 (SIGN)</p> <p>REFUSED ..... 2 → 1317</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	<p>READ THE <b>BLOOD STORAGE CONSENT STATEMENT</b> TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED ..... 2</p>	
1317	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED ..... 1</p> <p>REFUSED ..... 2</p>	
1318	<p>CHECK 1307, 1308, 1312 AND 1315 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1320 AND 1322.</p>	<p>CONSENTED TO BOTH ..... 1</p> <p>ANAEMIA TEST ONLY ..... 2</p> <p>HIV TEST ONLY ..... 3</p> <p>BOTH REFUSED ..... 4</p>	
1319	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div data-bbox="862 953 1289 1125" style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1320	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED ..... 2</p> <p>ABSENT ..... 3</p> <p>TECHNICAL PROBLEM ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1321	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1322	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED ..... 2</p> <p>ABSENT ..... 3</p> <p>TECHNICAL PROBLEM ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1326</p>



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTION
- 6 IMPLANT

- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM/JELLY
- K LACTATIONAL AMEN. METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_  
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL/CLINIC
- 2 RURAL/MUNICIPAL CLINIC
- 3 RURAL HEALTH CENTRE
- 4 ZNFPC CLINIC
- 5 MOH MOBILE CLINIC
- 6 ZNFPC CBD/DEPOT HOLDER
- 7 OTHER PUBLIC \_\_\_\_\_  
(SPECIFY)

- 8 MISSION FACILITY
- A PRIVATE HOSPITAL/CLINIC
- B PHARMACY
- C PRIVATE DOCTOR
- D GENERAL DEALER
- E SUPERMARKET
- F TUCK SHOP
- G SERVICE STATION
- H OTHER RETAIL \_\_\_\_\_  
(SPECIFY)
- J OTHER PRIVATE  
MEDICAL \_\_\_\_\_  
(SPECIFY)
- K CHURCH
- L FRIEND/RELATIVE
- X OTHER \_\_\_\_\_  
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER \_\_\_\_\_  
(SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

			1	2	3	4				
2	04	APR	01					01	APR	2
0	03	MAR	02					02	MAR	0
0	02	FEB	03					03	FEB	0
6	01	JAN	04					04	JAN	6
<hr/>										
12	DEC	05						05	DEC	
11	NOV	06						06	NOV	
10	OCT	07						07	OCT	
09	SEP	08						08	SEP	
2	08	AUG	09					09	AUG	2
0	07	JUL	10					10	JUL	0
0	06	JUN	11					11	JUN	0
5	05	MAY	12					12	MAY	5
	04	APR	13					13	APR	
	03	MAR	14					14	MAR	
	02	FEB	15					15	FEB	
	01	JAN	16					16	JAN	
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12	DEC	17						17	DEC	
11	NOV	18						18	NOV	
10	OCT	19						19	OCT	
09	SEP	20						20	SEP	
2	08	AUG	21					21	AUG	2
0	07	JUL	22					22	JUL	0
0	06	JUN	23					23	JUN	0
4	05	MAY	24					24	MAY	4
	04	APR	25					25	APR	
	03	MAR	26					26	MAR	
	02	FEB	27					27	FEB	
	01	JAN	28					28	JAN	
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12	DEC	29						29	DEC	
11	NOV	30						30	NOV	
10	OCT	31						31	OCT	
09	SEP	32						32	SEP	
2	08	AUG	33					33	AUG	2
0	07	JUL	34					34	JUL	0
0	06	JUN	35					35	JUN	0
3	05	MAY	36					36	MAY	3
	04	APR	37					37	APR	
	03	MAR	38					38	MAR	
	02	FEB	39					39	FEB	
	01	JAN	40					40	JAN	
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12	DEC	41						41	DEC	
11	NOV	42						42	NOV	
10	OCT	43						43	OCT	
09	SEP	44						44	SEP	
2	08	AUG	45					45	AUG	2
0	07	JUL	46					46	JUL	0
0	06	JUN	47					47	JUN	0
2	05	MAY	48					48	MAY	2
	04	APR	49					49	APR	
	03	MAR	50					50	MAR	
	02	FEB	51					51	FEB	
	01	JAN	52					52	JAN	
<hr/>										
12	DEC	53						53	DEC	
11	NOV	54						54	NOV	
10	OCT	55						55	OCT	
09	SEP	56						56	SEP	
2	08	AUG	57					57	AUG	2
0	07	JUL	58					58	JUL	0
0	06	JUN	59					59	JUN	0
1	05	MAY	60					60	MAY	1
	04	APR	61					61	APR	
	03	MAR	62					62	MAR	
	02	FEB	63					63	FEB	
	01	JAN	64					64	JAN	
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12	DEC	65						65	DEC	
11	NOV	66						66	NOV	
10	OCT	67						67	OCT	
09	SEP	68						68	SEP	
2	08	AUG	69					69	AUG	2
0	07	JUL	70					70	JUL	0
0	06	JUN	71					71	JUN	0
0	05	MAY	72					72	MAY	0
	04	APR	73					73	APR	
	03	MAR	74					74	MAR	
	02	FEB	75					75	FEB	
	01	JAN	76					76	JAN	



ZIMBABWE  
2005 DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																		
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... HARARE=1; SMALL CITY=2; TOWN=3; RURAL=4 ..... NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: 0 auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	2	0	0					
2	0	0										
NEXT VISIT: DATE	_____	_____	_____	INTER. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
TIME	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>												
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE:    1 SHONA    2 NDEBELE    3 ENGLISH LANGUAGE USED FOR INTERVIEW:    A SHONA    B NDEBELE    C ENGLISH    X OTHER TRANSLATOR USED?    1 YES    2 NO												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____		NAME _____	NAME _____								
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

**SECTION 1. RESPONDENT'S BACKGROUND**

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED ... 1  
↓  
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area?  _____ NAME OF PLACE	CITY ..... 1 TOWN ..... 2 COMMUNAL LAND ..... 3 RESETTLEMENT AREA ..... 4 OTHER RURAL AREA ..... 5 ABROAD ..... 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 5 DON'T KNOW ..... 8	
110	What is the highest grade (number of years) you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	
111	CHECK 109:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112:  CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	TRADITIONAL ..... 01 ROMAN CATHOLIC ..... 02 PROTESTANT ..... 03 PENTECOSTAL ..... 04 APOSTOLIC SECT ..... 05 OTHER CHRISTIAN ..... 06 MUSLIM ..... 07 NONE ..... 08 OTHER ..... 96 (SPECIFY)	→ 120
119	How often have you attended religious services in the past month?  RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>  DON'T KNOW/NOT SURE ..... 98	
120	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 123



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Although you did not work in the last seven days, do you have any job or business from which you were absent for, leave illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 123
122	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
124	CHECK 123: WORKS IN <input type="checkbox"/> AGRICULTURE ↓ DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
126	Are you paid in cash or kind for the work you do, or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → 212 HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → 213										
210	Do the children that you have fathered all have the same biological mother?	YES ..... 1 NO ..... 2	→ 212								
211	In all, with how many women have you fathered children?	NUMBER OF WOMEN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	Are you the primary care giver for any children?	YES ..... 1 NO ..... 2	→ 301								
214	Are any of these children for whom you are the primary caregiver under the age of 18?	YES ..... 1 NO ..... 2	→ 301								
215	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver.  Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES ..... 1 NO ..... 2 UNSURE ..... 8									

**SECTION 3. CONTRACEPTION**

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↓	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↓	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↓	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2 ↓	
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2 ↓	
06	IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2 ↓	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES ..... 1 NO ..... 2 ↓	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↓	YES ..... 1 NO ..... 2
12	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2 ↓	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302 (02): MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		305A
304	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES ..... 1 NO ..... 2	→ 306
305	Which method are you or your partner using to delay or avoid a pregnancy? Any other method (with any partner)? CIRCLE ALL MENTIONED.	FEMALE STERILISATION ..... A MALE STERILISATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER ..... X (SPECIFY)	
305A	CIRCLE 'B' FOR MALE STERILIZATION.		
306	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE 1 2	
307	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↳ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN 2 PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
311	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8 WOMAN SHOULD BE ONE TO USE ..... 1 2 8	
312	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		314
313	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 DOES NOT PROTECT ..... 3 DON'T KNOW/UNSURE ..... 8	
314	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
315	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 DOES NOT PROTECT ..... 3 DON'T KNOW/UNSURE ..... 8	

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2																
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 410															
406	Altogether, how many wives do you have or other partners do you live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE WIFE (WIVES) AND LIVE-IN PARTNER(S).</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411B															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 411B															
411	In what month and year did you start living with your wife (partner)?	MONTH ..... <input type="text"/> <input type="text"/>																
411B	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 413															



		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
422	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
423	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 425) ←	YES ..... 1 NO ..... 2 (SKIP TO 425) ←	YES ..... 1 NO ..... 2 (SKIP TO 425) ←
423A	What was the main reason you used a condom on that occasion?	PREVENT STI/HIV .... 1 PREVENT PREGNANCY 2 PREVENT BOTH ..... 3 PARTNER INSISTED .. 4 OTHER ..... 6 (SPECIFY)	PREVENT STI/HIV .... 1 PREVENT PREGNANCY 2 PREVENT BOTH ..... 3 PARTNER INSISTED .. 4 OTHER ..... 6 (SPECIFY)	PREVENT STI/HIV .... 1 PREVENT PREGNANCY 2 PREVENT BOTH ..... 3 PARTNER INSISTED .. 4 OTHER ..... 6 (SPECIFY)
424	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
425	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE .....01 (SKIP TO 431) ← LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER .... 05 OTHER .....96 (SPECIFY)	WIFE .....01 (SKIP TO 431) ← LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER .... 05 OTHER .....96 (SPECIFY)	WIFE .....01 (SKIP TO 431) ← LIVE-IN PARTNER .... 02 GIRLFRIEND NOT LIVING WITH RESPONDENT .... 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER .... 05 OTHER .....96 (SPECIFY)
426	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
427	CHECK 107:	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> (SKIP TO 431) ←
428	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW ..... 98
429	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 431) ←
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 433) ←	YES ..... 1 NO ..... 2 (SKIP TO 433) ←	YES ..... 1 NO ..... 2 (SKIP TO 433) ←
432	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
433	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 435) ←	YES ..... 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 435) ←	





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	How many condoms did you get the last time?	NUMBER OF CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
448	How much did the condoms cost?	COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 995 DON'T KNOW ..... 998	
449	From where did you obtain the condom the last time?  PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ _____ _____ (NAME OF PLACES)  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL/CLINIC ..... 11 RURAL/MUNICIPAL CLINIC ... 12 RURAL HEALTH CENTRE ..... 13 ZNFPC CLINIC ..... 14 MOH MOBILE CLINIC ..... 15 ZNFPC CBD/DEPOT HOLDER ... 16 OTHER PUBLIC ..... 17 (SPECIFY)  <b>MISSION FACILITY</b> ..... 21 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 CBD ..... 34 OTHER PRIVATE MEDICAL ..... 36 (SPECIFY)  <b>RETAIL OUTLET</b> GENERAL DEALER ..... 41 SUPERMARKET ..... 42 TUCK SHOP ..... 43 SERVICE STATION ..... 44 OTHER RETAIL ..... 45 (SPECIFY)  <b>OTHER PRIVATE SOURCE</b> CHURCH ..... 46 FRIEND/RELATIVE ..... 47 <b>OTHER</b> ..... 48 (SPECIFY) DON'T KNOW/NOT SURE ..... 98	
450	CHECK 302 (02) USING MALE STERILIZATION  NO <input type="checkbox"/> YES <input type="checkbox"/>		453
451	The last time you had sex did you or your partner use any method (other than the condom) to avoid or prevent a pregnancy?	YES ..... 1 NO ..... 2 DK ..... 8	453
452	What method did you (your partner) use?  PROBE: Did you use any other method to prevent pregnancy?	FEMALE STERILIZATION ..... A PILL ..... C IUD ..... D INJECTION ..... E IMPLANT ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
453	CHECK 423 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)  NO <input type="checkbox"/> YES <input type="checkbox"/>		458
454	CHECK 301 (07) KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		458
455	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→ 458
456	Where is that?  Any other place?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____  _____  _____ (NAME OF PLACE(S))  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL/CLINIC ..... A RURAL/MUNICIPAL CLINIC ..... B RURAL HEALTH CENTRE ..... C ZNFPC CLINIC ..... D MOH MOBILE CLINIC ..... E ZNFPC CBD/DEPOT HOLDER ..... F OTHER PUBLIC ..... G (SPECIFY) <b>MISSION FACILITY</b> ..... H <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... I PHARMACY ..... J PRIVATE DOCTOR ..... K CBD ..... L OTHER PRIVATE MEDICAL ..... M (SPECIFY) <b>RETAIL OUTLET</b> GENERAL DEALER ..... N SUPERMARKET ..... O TUCK SHOP ..... P SERVICE STATION ..... Q OTHER RETAIL ..... R (SPECIFY) <b>OTHER PRIVATE SOURCE</b> CHURCH ..... S FRIEND/RELATIVE ..... T <b>OTHER</b> ..... X (SPECIFY)	
457	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2	
458	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 461
459	Where is that?  Any other place?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____  _____  _____ (NAME OF PLACE(S))  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL/CLINIC ..... A RURAL/MUNICIPAL CLINIC ..... B RURAL HEALTH CENTRE ..... C ZNFPC CLINIC ..... D MOH MOBILE CLINIC ..... E ZNFPC CBD/DEPOT HOLDER ..... F OTHER PUBLIC ..... G (SPECIFY) <b>MISSION FACILITY</b> ..... H <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... I PHARMACY ..... J PRIVATE DOCTOR ..... K CBD ..... L OTHER PRIVATE MEDICAL ..... M (SPECIFY) <b>RETAIL OUTLET</b> GENERAL DEALER ..... N SUPERMARKET ..... O TUCK SHOP ..... P SERVICE STATION ..... Q OTHER RETAIL ..... R (SPECIFY) <b>OTHER PRIVATE SOURCE</b> CHURCH ..... S FRIEND/RELATIVE ..... T <b>OTHER</b> ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
460	If you wanted to, could you yourself get a female condom?	YES .....	1			
		NO .....	2			
461	<p>Now I would like to ask you a few questions regarding relationships between men and women.</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>			BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
		HUS- BAND	WIFE			
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
462	<p>Sometimes a husband is annoyed or angered by things that his wife/partner 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>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
		e) 1	2		8	
463	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?	YES .....	1			
		NO .....	2			
		DON'T KNOW .....	8			
464	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?</p> <p>d) She knows her husband has a sexually transmitted disease?</p>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
465	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	

**SECTION 5. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 405:  HAS ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓	QUESTION <input type="checkbox"/> SKIPPED → 601	
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES ..... 1 NO ..... 2 UNSURE ..... 3	
503	CHECK 502:  YES, WIFE/WIVES/ <input type="checkbox"/> PREGNANT ↓  Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?  NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR UNSURE ↓  Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD ..... 1 NO MORE/NONE ..... 2 WIFE/WIVES INFECUND/ STERILIZED ..... 3 UNDECIDED/DON'T KNOW ..... 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>  SOON/NOW .....993 AFTER MARRIAGE .....995 OTHER _____ 996 (SPECIFY) DON'T KNOW .....998	
505	CHECK 203 AND 205:  HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE ..... 00 → 601  NUMBER ..... <input type="text"/> <input type="text"/>  OTHER _____ 96 → 601 (SPECIFY)	
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS      GIRLS      EITHER  NUM- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BER  OTHER _____ (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/>	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 701
602	Please tell me the name and sex of your child (who was born most recently).  _____ (NAME OF CHILD)	BOY ..... 1 GIRL ..... 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH ..... <input type="text"/> <input type="text"/>  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW .....998	
604	Is (NAME OF CHILD) still living?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died?  IF '1 YEAR', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS ..... 1 <input type="text"/> <input type="text"/>  WEEKS ..... 2 <input type="text"/> <input type="text"/>  MONTHS ..... 3 <input type="text"/> <input type="text"/>  YEARS ..... 4 <input type="text"/> <input type="text"/>  DON'T KNOW .....998	
606	What is the name of (NAME OF CHILD)'s mother?  WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.  IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'	NAME OF CHILD'S MOTHER  _____  LINE NUMBER IN HHQ. QUEST ..... <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 2000 OR LATER <input type="checkbox"/>	(LAST) CHILD BORN IN 1999 OR EARLIER <input type="checkbox"/>	→ 701
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/>	OTHER LINE NUMBER <input type="checkbox"/>	→ 610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE ..... 01 FORMER SPOUSE ..... 02 CURRENT LIVE-IN PARTNER ... 03 FORMER LIVE-IN PARTNER .... 04 REGULAR SEXUAL PARTNER ... 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE ..... 08 OTHER ..... 96 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
610	<p>ASK QUESTIONS 610A-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.</p> <p>Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).</p>	<table border="1"> <thead> <tr> <th data-bbox="527 222 839 300">PREGNANCY</th> <th data-bbox="852 222 1101 300">DELIVERY</th> <th data-bbox="1107 222 1356 300">SIX WEEKS AFTER DELIVERY</th> </tr> </thead> <tbody> <tr> <td data-bbox="527 300 839 701">           610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?             YES ..... 1            NO ..... 2            (SKIP TO 612) ←            DK ..... 8            (GO TO 610B IN NEXT COLUMN) ←         </td> <td data-bbox="852 300 1101 701">           610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?             YES ..... 1            NO ..... 2            (SKIP TO 612) ←            DK ..... 8            (GO TO 610C IN NEXT COLUMN) ←         </td> <td data-bbox="1107 300 1356 701">           610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?             YES ..... 1            NO ..... 2            (SKIP TO 612) ←            DK ..... 8            (SKIP TO 613) ←         </td> </tr> </tbody> </table>	PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (GO TO 610B IN NEXT COLUMN) ←	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (GO TO 610C IN NEXT COLUMN) ←	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (SKIP TO 613) ←																			
PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY																									
610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (GO TO 610B IN NEXT COLUMN) ←	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (GO TO 610C IN NEXT COLUMN) ←	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?  YES ..... 1 NO ..... 2 (SKIP TO 612) ← DK ..... 8 (SKIP TO 613) ←																									
611	<p>Who mainly provided the money or goods or services to pay for this care?</p>	<table border="1"> <tbody> <tr><td>FREE ..... 01</td><td>FREE ..... 01</td><td>FREE ..... 01</td></tr> <tr><td>INSURANCE ..... 02</td><td>INSURANCE ..... 02</td><td>INSURANCE ..... 02</td></tr> <tr><td>RESPONDENT ..... 03</td><td>RESPONDENT ..... 03</td><td>RESPONDENT ..... 03</td></tr> <tr><td>CHILD'S MOTHER ..... 04</td><td>CHILD'S MOTHER ..... 04</td><td>CHILD'S MOTHER ..... 04</td></tr> <tr><td>RESPONDENT AND CHILD'S MOTHER ..... 05</td><td>RESPONDENT AND CHILD'S MOTHER ..... 05</td><td>RESPONDENT AND CHILD'S MOTHER ..... 05</td></tr> <tr><td>RESPONDENT'S FAMILY ..... 06</td><td>RESPONDENT'S FAMILY ..... 06</td><td>RESPONDENT'S FAMILY ..... 06</td></tr> <tr><td>CHILD'S MOTHER'S FAMILY ..... 07</td><td>CHILD'S MOTHER'S FAMILY ..... 07</td><td>CHILD'S MOTHER'S FAMILY ..... 07</td></tr> <tr><td>OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</td><td>OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</td><td>OTHER _____ 96 (SPECIFY) (SKIP TO 613) ←</td></tr> </tbody> </table>	FREE ..... 01	FREE ..... 01	FREE ..... 01	INSURANCE ..... 02	INSURANCE ..... 02	INSURANCE ..... 02	RESPONDENT ..... 03	RESPONDENT ..... 03	RESPONDENT ..... 03	CHILD'S MOTHER ..... 04	CHILD'S MOTHER ..... 04	CHILD'S MOTHER ..... 04	RESPONDENT AND CHILD'S MOTHER ..... 05	RESPONDENT AND CHILD'S MOTHER ..... 05	RESPONDENT AND CHILD'S MOTHER ..... 05	RESPONDENT'S FAMILY ..... 06	RESPONDENT'S FAMILY ..... 06	RESPONDENT'S FAMILY ..... 06	CHILD'S MOTHER'S FAMILY ..... 07	CHILD'S MOTHER'S FAMILY ..... 07	CHILD'S MOTHER'S FAMILY ..... 07	OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	OTHER _____ 96 (SPECIFY) (SKIP TO 613) ←	
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612	<p>What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?</p>	<table border="1"> <tbody> <tr><td>NOT NECESSARY ..... 01</td><td>NOT NECESSARY ..... 01</td><td>NOT NECESSARY ..... 01</td></tr> <tr><td>NOT CUSTOMARY ..... 02</td><td>NOT CUSTOMARY ..... 02</td><td>NOT CUSTOMARY ..... 02</td></tr> <tr><td>RESPONDENT DIDN'T ALLOW ..... 03</td><td>RESPONDENT DIDN'T ALLOW ..... 03</td><td>RESPONDENT DIDN'T ALLOW ..... 03</td></tr> <tr><td>TOO COSTLY ..... 04</td><td>TOO COSTLY ..... 04</td><td>TOO COSTLY ..... 04</td></tr> <tr><td>TOO FAR/NO TRANSPORT ..... 05</td><td>TOO FAR/NO TRANSPORT ..... 05</td><td>TOO FAR/NO TRANSPORT ..... 05</td></tr> <tr><td>POOR SERVICE ..... 06</td><td>POOR SERVICE ..... 06</td><td>POOR SERVICE ..... 06</td></tr> <tr><td>LACK OF KNOWLEDGE ..... 07</td><td>LACK OF KNOWLEDGE ..... 07</td><td>LACK OF KNOWLEDGE ..... 07</td></tr> <tr><td>OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</td><td>OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</td><td>OTHER _____ 96 (SPECIFY) (GO TO 613) ←</td></tr> </tbody> </table>	NOT NECESSARY ..... 01	NOT NECESSARY ..... 01	NOT NECESSARY ..... 01	NOT CUSTOMARY ..... 02	NOT CUSTOMARY ..... 02	NOT CUSTOMARY ..... 02	RESPONDENT DIDN'T ALLOW ..... 03	RESPONDENT DIDN'T ALLOW ..... 03	RESPONDENT DIDN'T ALLOW ..... 03	TOO COSTLY ..... 04	TOO COSTLY ..... 04	TOO COSTLY ..... 04	TOO FAR/NO TRANSPORT ..... 05	TOO FAR/NO TRANSPORT ..... 05	TOO FAR/NO TRANSPORT ..... 05	POOR SERVICE ..... 06	POOR SERVICE ..... 06	POOR SERVICE ..... 06	LACK OF KNOWLEDGE ..... 07	LACK OF KNOWLEDGE ..... 07	LACK OF KNOWLEDGE ..... 07	OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←	OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←	OTHER _____ 96 (SPECIFY) (GO TO 613) ←	
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613	<p>At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?</p>	<p>YES ..... 1 NO ..... 2</p>																									

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 801
702	Can people reduce their chances of getting HIV by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
704	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	Can people get HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
706	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV or AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 710
709	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
710	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW ..... 1 MEDIUM ..... 2 HIGH ..... 3 NO RISK ..... 4 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
712	Can HIV be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. .... 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING ... 1 2 8	
713	CHECK 712: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	715
714	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
715	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
716	Have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 723
717	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	
718	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ... 2 REQUIRED ..... 3	
719	Did you get the results of the test?	YES ..... 1 NO ..... 2	
720	Where was the test done?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 DISTRICT/RURAL HOSPITAL .. 13 RURAL HEALTH CENTRE ..... 14 MUNICIPAL CLINIC ..... 15 OTHER PUBLIC ..... 16 (SPECIFY) <b>MISSION FACILITY</b> ..... 21 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 NEW START CENTRE ..... 32 OTHER PRIVATE VCT CENTRE ..... 33 (SPECIFY) OTHER PRIVATE DOCTOR ..... 36 (SPECIFY) <b>OTHER</b> ..... 96 (SPECIFY)	
721	CHECK 719: GOT THE RESULTS OF HIV TEST  YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> →	726
722	Did you tell your wife/partner the result of your test?	YES ..... 1 NO ..... 2 HAD NO WIFE/PARTNER ..... 3	→ 726



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT ..... 01 DON'T KNOW WHERE TO GO ..... 02 TESTING SITE DIFFICULT TO GET TO ..... 03 AFRAID OF TEST RESULT ..... 04 FATALISTIC/NOTHING CAN BE DONE ..... 05 CONCERNED ABOUT CONFIDENTIALITY ..... 06 NO RISK/NOT SEXUALLY ACTIVE ..... 07 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
724	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO ..... 2	→ 729
725	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ _____ _____ (NAME OF PLACES)  Any other place?  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT/RURAL HOSPITAL .. . C RURAL HEALTH CENTRE ..... D MUNICIPAL CLINIC ..... E OTHER PUBLIC ..... F (SPECIFY) <b>MISSION FACILITY</b> ..... G <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... H NEW START CENTRE ..... I OTHER PRIVATE VCT CENTRE ..... J (SPECIFY) OTHER PRIVATE DOCTOR ..... K (SPECIFY) <b>OTHER</b> ..... X (SPECIFY)	
726	CHECK 401: CURRENT MARITAL STATUS  CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	NO <input type="checkbox"/>	→ 729
727	Did your wife/partner ever have a test for HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 729
728	Did she tell you the result of her test?	YES ..... 1 NO ..... 2	
729	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
730	If a member of your family got infected with HIV, would you want others to know about it?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
731	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
732	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS ..... 8	
732A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 738
734	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
735	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
736	CHECK 733, 734, 735:  OTHER <input type="checkbox"/> ↓ AT LEAST ONE 'YES' <input type="checkbox"/> →		738
737	Do you personally know someone who is suspected to have HIV or AIDS?	YES ..... 1 NO ..... 2	
738	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ... 8	
739	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ... 8	
740	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ... 8	
741	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
742	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES ..... 1 NO ..... 2	
802	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→ 806
803	CHECK 419: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 811
804	CHECK 802: KNOWS STI <input type="checkbox"/> ↓ DOES NOT KNOW STI <input type="checkbox"/>		→ 806
805	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	CHECK 805/806/807: AT LEAST ONE YES <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 811
809	The last time you had (PROBLEM(S) FROM 805/806/807 ), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 811
810	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> CENTRAL HOSPITAL ..... A PROVINCIAL HOSPITAL ..... B DISTRICT/RURAL HOSPITAL .. C RURAL HEALTH CENTRE ..... D RURAL/MUNICIPAL CLINIC .... E OTHER PUBLIC _____ F (SPECIFY) <b>MISSION FACILITY</b> ..... G <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC .... H PHARMACY ..... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... M RELATIVE/FRIEND ..... N TRADITIONAL HEALER ..... O OTHER _____ X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	CHECK 701 AND 802  KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>		816
812	CHECK 301 (07) KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		814
813	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 DOES NOT PROTECT ..... 3 DON'T KNOW/UNSURE ..... 8	
814	CHECK 301 (08) KNOWS FEMALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		816
815	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 DOES NOT PROTECT ..... 3 DON'T KNOW/UNSURE ..... 8	
816	Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/>  NONE ..... 00	820
817	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/>  NONE ..... 00	820
818	The last time you had an injection given to you by a health worker, where did you go to get the injection?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL/CLINIC ..... 11 RURAL/MUNICIPAL CLINIC ..... 12 RURAL HEALTH CENTRE ..... 13 ZNFPC CLINIC ..... 14 MOH MOBILE CLINIC ..... 15 ZNFPC CBD/DEPOT ..... 16 OTHER PUBLIC ..... 17 (SPECIFY)  <b>MISSION FACILITY</b> ..... 21 <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 PRIVATE DOCTOR ..... 33 CBD ..... 33 OTHER PRIVATE DOCTOR ..... 34 (SPECIFY) <b>RETAIL OUTLET</b> GENERAL DEALER ..... 35 SUPERMARKET ..... 36 TUCK SHOP ..... 37 SERVICE STATION ..... 96 OTHER RETAIL ..... 96 (SPECIFY) <b>OTHER PRIVATE SOURCE</b> CHURCH ..... 97 FRIEND/RELATIVE ..... 98 <b>OTHER</b> ..... 99 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
820	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 822
821	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
822	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 824
823	What (other) type of tobacco do you currently smoke or use?	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C  OTHER _____ X (SPECIFY)	
824	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 901
825	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ... E THROUGH MOSQUITO BITES ... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
826	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
827	If a member of your family got tuberculosis, would you want others to know about it?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	

**SECTION 9. ADULT MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
902	CHECK 901:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914							
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (2)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (3)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (4)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (5)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (6)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (7)) ↖	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 914.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister?  _____	(7)  _____	(8)  _____	(9)  _____	(10)  _____	(11)  _____	(12)  _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (8))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (9))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (10))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (11))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (12))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (13))
907	How old is (NAME)?  [ ][ ]	[ ][ ] GO TO (8)	[ ][ ] GO TO (9)	[ ][ ] GO TO (10)	[ ][ ] GO TO (11)	[ ][ ] GO TO (12)	[ ][ ] GO TO (13)
908	How many years ago did (NAME) die?  [ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
909	How old was (NAME) when he/she died?  [ ][ ]	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	[ ][ ] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 914.							
914	RECORD THE TIME.	HOURS ..... [ ][ ]					MINUTES ..... [ ][ ]





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	<p><b>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</b></p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p><b>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</b></p> <p>CONSENT ..... 1 SIGN</p> <p>REFUSED ..... 2</p> <p>PARENT/ADULT NOT PRESENT . 8</p>	<p>1007</p>

1006	<p><b>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</b></p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p><b>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</b></p> <p>CONSENT ..... 1 SIGN</p> <p>REFUSED ..... 2</p>	
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<b>RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS</b>			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1007	CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1009</p>		
1008	CHECK 1004: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1010</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	<p><b>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</b></p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT ..... 1 (SIGN)</p> <p>REFUSED ..... 2</p>	
1010	<p><b>CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS</b></p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1012</p>		
1011	<p><b>CHECK 1005: PARENTAL/ADULT CONSENT FOR HIV TEST</b></p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1014</p>		
1012	<p><b>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</b></p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT ..... 1 (SIGN)</p> <p>REFUSED ..... 2 → 1014</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<p>READ THE <b>BLOOD STORAGE CONSENT STATEMENT</b> TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED ..... 2</p>	
1014	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED ..... 1</p> <p>REFUSED ..... 2</p>	
1015	<p>CHECK 1004, 1005, 1009 AND 1012 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1017 AND 1019.</p>	<p>CONSENTED TO BOTH ..... 1</p> <p>ANAEMIA TEST ONLY ..... 2</p> <p>HIV TEST ONLY ..... 3</p> <p>BOTH REFUSED ..... 4</p>	
1016	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div style="border: 1px solid black; width: 100%; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1017	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED ..... 2</p> <p>ABSENT ..... 3</p> <p>TECHNICAL PROBLEM ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1018	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1019	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED ..... 2</p> <p>ABSENT ..... 3</p> <p>TECHNICAL PROBLEM ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1022</p>
1020	<p>CHECK 1018: THE CUTOFF POINT IS 9 G/DL.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1021.</p> </div> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL AT OR ABOVE CUTOFF</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND PROCEED TO 1022.</p> </div> </div>		
1021	<p>We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anaemia, which is a serious health problem. We would like to inform the clinic at _____ about your condition. This will assist you in obt</p> <p>AGREES TO REFERRAL?      YES ..... 1    NO ..... 2</p>		
1022	<p>THANK THE RESPONDENT.</p>		

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

